

Wayne State University Genetic Counseling Graduate Program Student Handbook & Policies Class of 2026



School of Medicine

Center for Molecular Medicine and Genetics

Division of Clinical Genetics



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 1 Overview of Requirements and Curriculum



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Graduate Program

Program Overview & Requirements

“Genetic counseling is the process of helping people understand and adapt to the medical, psychological, and familial implications of genetic contributions to disease. The process integrates the following:

- Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence.
- Education about inheritance, testing, management, prevention, resources, and research.
- Counseling to promote informed choices and adaptation to the risk or condition.”

From the National Society of Genetic Counselors Definition Task Force. Journal of Genetic Counseling (2006); 15(2):77-83.

The practice of genetic counseling combines knowledge of genetic mechanisms and diseases with an appreciation for unique psychological burdens and complex ethical and social issues. **It requires a commitment to the highest standards in promoting patient autonomy, confidentiality, privacy and informed consent and in providing inclusive, equitable, and just care to all patients served.**

The School of Medicine at Wayne State University offers a master’s level graduate program in genetic counseling. The program is typically 21 months in length over 5 semesters. The Center for Molecular Medicine and Genetics provides an excellent learning environment in which students can develop competency in the fundamental and advanced genetic and genomic principles. The Detroit Medical Center and surrounding metropolitan hospitals offer a variety of clinical sites, including clinical laboratories, for hands on experiences through which students can apply the knowledge gained through didactic course work to real people and situations. The culturally and socio-economically diverse population of the Detroit metropolitan community provides a unique opportunity to explore the influence of cultural, socio-economic, and other differences on the provision of effective clinical genetic services and the genetic counseling process.

Requirements

Forty-five credits are required to earn a master's degree in genetic counseling. These credits consist of 35 from core courses, 6 from the clinical internships, and 4 from research project-related coursework and independent study. Students can choose to do an (optional) elective. If chosen, the elective should be a course pertaining to cultural diversity, health communication, health disparities, historically marginalized populations, disability awareness or other topic that contributes to the student's understanding of the culturally and socially diverse populations s/he/they may serve as a genetic counselor. The genetic counseling program requirements include a clinical research project which falls under the Plan B of the Graduate's School requirements for a master's degree.

The standard of performance and professionalism expected of students in the program is described below. These include specific expectations in didactic coursework, performance evaluations during the clinical internships and overall expectations for behavior and professionalism throughout the students' tenure in the program.

1. Students will comply with the requirements of the Graduate School of WSU (students must maintain a minimum grade point average of 3.00).
2. Students must satisfactorily complete (B or better) all of the program's core courses (MGG 7010, MGG 7640, MGG 7730, MGG 7830, MGG 7860, MGG 7600, MGG 7660, MGG 7740, MGG 7741, MGG 7800, MGG 7880, MGG 7881, FPH 7240, MGG 7999, MGG 7710).
3. Students must satisfactorily complete (B or better) each of the clinical internships (introductory, formal, laboratory, and specialty) (MGG 8998).
4. Students must satisfactorily complete the research project course (MGG 7999, Section 003, Research Project Seminar & Statistics). In addition, students must make satisfactory progress and complete their research project by the end of training. Satisfactory progress will be denoted by receiving a passing grade (B or better) in MGG 7999, Section 002 Independent Study (Fall Year 2), & MGG 7999 Section 001, Independent Study (Winter Year 2), submitting a manuscript that has been reviewed and approved by the student's research mentor and program, and presenting their research orally at the annual research project seminar (or other event, if completion is delayed). Expectations and requirements of the research project are described in detail in a separate document.
5. Students must attend supplemental activities as required by the program faculty.
6. Students are expected to behave in a professional and ethical manner that the program faculty consider necessary to function as competent and responsible genetic counselors. Students are expected to review the document titled "Professionalism". Additionally, the NSGC Code of Ethics is a document that describes the professional attributes that form the core goals and values of our profession. Students are expected to be responsive to feedback from program faculty and clinical supervisors. These expectations, and the ramifications of not meeting them, are described in a separate document entitled "Professional Impairment Policy."
7. Students are expected to have regular contact with the program faculty who monitor their academic activities and performance in clinic. Students are expected to discuss any difficulties they are having that may interfere with their optimal performance.
8. Students will meet individually, with one or both program directors, to discuss current coursework, clinical internships and research progress. These meetings are

scheduled throughout the program to keep students apprised of their progress in achieving program objectives and established practice-based competencies. These are also opportunities for students to seek mentorship from the program directors.

9. During each clinical internship the student's progress and performance will be monitored and evaluated by a clinical supervisor(s). Performance will be evaluated throughout the internship, culminating in a summative, written mid-rotation evaluation and a comprehensive summative, written evaluation at the end of the internship. The supervisor(s) will share the results of both evaluations with the student directly. The evaluations are available to the genetic counseling program directors as well. The student will also complete both an open and an anonymous evaluation of the internship. All evaluations must be completed and available to the program directors before the student receives a grade for the internship. Students must achieve a "B" or better in each clinical internship in order to successfully complete the internship requirement. A passing grade means the student has achieved a level of competency commensurate with his/her level of training.

The **Student Evaluation Committee** is the genetic counseling graduate program's academic decision-making body which determines the student's fitness and suitability for the practice of genetic counseling. The committee is comprised of the program directors. Other faculty members (course directors, clinical supervisors, Associate Dean of Graduate Programs) are asked to participate as needed, depending on the nature of the issue. This committee makes decisions relative to the retention, promotion and readmission of students. With the guidance of the Associate Dean of Graduate Programs, the committee is also responsible for ensuring that the rules of the school and rights of the individuals involved are honored. If the student disagrees with any determinations made by the Student Evaluation Committee, he/she/they has the right to have it reviewed by the Provost.

The program directors meet each semester to assess each student's performance in course work, clinical internships, supplemental activities, progress on their research project, behavior and professionalism. Typical developmental concerns are addressed with the student by the program directors. However, if there are significant concerns about a student's performance, the Student Evaluation Committee will be convened to review the circumstances and make specific recommendations regarding remediation (i.e., what the student needs to do to address any deficiencies and continue to make progress in achieving genetic counseling practice-based competencies). If the student's performance is thought to be related to a potential mental health concern, the Committee may recommend a psychiatric or psychological evaluation with the expectation that the student will undergo such an evaluation. If the student does not adhere to the Committee's recommendations and/or if their performance does not improve even with remediation and/or mental health care, the Committee may recommend probation, a leave of absence, or in rare cases, dismissal. More detail about this process is included in the Professional Impairment Policy.



Wayne State University School of Medicine

Genetic Counseling Graduate Program

Curriculum Overview

	Year 1			Year 2	
	Fall	Winter	Spring/Summer	Fall*	Winter
Course Work	Principles of Genetic Counseling MGG 7640, 4 crs.	Theory & Practice of Genetic Counseling MGG 7740, 3 crs.		Advanced Theory & Practice of Genetic Counseling MGG 7741, 3 crs.	Optional Elective
	Molecular Biology & Genetics MGG 7010, 4 crs.	Advanced Human Genetics MGG 7600, 3 crs.		Advanced Medical Genetics MGG 7800, 3crs.	
	Human Development and Teratology MGG 7830, 1 cr.	Genetic Counseling Seminar MGG 7880, 1 cr.			Genetic Counseling Seminar MGG 7880, 1 cr.
	Epidemiology 1 FPH 7240, 3 crs.	Practical Applications of Genetic Counseling, MGG 7660, 3 crs.			Senior Seminar in Genetic Counseling MGG 7881, 2 cr.
	Introduction to Promoting Health Equity in Genetic Counseling MGG 7730, 1 cr	Evaluating the Health Care Literature MGG 7860, 1 cr.			
		Introduction to Medical Genetics MGG 7710, 2 crs.			
Research Project	Research Project Seminar & Statistics MGG 7999, Section 003, 2 crs.			Research Project Independent Study MGG 7999, Section 002, 1 cr.	Research Project Independent Study MGG 7999, Section 001, 1 cr.
Clinical Activities	Observational Experiences Observe in various clinical/advocacy settings	Clinical Internship (Introductory) Observation and participation genetics clinics, genetic testing & research seminars, self-studies <i>14 wks.</i> MGG 8998, 1 cr.	Clinical Internship Participation in genetics clinics <i>2 rotations (14 wks.)</i> MGG 8998, 1 cr.	Clinical Internship Participation genetics clinics/genetics laboratories <i>2 rotations (14 wks.)</i> MGG 8998, 2 crs.	Clinical Internship Participation genetics clinics/specialty internships <i>2 rotations (14 wks.)</i> MGG 8998, 2 crs.
Other Activities	Attend relevant seminars, conferences, grand rounds, process group, journal clubs, and supplemental activities. * Second year students attend NSGC Annual Conference				



Center for Molecular Medicine and Genetics
Division of Clinical Genetics

Wayne State University Genetic Counseling Program Courses and Requirements by Semester

Fall Semester, Year 1

Register for the following courses (descriptions attached):

<input type="checkbox"/> Principles of Genetic Counseling, MGG 7640	4 credits
<input type="checkbox"/> Molecular Biology and Genetics, MGG 7010	4 credits
<input type="checkbox"/> Human Development and Teratology Seminar, MGG 7830	1 credit
<input type="checkbox"/> Research Project Seminar & Statistics, MGG 7999 Section 003	2 credits
<input type="checkbox"/> Epidemiology, FPH 7240	3 credits
<input type="checkbox"/> Promoting Health Equity in Genetic Counseling, MGG 7730	<u>1 credit</u>
	15 credits

Attend the following supplemental activities (*dates, times and locations/login for virtual meetings to be announced*):

- ☐ Genetic Counseling Journal Club/Book Club (as scheduled)
- ☐ Genetic Counseling Process Group (as scheduled)
- ☐ CMMG Departmental Seminar Series (as indicated by program directors)
- ☐ Cancer Genetic Counseling Seminar Series (4th Monday at 12:00)
- ☐ Medical Genetics & Genetic Counseling Grand Rounds (as scheduled on Fridays at 11:00 AM)
- ☐ Observational experiences in various clinical settings or advocacy organizations
- ☐ Other activities deemed appropriate by the Program Directors including outreach with advocacy organizations and community teaching opportunities

Additional requirements:

- ☐ Periodic progress meeting(s) with one or both of the Program Directors as needed

Deadlines:

- ☐ Health Screening/Insurance Information: These documents must be turned in by the first day of classes in the fall semester. Students will not be eligible to participate in observational experiences unless the required documentation is submitted.
- ☐ Flu Vaccination: Must have flu vaccination when it becomes available.
- ☐ Fill out our contact information survey at <https://forms.gle/h3k4jsaE8cSFyVw4A>
- ☐ Fill out the student technology assessment survey at <https://forms.gle/twSbcqd9E17xGYWj9>

- ☐ Disability Insurance: Purchasing disability insurance is a requirement of the program. Students must submit payment by the end of September.
- ☐ CPR Training: Must be completed by the fourth week of the semester.
- ☐ Background Check: Must be completed by the fourth week of the semester.
- ☐ Respirator Fit Test: Must be completed by the fourth week of the semester.
- ☐ HIPAA and Infection Control Training: Online HIPAA and infection control training must be completed by the fourth week of the fall semester. See hand out for instructions.
- ☐ Human Investigations Committee Training: Must be completed during the fall semester (part of the Research Project Seminar credit)
- ☐ Plan of Work: Complete by December of the fall semester or January of the Winter semester. Forms will be provided by the program directors.

Winter Semester, Year 1

Register for the following courses (*see attached course descriptions*):

<input type="checkbox"/> Theory & Practice of Genetic Counseling, MGG 7740	3 credits
<input type="checkbox"/> Practical Applications of Genetic Counseling, MGG 7660	3 credits
<input type="checkbox"/> Introduction to Medical Genetics, MGG 7710	2 credits
<input type="checkbox"/> Advanced Human Genetics, MGG 7600	3 credits
<input type="checkbox"/> Evaluating the Health Care Literature, MGG 7860	1 credit
<input type="checkbox"/> Genetic Counseling Internship, MGG 8998	1 credit
<input type="checkbox"/> Genetic Counseling Seminar, MGG 7880	<u>1 credit</u>
	14 credits

Attend the following supplemental activities (*dates, times and locations/virtual logins to be announced*):

- ☐ Genetic Counseling Journal/Book Club (as scheduled)
- ☐ Genetic Counseling Process Group (as scheduled)
- ☐ CMMG Departmental Seminar Series (as indicated by program directors)
- ☐ Cancer Genetic Counseling Seminar Series
- ☐ Medical Genetics & Genetic Counseling Grand Rounds (as scheduled on Fridays at 11:00 AM). Attend at least six sessions over the course of the semester.
- ☐ Other activities deemed appropriate by the Program Directors and outreach with advocacy organizations and community teaching opportunities (2-3 each, per academic year)

Additional requirement:

- ☐ Periodic progress meeting with one or both Program Directors, including at least one required meeting to review program progress at the beginning of the semester

Deadlines:

- ☐ Elective (Away) Summer Rotation: Those students interested in doing an elective (away) summer rotation must notify the program directors by the beginning of the winter semester.
- ☐ Graduate Professional Scholarship: For those who choose to apply, the application deadline is typically on March 1st. Other opportunities may also be available.

Spring/Summer Semester

Register for the following course (*see attached course descriptions*):

- ☐ Genetic Counseling Internship, MGG 8998 1 credit
1 credit

Attend the following supplemental activities (dates, times and locations to be announced):

- ☐ Activities deemed appropriate by the Program Directors and outreach with advocacy organizations and community teaching opportunities (2-3 each, per academic year)

Additional requirements:

- ☐ Periodic progress meeting(s) with one or both of the Program Directors as needed
- ☐ Students are not required to register for the research credit (MGG 7999) in the Spring/Summer semester but are expected to work on their research project. Clinics are asked to let students have one half day off (4 hours) per week to work on their research project.
- ☐ TB test prior to expiration date of previous year's test.
- ☐ Update bloodborne pathogens (infection control) training once notified that yours is expired.

Fall Semester, Year 2

Register for the following courses (*see attached course descriptions*):

- | | |
|---|------------------|
| <input type="checkbox"/> Advanced Theory & Practice of Genetic Counseling, MGG 7741 | 3 credits |
| <input type="checkbox"/> Advanced Medical Genetics, MGG 7800 | 3 credits |
| <input type="checkbox"/> Genetic Counseling Internship, MGG 8998 | 2 credits* |
| <input type="checkbox"/> Research Project Independent Study, MGG 7999, Section 002 | <u>1 credit</u> |
| | 9 credits |

Attend the following supplemental activities (*dates, times and locations/virtual logins to be announced*):

- ☐ Genetic Counseling Journal/Book Club (as scheduled)
- ☐ Genetic Counseling Process Group (as scheduled)
- ☐ Cancer Genetic Counseling Seminar Series (4th Monday at 12:00 PM) as possible based on internship obligations
- ☐ Medical Genetics & Genetic Counseling Grand Rounds (as scheduled on Fridays at 11:00 AM). Attend as possible based on internship obligations.
- ☐ CMMG Departmental Seminar Series (as indicated by Program Directors)
- ☐ Activities deemed appropriate by the Program Directors and outreach with advocacy organizations and community teaching opportunities (2-3 each, per academic year)
- ☐ The National Society of Genetic Counselors Annual Conference (sometime between September-November)

Additional requirements:

- ☐ Inform the program directors if there are any changes in your access to technology or address/contact information.
- ☐ Periodic progress meetings with one or both Program Directors, including one required meeting at the beginning of the semester and required meetings at the end of each clinical internship to develop do clinical goal setting.

Deadlines:

- ☐ Resume: Have resume complete by the NSGC Annual Conference to begin job search.
- ☐ Flu Vaccination: Must have flu vaccination when it becomes available.

*Instructions on how to register for more than 1 credit in a variable credit class can be found here: <https://wayne.edu/registrar/variablecredit>

Winter Semester, Year 2

Register for the following courses (*see attached course descriptions*):

- | | |
|--|------------------------|
| <input type="checkbox"/> Genetic Counseling Seminar, MGG 7880 (presentations required) | 1 credit |
| <input type="checkbox"/> Senior Seminar in Genetic Counseling, MGG 7881 | 2 credits |
| <input type="checkbox"/> Genetic Counseling Internship, MGG 8998 | 2 credits* |
| <input type="checkbox"/> Research Project Independent Study, MGG 7999, Sec 001 | 1 credit |
| <input type="checkbox"/> Optional Elective | |
| | <hr/> 6 credits |

Attend the following supplemental activities (*dates, times and locations to be announced*):

- ☐ Genetic Counseling Journal/Book Club (as scheduled)
- ☐ Genetic Counseling Process Group (as scheduled)
- ☐ Cancer Genetic Counseling Seminar Series (4th Monday at 12:00 PM) as available based on internship obligations
- ☐ Medical Genetics Grand Rounds (ask scheduled, Fridays at 11:00 AM) as available based on clinical internship obligations
- ☐ CMMG Departmental Seminar Series (as indicated by Program Directors)
- ☐ Other activities deemed appropriate by the Program Directors, and educational outreach and advocacy opportunities (2-3 each per academic year).

Additional requirement:

- ☐ Meeting with one or both of the Program Directors following each clinical internship to develop goal statement and at the beginning of the semester to discuss progress in meeting program objectives/achieving practice-based competencies and preparedness to graduate at the end of the semester.
- ☐ **International Students:** Since you are only taking 6 credit hours this semester you must fill out and submit a fulltime enrollment exception/last semester exception form, have it signed by the program and submit to OISS. You can find the form here. <https://oip.wayne.edu/oiss/pdf/full-time-enrollment-exception-last-semester-exception.pdf>

Deadlines:

- ☐ Application for Graduation: Apply in January through Academica (see academic calendar for exact deadline). There is typically a \$40 fee. You must apply for graduation in order to officially graduate at the end of the winter semester which is important for employment eligibility and licensure.

*Instructions on how to register for more than 1 credit in a variable credit class can be found here: <https://wayne.edu/registrar/variablecredit>



Wayne State University Genetic Counseling Program Required Coursework

Course	Credits
MGG 7010 Molecular Biology and Genetics <i>Covers basic aspects of molecular biology and genetics at a graduate level.</i>	4
MGG 7640 Principles of Genetic Counseling <i>History and evolution of profession as it relates to the provision of clinical services within the healthcare delivery system; introduction to basic genetic counseling skills including case preparation, the interview, family history, risk assessment, and adult education. Introduction to ethical decision making.</i>	4
MGG 7730 Introduction to Promoting Health Equity in Genetic Counseling <i>This course aims to help learners begin to recognize how various aspects of diversity influence access to, the experience with, and utilization of health care, leading to health disparities in under-represented people and what they can do as future genetic counselors to provide inclusive practice and promote health equity.</i>	1
MGG 7830 Human Development and Teratology <i>Through flipped lecture, case discussions, exams, and oral presentation, students learn key aspects of fetal development, the embryological basis of birth defects and genetic dysmorphism syndromes, clinical teratology, and the associated medical terminology</i>	1
FPH 7240 Epidemiology <i>Open to students in the College of Nursing, Eugene Applebaum College of Pharmacy and Health Sciences, and others. Epidemiologist's task list; research of problems without known etiology; infectious and noninfectious disease models; examination of current problems; study design and analysis.</i>	3
MGG 7999, Research Project, Sections 003 (Fall Year 1), 002 (Fall Year 2), & 001 (Winter Year 2) <i>Student Modified Plan B research project. Includes one semester of a research project seminar & statistics course (2 credits) which provides an overview of the steps required to complete a research project and instruction in common statistical methods used in genetic counseling research projects. The remaining two credits are for two semesters of independent study (for conducting all aspects of the research project). Students who do not complete their research project by the end of the Winter 2 semester may have to register for a 5th credit in Spring/Summer 2. Students are encouraged to work on research project objectives in Spring/Summer 1 but are not required to take a research credit, given variable time availability.</i>	4

MGG 7740 Theory and Practice of Genetic Counseling <i>Overview of the counseling models currently utilized in genetic counseling. Introduction to and preliminary development of genetic counseling focused communication, interpersonal, and psychosocial assessment skills needed to conduct genetic counseling sessions. Ethical, legal and social issues. Cultural humility, providing inclusive and just genetic counseling.</i>	3
MGG 7660 Practical Applications of Genetic Counseling <i>Through a variety of instructional methods, students gain a foundation for understanding and applying the practical aspects of genetic counseling to clinical settings in reproductive, pediatric, adult, and cancer genetics. Content in neurogenetics and cardiovascular genetics is also included.</i>	3
MGG 7600 Advanced Human Genetics <i>Concepts, problems and methods of human genetics and genomics, including population genetics, bioinformatics, and functional genomics.</i>	3
MGG 7860 Evaluating the Health Research Literature <i>Instruction in what constitutes evidence-based practice. Reading and analysis of health care literature with focus on research articles pertaining to clinical care topics. Skills for critical assessment of medical literature.</i>	1
MGG 7710 Introduction to Medical Genetics <i>Foundational principles of medical genetics for health care professionals in training.</i>	2
MGG 7880 Genetic Counseling Seminar <i>A lecture/discussion format seminar for first- and second-year students focusing on issues relevant to medical genetics and the genetic counseling profession. Includes emerging issues, personal genomics and public health genomics. Presentations by students, faculty, and invited speakers. 1 credit per semester for two semesters</i>	2
MGG 7741 Advanced Genetic Counseling Theory and Practice <i>Further examination of the major theories of human behavior and how they can be applied to evaluate psychosocial responses to genetic information and how they guide facilitating decision-making, patient adaptation, and provision of short-term client centered counseling, Ethical, legal, and social issues of practice. Cultural humility, social determinants of health, providing just and inclusive genetic counseling.</i>	3
MGG 7800 Advanced Medical Genetics <i>Covers advanced topics in medical genetics geared towards those who will be specialists in the field.</i>	3
MGG 7881 Senior Seminar in Genetic Counseling <i>Through lecture, panel presentation, discussion, group activities, and oral presentations, students hone the skills needed to successfully make the transition to practicing professional.</i>	2

<p>MGG 8998 Genetic Counseling Internship <i>Students work under the supervision of a genetic counselor/geneticist or other healthcare provider in a variety of genetic and subspecialty clinics and laboratories.</i></p> <p>Clinical Internship 1 - Winter Semester, First Year (1 credit) Introductory Internships – attend various clinics (genetics, non-genetics)</p> <p>Clinical Internship 2 – Beginning Spring/Summer Semester Y2 (5 credits) <i>(4 seven-week formal internships, 1 seven-week specialty clinic internship, and 1 seven-week laboratory internship split between cytogenetics, molecular genetics and biochemical genetics labs).</i></p> <p><i>Formal and specialty internships are conducted at a variety of sites, including those listed below. Each student will have a different combination of sites*</i></p> <p><i>Metropolitan Detroit Formal Internship Sites</i></p> <ul style="list-style-type: none"> • Cancer Genetic Counseling Service-Karmanos Cancer Institute • Division of Genetic, Genomic and Metabolic Disorders-Children's Hospital of Michigan (Includes Pediatric Genetics, Adult Genetics, Huntington Disease Pre-symptomatic Testing and Metabolic Clinic) • Women's Health-Henry Ford Hospital (Includes Reproductive, Cancer Genetics, Cardiovascular Genetics) • Reproductive Genetics-Corewell Health East (Beaumont Hospital-Royal Oak) • Pediatric and Adult Genetics- Corewell Health East Royal Oak • Reproductive, Cancer, Cardiovascular and some other Adult Genetics-Corewell Health East Dearborn (Beaumont Hospital-Dearborn) • Cancer Genetics Service at Corewell Health East (Beaumont Hospital-Royal Oak) • Reproductive and Cancer Genetics Service at Trinity Health (St. Joseph Pontiac) • Clinical Genetics Laboratories- Molecular Diagnostic Laboratory at the Detroit Medical Center, Cytogenetics Laboratory at Henry Ford Hospital, Biochemical Genetics Laboratory (State of Michigan Newborn Screening Lab) <p><i>Formal Internship Sites Available Outside Metro Detroit (not all inclusive)*</i></p> <ul style="list-style-type: none"> • Corewell Health West (Spectrum Health Genetics) • Windsor Regional Health (Cancer Genetics) • Other select sites in and around Toronto, Ontario • Trinity Health (St. Joseph's Ann Arbor, Brighton) Cancer Genetic Counseling Service • Sparrow Hospital Cancer Genetics, Lansing, Michigan • Munson Hospital, Cancer Genetics, Traverse City, Michigan 	6
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**With the consent of the program directors, students may arrange to do a rotation at another site during the first and/or second half of the summer semester*

Specialty Clinic Sites (Not all inclusive, subject to availability)

- *Adult Neurology/Peripheral Neuropathy Clinic (WSU Department of Neurology)*
- *Cystic Fibrosis Clinic (Adult at Harper University Hospital; Pediatric at Children's Hospital of Michigan)*
- *Cystic Fibrosis Newborn Screening Follow Up Clinic (Children's Hospital of Michigan)*
- *Hemophilia Multidisciplinary Clinic (Children's Hospital of Michigan)*
- *Hutzel Hospital Fetal Assessment Clinics*
- *Karmanos/McLaren Telegenetics Cancer Genetics Clinic*
- *Multidisciplinary Colon Cancer Clinic (Corewell Health East-Beaumont Hospital-Royal Oak)*
- *Muscular Dystrophy Clinic (Children's Hospital of Michigan)*
- *Pediatric Cancer Genetics Clinic (Children's Hospital of Michigan)*
- *Pediatric Neurology (Children's Hospital of Michigan)*
- *Pediatric Neurology/Neuromuscular Clinics (Corewell Health East-Beaumont Hospital-Royal Oak)*
- *Corewell Health West (Spectrum Health) Genetics (Neurology, Cardiology, other)*
- *NxGen MDx (genetic testing laboratory)*



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 2

Sample Electives



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Program Sample Elective Courses

Taking an elective course is an option but not a requirement of the genetic counseling program. Each semester a variety of elective courses are available for students to choose from. Attached is a sample list. But, to determine which courses will be offered each semester, the 'Schedule of Classes' should be reviewed.

Interested students may have time to take an elective *in the second year of the program*. For all courses, it is helpful to contact the course director to determine if he/she will allow you to register. The program directors typically contact instructors on your behalf as well to make sure the course will have some benefit to your training.

If you are interested in taking an elective, consider taking one that pertains to ethnic/cultural diversity, health communication, health disparities, disability awareness or other topic that contributes to your understanding of the culturally and socially diverse populations you may serve as a genetic counselor.

Again, an elective is optional and fits best during the winter of the second year.

WINTER ELECTIVES

Education Psychology (EDP)- College of Education

EDP 7370 Psychopathology and Diagnosis, Cr. 3, Fall, Winter. Overview of descriptive psychopathology, diagnosis, treatment approaches and recovery.

EDP 7400 Foundations of Social Psychology, Cr. 3. Winter. Systematic study of social psychology; implications for research and applied settings

Family Public Health - School of Medicine

FPH 7011 Foundations of Public Health, Cr.3, Winter. Online, scheduled meetings. Covers the history, philosophy and values of the public health profession. With a focus on the core functions of public health, the course provides an overview of the science of health promotion and disease prevention, and it will introduce students to the multiple

factors associated with population health and explore communication strategies to disseminate public health content to intended populations. Topics include: core functions of public health, 10 essential services of public health, morbidity, mortality, evidence-based practice, social determinants of health, health promotion, disease prevention, communication in public health practice

FPH 7012 Social Justice in Public Health, Cr.3, Fall, Winter. Hybrid. This course introduces the topic of public health and social justice. Students will explore social constructions of health, and examine the complex interplay of community, cultural, ethical, social, economic, environmental, political and social justice forces that shape human health globally and locally. Students will gain an understanding of how social determinants of health impact health and contribute to health disparities and health inequities. Core public health concepts of community, culture, and social justice will be explored through a critical lens, and students will examine the various ways in which these concepts can be applied to public health interventions. The course is designed to provide students with theoretical principles, methods, and skills essential to plan, implement, and evaluate community development activities.

FPH 7120 Global Public Health, Cr.3, Fall. Addresses global public health issues that impact populations, with the major objective of health equity. Public health principles and techniques are applied using a multidisciplinary approach to prevention and risk reduction strategies.

FPH 7100 Health Care Organizations, Cr. 3, Winter. Online. General overview of the U.S. health care system; social and organizational aspects of the delivery, financing, utilization, planning, and development of health care systems.

FPH 7320 The Social Basis of Health Care, Cr. 3, Winter. (Offered every other year). Social, cultural, and psychological aspects of health and health-related behavior. Topics include: health prevention and promotion, relationship between stress and illness, health services utilization, patient-practitioner interactions, and coping with chronic illness.

FPH 7420 Principles of Environmental Health, Cr.3, Fall. Current environmental health issues that affect individuals at work and in their communities. Sources of chemical, physical, and biological agents; their associated health effects. Air pollution, exposure prevention, water and solid waste management, and occupational health and safety. Impact of environmental exposures on human health; case studies.

Gender, Sexuality and Women- GSW

GSW 7200 Feminist, Gender and Queer Lecture, Cr.3, Winter. Overview of feminist, gender and queer theory, focusing on the three “waves” and the social, political, and cultural construction of femininities, masculinities, and sexualities.

Social Work- College of Social Work

SW 6810, LGBTQ Health and Well-Being. Cr. 1, Fall, Winter, Online. Applies concepts from multiple frameworks to understand the health inequities of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals.

SW 7140, Biomedical Components of Substance Abuse, Cr. 3, Winter. An examination of the bio-psychosocial aspects of substance use, addiction and recovery. Provides a broad scientific perspective on different classes of drugs and misused substances. Focuses on understanding brain anatomy and mechanisms of action in the brain, genetic factors related to substance use and addiction, physiological effects of alcohol and drug misuse, and pharmacological interventions for recovery.



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 3 Fieldwork Experiences



Clinical Skills Development

Wayne State University School of Medicine
Genetic Counseling Graduate Program

Introduction

Genetic counseling students participate in clinical experiences throughout their training. Expectations with regard to the level of student involvement in these experiences and their level of competency increase over time commensurate with students' acquisition of genetic counseling knowledge, skills, and attitudes. The purpose of this document is to describe expected student involvement and competency level over the course of clinical training.

The Wayne State program recognizes four levels of student involvement:

- Level I. Observe and identify, demonstrate professionalism
- Level II. Participate – locate/organize/summarize/contribute
- Level III. Conduct with guidance –recognize responsibility/interpret/counsel/manage
- Level IV. Conduct independently (with or at later points, without supervision)- take complete responsibility/educate peers

The Wayne State program also recognizes five levels of student competency, as defined by the RIME medical education framework ^{1, 2}: *

- Beginner Level (1)- Reporter
- Advanced Beginner Level (2)-Reporter/Interpreter
- Intermediate Level (3)-Interpreter
- Intermediate-Advanced Level (4)- Interpreter/Manager
- Advanced Level (5)- Manager/Educator

**Please see the companion document, “Student Internship Objectives by RIME-Based Competency Level” for a thorough description of the RIME-based five levels of competency.*

The information below outlines the expected level of involvement and level of competency per semester for students in the Wayne State Genetic Counseling Graduate Program.

Involvement by Semester/Opportunity

Fall semester, Year 1, Observation Internships: Level I Involvement, Beginner Level (1) of Competency-Reporter

Students are given the opportunity to observe clinical services in a variety of multidisciplinary clinics, beginning in late September. The objectives of this clinical experience are to give students the opportunity to:

- Describe the roles and responsibilities of various health professionals in diagnosis, management and long-term care of individuals with chronic conditions
- Recognize and relate the natural history, management, and psychosocial aspects of common genetic conditions.
- Describe the lived experience of people with genetic conditions/medical conditions.
- Identify the role of the genetic counselor as a member of the healthcare team.

Winter semester, Year 1, Introductory Internships, Level I→II Involvement, Beginner Level of Competency (1) - Reporter

Students are given the opportunity to start to apply what they have learned in their coursework to the clinical setting by observing and starting to participate (e.g., performing parts of cases such as contracting, family history taking, explaining genetics concepts) in traditional genetics clinics (pediatrics, cancer, reproductive) and other clinics/opportunities. Students log the cases they see to gain experience in documenting their clinical training encounters but these logs do not count towards the formal logbook requirement, i.e., this are not considered participatory cases. Students also gain experience in case presentation as part of the Genetic Counseling Seminar course (MGG 7880). The objectives of this clinical experience are to give students the opportunity to:

- Observe and, to a limited extent, perform reporter level tasks within the seven ACGC competencies to enhance knowledge and understanding.
- Recognize how reproductive, cancer, pediatric and other genetics services are structured and provided at various sites (e.g., patient volumes, session lengths, session structure, team involvement, preparation and follow up responsibilities, role of genetic counselors)
- Recognize what constitutes professionalism and ethical behavior
- Demonstrate the ability to generate complete case logs

Spring/Summer semester between Years 1 & 2, Formal Internships, Level II → III Involvement, Beginner (1) to Advanced Beginner Level (2) of Competency (Reporter-Interpreter)

In the spring/summer semester, students take part in the first two of four formal clinical internships in traditional genetics clinics (with a 5th internship being the laboratory internship and the 6th being a specialty internship). In these internships, students participate in and then conduct genetic counseling sessions, with supervision, as a means of developing the competencies that are central to genetic counseling practice. Students log cases for their formal logbook requirement. At many internship sites, students also gain experience conducting professional education. The objectives of this clinical experience are to give students the opportunity to:

- Participate in and/or perform independently (with supervision) tasks within the seven ACGC competencies.

- Enhance their knowledge and comprehension of medical genetics/genetic counseling and begin to apply it to clinical encounters.
- Develop a method for systematically collecting family history, personal medical history, and psychosocial history and reporting information to clinic staff.
- Begin to distinguish between normal and abnormal findings.
- Begin to identify differential diagnoses based on clinical findings.
- Demonstrate professionalism and ethical behavior (reliability, responsibility)
- Document clinical encounters completely, concisely, and accurately in the student logbook.

Fall semester, Year 2, Formal Internships, Level III → IV Involvement, Intermediate (3) to Intermediate-Advanced (4) Level of Competency (Interpreter-Manager)

In the fall semester year 2, students take part in their third clinical internship and lab internship. Please see separate documents outlining Biochemical, Cytogenetic and Molecular Laboratory learning objectives. In these clinical internships, students conduct genetic counseling sessions with an increasing amount of independence (with or without direct clinical supervision, depending on clinic policies/procedures and students' readiness). Students continue to log cases (participatory and other) and get opportunities to conduct professional education. The objectives of the fall semester clinical internships are to give students the opportunity to:

- Conduct tasks within the seven ACGC competencies with guidance or independently (with supervision).
- Enhance students' knowledge, comprehension, application of medical genetics information/genetic counseling strategies and their ability to analyze and synthesize data collected during case preparation, clinical encounters and follow up.
- Illustrate ability and willingness to take increasing responsibility for generating differential diagnoses and management plans rather than relying heavily on supervisors.
- Begin to differentiate patient factors that impact their ability to understand genetic information (e.g., educational background, science background, health literacy, other factors) and tailor how information is presented accordingly.
- Begin to differentiate patient reactions to genetic information and tailor genetic counseling interventions accordingly.
- Begin to recognize patient decision-making styles and coping behaviors and tailor genetic counseling interventions accordingly.
- Demonstrate professionalism, ethical behavior, and begin to demonstrate sound clinical judgement
- Continue to document clinical encounters in student logbook with increasing efficiency.

Winter semester, Year 2, Formal Internships, Level III → IV Involvement, Intermediate-Advanced (4) to Advanced (5) Level of Competency (Interpreter-Manager-Educator)

In the winter semester year 2, students take part in their 4th formal clinical internship and a specialty internship OR a 4th and 5th formal clinical internship. In the formal clinical internships, students again conduct genetic counseling sessions with an

increasing amount of independence (with or without direct clinical supervision, depending on clinic policies/procedures and students' readiness). Students continue to log cases and get opportunities to conduct professional education. In the specialty internship, students will both observe clinical interactions and practice genetic counseling skills in a variety of settings including but not limited to, satellite genetics clinics, multi-disciplinary clinics, genetic testing laboratories, in-patient consultations and rounds, and non-genetics specialty outpatient clinics. Students typically log at least some participatory cases as part of these specialty internships; however, this is not required. The objectives of the winter semester internships are to give students the opportunity to:

- Conduct tasks within the seven ACGC competencies with the goal of reaching total independence (with or without direct supervision).
- Continue to enhance their knowledge, understanding, application, analysis, synthesis and evaluation of medical genetics information and genetic counseling strategies.
- Demonstrate their ability and willingness to autonomously synthesize and evaluate information collected through literature reviews, medical record reviews, and clinical encounters to develop reasonable differential diagnoses and case management plans.
- Demonstrate their ability to tailor genetic counseling interventions based on clinical setting, patient experiences, abilities, and psychosocial reactions, patient educational level, and evaluation of past session outcomes (e.g., what worked, what did not work)
- Provide genetic counseling expertise, when needed, to non-genetics providers.
- Demonstrate professionalism, ethical behavior, sound clinical judgement, and self-directed learning.
- Take the initiative to investigate ways to improve genetic counseling practice and to educate their colleagues about new strategies they identify.
- Complete clinical logs.

The above information provides a general overview of level of involvement and competency by semester. Each student has his/her individual learning curve. For any particular student in a clinical internship, the level of involvement, expected level of competency, and overall goals for the internship will be set by the student, the genetic counselor/geneticist supervisor, and the program directors (through regularly scheduled clinical goal setting meetings and remediation meetings when needed). Student progress in achieving competency is monitored through formative and summative evaluations completed during each internship by clinical supervisors, and by the program directors at regularly scheduled progress meetings and clinical goal setting meetings. In cases where students are not progressing as expected in developing competency, additional meetings involving supervisors, the program directors, and sometimes the Student Evaluation Committee, are scheduled as needed.

1. Pangaro L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Acad Med*, 74, 1203-1207.

2. Hauer K.E., Mazotti, L., O'Brien, B., Hemmer, P.A., Tong, L. (2011). Faculty verbal evaluations reveal strategies used to promote medical student performance. *Medical Education Online*, 16, 6354-6363.



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Program Student Internship Objectives by RIME-Based Competency Level

This document provides additional information about the types of competencies (knowledge, skills, and attitudes-KSA's) that are expected at each developmental level. This document was designed in part using the RIME framework, a framework used frequently in medical education/clerkships to set expectations for student performance and to guide feedback longitudinally. The RIME framework describes four levels of KSA achievement as noted below (modified based on genetic counseling student competencies versus medical student competencies). The Wayne State Genetic Counseling Graduate Program has mapped each ACGC-Practice-Based Competency/, Sub-Competency, and the specific KSA's that relate to each to a RIME level. Internship evaluations, which are competency based, include the RIME level designations to help supervisors recognize developmentally appropriate objectives based on where students are in their training.

Reporter Level: The student can accurately gather and clearly communicate the clinical facts on his/her patients. Mastery at this level requires the basic skills to take family, medical, and psychosocial histories and the basic knowledge of what to look for. It emphasizes day-to-day reliability (e.g., being on time, doing follow up in a timely fashion). Implicit in this level is the ability to recognize normal from abnormal and the confidence to identify and label a new problem.

Student attributes: This level requires that students demonstrate a sense of responsibility, and achieve consistency in dealing directly with patients/clients honestly, with accuracy, completeness, and reliability. Basically, at this level, students should be able to identify and then report to patients and colleagues, information about the case and indication, but they do not yet know how all the information comes together to support a specific diagnosis or management plan. Students can identify patient factors but do not yet know how to use this information to tailor a genetic counseling session.

Students should be able to answer accurately the “what” kinds of questions about patients.

- What are the symptoms of the condition for which you are evaluating the patient?
- What is the genetic etiology of the condition for which you are evaluating the patient?
- What symptoms does the patient have?
- What symptoms, reactions, family history factors are normal? Abnormal?
- What are relevant components of the genetic counseling session?
- What are the important targeted family and medical history questions to ask?
- What are some relevant findings in the family history?
- What are some important medical records to obtain/review?
- What are the genetic testing options that are available to the patient?
- What are the patient's questions or concerns?
- What are some of the potential psychosocial reactions a patient might have in this situation?
- Who is the patient's support system?
- What does the patient think or feel about their situation?
- What is the patient's educational level and how in general might this affect the way you educate the patient about their indication?
- What social factors may impact the patient's experience with healthcare (social determinants of health)?
- With what populations does the patient potentially identify? Are these population(s) that historically has experienced discrimination and/or been underserved in healthcare?
- What are the decisions to be made in the case and who is responsible for making them?
- What are factors that may affect decision making?
- What is the medical management for the condition in question?
- What are factors that may affect risk assessment?
- What are elements to include in the clinical communication?

Interpreter Level: The transition from Reporter to Interpreter is an essential step and can be the most challenging transition. At this level, the student must be able to prioritize among the problems identified with the patient and then use the information to offer differential diagnoses. Students should not be expected to come up with the right differential all the time, though. Success in medical education is defined as coming up with at least three reasonable differentials. Follow up on tests and other clinical information (e.g., evaluations from other healthcare providers, additional family history information) provides additional opportunities to use interpretation skills. This level requires higher knowledge and more skill in selecting the clinical findings that support possible diagnoses and applying these results to specific patients.

Student attributes: At the interpreter level, the student has to make the transition from bystander (reporter) to active participant in providing services. Students have to show their willingness to become the one responsible for identifying differential diagnoses and determining which diagnoses are most likely, rather than relying heavily on their clinical supervisors to do this role. Students must also become responsible for identifying and acknowledging patient reactions to genetic information and start to tailor sessions to the specific patient (for instance, identify and responding to emerging concerns, modify approach based on patient circumstances).

Students should consistently have reasonable answers to the “why” questions about their patients.

- What are some differential diagnoses that would explain the patient’s clinical presentation and why are they the most relevant differential diagnoses?
- What specific information (family history, medical history, test results, other evaluations, etc.) is needed to rule out or rule in the diagnoses in question?
- How do the genetic test results (or family history information, physical examination results) refute or support the diagnoses in question (or why do specific findings support or refute)?
- What patient factors, including the population(s) with which they identify and social determinants of health, might affect their resistance or adherence to screening/medical management (or why is the patient non-adherent)?
- Given what you know about the patient’s educational background and knowledge, how should you tailor the educational part of the session appropriately (why should you use a particular educational approach with a patient)?
- How well did the patient seem to understand his/her options? Why did they struggle with grasping certain concepts (what factors affected ability to comprehend)? What factors (social, personal) might have had an impact on this?
- What medical, identity, social, and/or psychosocial factors led this patient to make the decision they made? Or why does the decision the patient made make sense (or not make sense) in the context of these factors?
- How is the patient coping and why is the patient coping well/not well?
- Who else in the family is at risk and why might the patient have difficulty informing them of risk (what factors might affect their ability to do so)?

Manager Level: This step takes more knowledge, confidence, and more judgment in deciding when action needs to be taken and to propose and select among options for patients. Again, students should not be expected to be right all the time. Success in medical education is defined as including at least three reasonable options in their

genetic counseling plan. A key element at this level is to tailor the plan to the particular patient's circumstances and preferences. Whereas at the interpreter level, the focus is on determining what the diagnosis is and what factors are affecting the patient's reactions to their genetic disease or risk, at the manager level, the focus is on what you do with the information. Similarly, with regard to educating patients, the focus shifts from knowing what information to provide based on the patient's specific circumstances, to how to provide it most effectively. With regard to psychosocial counseling, the focus shifts from identifying (reporter) and acknowledging and understanding patient reactions (interpreter), to tailoring interventions to address these reactions (anticipatory guidance, advanced empathy and confrontation, helping patients actively seek support, etc.) With regard to social determinants of health and the patient's identity, the focus shifts from identifying these factors (reporter), understanding how these factors can impact the genetic counseling session/decision making/adherence/etc., (interpreter), to knowing how to adapt the encounter to address the impact of these factors. This can include strategies like identifying ways to ensure the patient has access to needed services (equity), ensuring you are using inclusive language to promote trust, modifying your style in light of the impact of the patient's identity on previous healthcare experiences.

Student attributes: At manager level, the student should continue to demonstrate the willingness to serve as an active participant in the genetic counseling session and to take personal responsibility for case management and follow up rather than allowing the supervisor to lead the way. The student should also demonstrate increasing confidence in his/her ability to identify, use, and relay appropriate information and to actively facilitate informed decision making and adaptation based on identified knowledge of patient goals, values and beliefs. Also, the student should be able to identify patient psychosocial reactions (from reporter level), acknowledge them and understand the implications (from the interpreter level), and then use them to provide short-term client centered therapy (this level).

Students should consistently be able to answer the following types of questions.

- What type of testing should be offered to the partner knowing that the pregnant person is a carrier for a specific disease? When should the testing be offered?
- What should be written in a letter of medical necessity for genetic testing for this particular patient?
- What screening would be considered on the basis of the patient's positive family history of cancer but negative genetic test result?
- What additional genetic testing could be offered in this family? Who is the best person to test and how do you coordinate testing for this person?

- What additional follow up is needed in the absence of a diagnosis? How often should we follow up?
- How do I facilitate the patient informing other family members of the genetic test result?
- How is my patient adapting to the information we gave them (interpreter) and what can I do to facilitate adaptation (manager)?
- What sort of anticipatory guidance should I provide given the patient's reactions and circumstances?
- How can I address the patient's resistance to screening/therapeutic measures/informing other relatives about the family history?
- What identity/social factors might make it difficult for my patient to adhere to medical management recommendations (interpreter) and what are some strategies to offset such barriers (manager)?

Educator Level: Success in the prior levels requires self-directed learning and mastery of the basics. To reach the educator level, the student has to go beyond the basics, to read deeply and to share new information with others. Defining important questions to research in more depth takes insight. Having the drive to look for the hard evidence upon which clinical practice is based and having the skill to know whether the evidence is sufficient are qualities of an advanced trainee.

Student attributes: Willingness to take leadership in educating the team and the maturity and confidence to do so.

At this level and at the manager level, students can consistently answer and address “how” questions.

- How does the literature support the recommendations we are making for this patient?
- What are the gaps in the literature?
- In the absence of sufficient evidence in the literature, what is the best course of action for this patient and how often should we review the plan?
- What are key elements to include in the informed consent process given the gaps in our knowledge and/or limitations in testing?
- What new information is available on this topic and how can we use this information as a team to modify our approach to the condition in question?
- When should we begin to incorporate a (specific) new technology into practice? Is there enough evidence to support use of the technology now? How if at all will it improve the outcomes for my patient?
- What is the current data on genetic counseling process and how might we use the data to modify our processes in order to improve outcomes?

- What does the literature tell us about best practices in patient education and how can we utilize this information to enhance the educational component of counseling encounters?
- What does the literature tell us about best ways to provide inclusive genetic counseling to people with various identities and how do we use this information to provide such counseling? How do we educate our teams members of best practices?
- What social determinants have been shown to impact access to genetic counseling services and what are some steps that can be taken to reduce barriers?

Wayne State Designated Competency Levels for Summative Evaluations

Below is a description of each of the five levels of competency (rankings 1-5) used to evaluating student progress in developing the practice-based competencies, based on language of the RIME framework.

Beginner Level (1) - Reporter: *This level is achieved if the student is successfully able to demonstrate the knowledge, skills, and attitudes associated with the reporter level consistently. Typically, we would expect students to begin working on this level in the introductory internships and to achieve this level in the first or second internship.*

Advanced Beginner Level (2) - Reporter-Interpreter: *This level is achieved if the student is consistently demonstrating the KSA's associated with the reporter level and integrating aspects of the interpreter level at least 50% of the time. Typically, we would expect the student to achieve this level by the second internship or midway through the third internship.*

Intermediate Level (3) - Interpreter: *This level is achieved if the student is successfully able to demonstrate the knowledge, skills, and attitudes of the interpreter level consistently. Typically, we would expect students to achieve this level by the end of the third internship or midway through the fourth internship. Since the transition to the interpreter level is a key transition, if the student is not making progress by the midpoint of fourth internship, remediation may be required.*

Intermediate-Advanced Level (4) – Interpreter-Manager: *This level is achieved if the student is successfully able to demonstrate the knowledge, skills, and attitudes of the interpreter level consistently This level is achieved if the student is successfully able to demonstrate the KSA's of the manager level at least 50% of the time. Typically, we would expect students to achieve this level by the end of the fourth internship or early in the fifth internship.*

Advanced Level, (5) Manager-Educator: *This level is achieved if the student is successfully able to demonstrate the KSA's of the manager level consistently and the educator level at least 50% of the time. Although ideally we would like to see students demonstrate the educator level consistently by the end of the fifth internship/end of training, this may not be realistic. Minimally, the student has to demonstrate the willingness and ability to evaluate and use the medical literature to guide evidence-based practice*



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Graduate Program

First Year Clinical Experiences

First Year Observational Experiences- Fall (not for credit)

Beginning in mid-September/early October of the first semester, students are scheduled to attend a variety of clinics, many of them which are multidisciplinary clinics, to begin to observe how genetics is integrated into healthcare. These clinics may include but not be limited to the following: craniofacial clinic, cystic fibrosis clinic, sickle cell anemia clinic, and myelomeningocele clinic. Students also attend in-patient genetics consultations and attend a genetic counseling session. Some of the clinics above do not have genetics professionals staffing them but are an excellent opportunity to observe a team approach to the care of an individual with a chronic condition.

Students are expected to do the following: Review assigned readings prior to going to each clinic, attend their scheduled clinics unless they have been granted an excused absence by the program directors and/or the clinic is cancelled, arrive to clinic on time, and actively engage with the clinic staff. Students will not be responsible for providing any information to patients during the observation rotation. Students should comply with the School of Medicine dress code and the elements of professionalism, including confidentiality, discussed in MGG 7640. In the event of illness that prevents a student from attending clinic, the student should contact the program directors and the clinic contact person to notify them of their absence. Students who are ill should not attend clinic.

First Year Introductory Rotation-Winter (for credit, MGG 8998, Genetic Counseling Internship, 1 cr.)

The purpose of the introductory internship during the first year is for students to begin to apply what they have learned through course work to the clinical setting by attending a genetics clinic as well as other clinics that see patients with genetic disorders in which there may not be a genetics professional involved. In addition, they may get exposure to nonclinical roles of genetic counselors (for example, laboratory genetic counselor, and/or research roles). Students will be required to spend approximately 8 hours each week at the clinical site. Students will each be assigned to spend 48 hours total (6 weeks equivalent) at one genetics site; the remaining experiences are one week each in duration. Students will be expected to maintain a logbook that will document the appropriate facts about the cases they see, psychosocial issues, their interpretation of the genetic counselor/patient interactions and their own personal thoughts and feelings surrounding the case. Students will also record

the roles they observed and performed for each case. *Cases from the first-year internship will be collected through Typhon, the genetic counseling program's electronic logbook system, but will not be counted as participatory cases.*

Students may be assigned certain case preparation duties and have some responsibility for small pieces of the genetic counseling session (i.e. collecting family history information, explaining testing or inheritance, etc.) during these rotations. Students will also share and discuss the medical, genetics and genetic counseling issues surrounding the cases they have seen in clinic through case presentations in MGG 7880, Genetic Counseling Seminar and in discussions in MGG 7740, Theory and Practice of Genetic Counseling.

A document which provides an overview of the introductory internship and discusses the expectations for this clinical/research experience is included in the following pages. This document should be read and signed by the student, prior to beginning the introductory internships. The associate program director (fieldwork coordinator) will review the form in detail and provide a copy to sign at the beginning of the winter 1 semester.



School of Medicine

Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Graduate Program Logbook Requirements

Overview: Introductory, Formal and Specialty Internship Logbooks

Per the current (revised 8/1/23) Accreditation Council for Genetic Counseling (ACGC) Standards for Graduate Programs in Genetic Counseling (B3: Fieldwork Training), fieldwork experiences must support the development of the Practice Based Competencies by integrating didactic and experiential training. The clinical logbook serves as documentation of all cases a student has seen in their introductory, formal and specialty clinical internships. Every case a student observes and/or participates in should be logged whether it is a participatory case or a supplemental field experience. The WSU Genetic Counseling Program (WSUGCP) uses the Typhon Online Management System to collect and track all cases seen during clinical internships. Each logbook provides a means for documenting key aspects of a case and the student's involvement.

Introductory Internship Logbooks

Students are expected to complete a logbook through the Typhon system using the instructions in the document "Introductory Logbook Completion Information" for each case that they see. Each logbook must be completed within one week of the client encounter. The logbooks will be reviewed by a program director. If a logbook is not approved, it will be routed back to the student for appropriate edits. Cases obtained during the Introductory Internships are not counted as participatory cases regardless of the student's participation in the case.

A grade will NOT be assigned for the introductory internship until all logbooks are received and corrected, if necessary. Failure to complete these logbooks or any necessary edits may result in a delay in starting the formal clinical internships.

Formal and Specialty Internship Logbooks

It is expected that students will get a variety of clinical experiences including both participatory cases and supplemental field work experiences. Students are required to complete an electronic logbook form in the Typhon system for all client encounters (including observation only cases) using the instructions in the document "Logbook Completion Information" within one week of the encounter.

For any case meeting the ACGC standards for a participatory case (see below), the logbook will be routed to the clinical supervisor listed in Typhon. Once the supervisor has reviewed the logbook, it will either be approved as is or will be routed back to the student for appropriate edits. Once logbooks are approved by the clinical supervisor, they will be reviewed by a program director. If the program director finds any

discrepancies or missing information, the logbook will be routed back to the student for appropriate edits.

Only ABGC/ABMGG/CAGC board-certified genetic counselors with more than one year of clinical experience will be listed by name in the Typhon system. If a student works with a genetic counselor or another provider (such as physician or nurse) that is not listed in Typhon, the case should still be ultimately supervised by a board-certified genetic counselor, if at all possible. If it is not possible to assign the case to a board-certified genetic counselor, these cases should be logged as they count as supplemental fieldwork experiences (see below). However, these cases will not count towards the 50 participatory cases. Under the Clinical Supervisor drop-down list, “other” should be chosen. The provider’s name and title should then be listed in the Clinical Notes section. These logbooks will be reviewed and approved by a program director. If a case is not complete or accurate, it will be returned to the student as “not approved”. The student will be required to make corrections and notify the program director when the corrections are complete.

A grade will NOT be assigned for the internship until the logbooks are received and corrected, if necessary. Failure to turn these materials in may result in a delay in starting the next clinical internships.

Participatory Cases from Formal Clinical Internships

Per the current (revised 8/1/2023) ACGC Standards of Accreditation for Graduate Programs in Genetic Counseling (B3: Fieldwork Training), the program directors will track each student’s progress in attaining a minimum of 50 participatory cases throughout the program. At least 40 of the 50 participatory cases must be with individuals being evaluated for risk of or affected by diverse genetic conditions across the lifespan (i.e patients/clients; not individuals who are being consented to research; not standardized patient encounters).

These cases must be conducted:

1. Across multiple specialties, including prenatal, pediatric, cancer and other adult.
2. In a variety of diverse settings that may include clinical, laboratory, research, industry and/or other environments.
3. Using more than one service delivery mode such as telephone, group, in-person, and/or telemedicine.

In addition, participatory cases must be supervised by an experienced ABGC/ABMGG/CAGC certified genetic counselor. Specifically, these supervisors must have a minimum of 1 year of clinical experience in addition to board certification and licensure if the state in which they work requires it. *Medical geneticists are no longer permitted to serve as supervisors for the required 50 participatory cases.* This does not mean that medical geneticists and genetic counselors who are not certified/have less than a year of experience cannot work with students. It just means any cases seen with these providers cannot count towards the 50 participatory cases. The ACGC expects students to get varied experiences beyond the 50 participatory cases. As such, geneticists and new genetic counselors can still play an important role in student training.

Programs must provide sufficient opportunities such that students are prepared to practice in each of the main specialties, settings and service delivery models. All participatory cases must be distributed across prenatal pediatric, cancer, and other adult, with no one specialty dominating. If a student needs more exposure in a specific area, adjustments to the clinical internship schedule will be made.

Additional Participatory Case Requirements

In addition to the above participatory case requirements established by ACGC, WSUGCP has the following additional requirements.

1. Students must perform a minimum of one role in each of three Fundamental Clinical Counseling categories: Management, Communication, and Counseling. (see below)
2. At least three roles must be performed directly with the client.
3. The student must provide a written case reflection (case processing) which includes feedback given by the clinical supervisor.

Students are strongly encouraged to be familiar with the above criteria and work in partnership with the program directors and their clinical supervisors to ensure they have a well-rounded clinical experience.

Fundamental Clinical Counseling Categories

The numbers and letters after each role identify the particular ACGC Practice Based Competencies represented by each role.

Management Roles

Case preparation (1a;1b;1c;6a;7a;7b;7c)

- Review of relevant information about the client and the indication for genetic counseling prior to the session.
- Includes any of the following:
 - Applying knowledge of genetic principles as they relate to etiology, clinical features and disease expression, natural history, differential diagnoses, pathophysiology, management and prevention, and population screening.
 - Applying knowledge of psychosocial and ethical factors associated with indication, client values, as well as common client responses.
 - Taking into consideration what type of service delivery model will be used and what accommodations may be needed based on the model.
 - Recognizing scope of practice.
 - Determining timing/urgency of genetic counseling and testing (ie. triaging) based on clinical circumstances (e.g., weeks gestation for pregnant patients, surgical decision making for patients with cancer, medical management decisions in a critically ill newborn, psychosocial impacts, etc.)

Literature review (1a;1b;5a;5b)

- Plan and execute a search and review of the primary and secondary literature and relevant databases, synthesizing information obtained to utilize in case preparation, risk assessment, case management, genetic test evaluation, genetic testing/screening discussions, test interpretation, describing natural history, medical management, and resource identification.
- Review literature to determine best practices for achieving education and counseling goals.

Medical record review (1a;1b;2a;2c)

- Extract pertinent information from available medical records/chart.

Collection/documentation of medical, developmental and/or pregnancy history (2a;2c)

- Elicit pertinent medical information using inclusive language including pregnancy, development and medical histories, and environmental exposures.

Collection/documentation of family history/pedigree (2a;2c)

- Elicit or utilize available information (e.g., family history form) to construct a complete pedigree using inclusive language and up to date pedigree symbols.
- May include asking targeted questions.

Identification of factors that may affect the genetic counseling process (3a;3b;3c;6a;7c)

- Evaluate the influence of the client's identity and other factors including but not limited to:
 - Race, ethnicity, national origin, age, religion, disability, veteran status, sex, sexual orientation, gender identity/expression, pregnancy, genetic information, geographic location, socioeconomic background.
 - Social determinants of health, disparities, inequities, systemic bias and other factors that may impact access to healthcare and experiences with the healthcare system.
- Can be performed before, during and/or after the client encounter.

Risk assessment (2a;2b;2c)

- Use pedigree analysis, inheritance pattern, mathematical approaches (e.g., Bayesian) and/or evaluation of medical and laboratory data to prioritize differential diagnoses and recurrence/occurrence risks.
- Can be performed before, during or after the client encounter.

Evaluation/coordination/ordering of genetic testing (1c;2d;6b;7a;7b)

- Determine the appropriate genetic screening or diagnostic test(s), evaluate laboratories, assess impact of insurance, and/or coordinate/order initial testing and necessary follow-up testing or referrals based on test results.
- Includes any of the following:
 - Recognizing ethical and legal issues associated with genetic testing

- Managing challenges that may arise when coordinating genetic testing for distance encounters.
- Adhering to institutional and credentialing requirements related to coordinating/ordering testing and responsible use.
- Recognizing and/or documenting CPT/ICD10 codes and other pertinent information on test requisitions and other required documents.
- Documenting informed consent.

Case management plan (1b;6a;6b;6c;6d;7a;7b;7c)

- Develop and execute a case management plan starting with case prep, including establishing and maintaining the working alliance, through follow up.
- Modify plan as needed.
- Includes any of the following:
 - Assessing how the client/family's lived experience, identity (see Identification of Factors role above), values, cultural background, spoken language, insurance status, social determinants of health, healthcare access, health literacy, and psychosocial reactions impact the plan.
 - Considering the impact of service delivery model on management.
 - Incorporating ethical considerations.

Financial considerations (6b)

- Identify and discuss with client financial considerations including but not limited to type of insurance coverage, and medical coverage policies including prior authorization requirements.
- Identify the correct codes to use in billing for genetic counseling services and genetic tests.
- Recognize appropriate documentation needed to support CPT codes used to document genetic counseling
- Draft letters of medical necessity and/or insurance appeal letters.
- Contact lab/insurance plan for coverage determinations.
- Identify and discuss financial assistance resources.

Clinical documentation (clinic notes, letters) (1b;4a;4b;4c;6c;6d;7a;7b;7c)

- Write concise and understandable clinic note or letter using inclusive language, tailored to the intended audience, including clinicians and clients, taking into consideration client's health literacy level and clinicians' genomic literacy.
- Includes documenting medical necessity.
- Documentation should be in accordance with professional and institutional standards.

Oral presentation of case (1b;2a;4a;6c;6d;7c)

- Present the pertinent medical and psychosocial details of the case to the supervisor and/or team members using inclusive language.
- Includes making necessary accommodations for distance encounters where one or more providers are offsite.

Referrals/Other Follow Up (3c;6a;6b;6c;6d;7a;7b;7c)

- Making referrals for appropriate medical, social, and/or psychological services.
- Facilitating referrals to other members of the care team or community partners, including support services.
- Recontacting client as needed.
- Recognizing scope of practice.
- Adapting the process for distance encounters (e.g., employing strategies for identifying providers local to the client)

Communication Roles**Educational needs assessment (3a;3b;3c;3d;4a;6a;7c)**

- Identify factors that may affect the client's learning process including but not limited to:
 - Prior knowledge, lived experience, educational background, health literacy, numeracy, identity (see Identification of Factors role above), spoken/written language, psychosocial factors, emotional/cognitive responses and ethical considerations.
- Employ strategies to maximize understanding, adaptation, and informed decision making.
- Includes an assessment of how service delivery model may impact educational components of the session.

Risk communication (2a;2b;2c;4a;4b;4c;6a;7c)

- Educate clients about their personal and/or familial risks using established risk communication principles, knowledge of client's health literacy level/numeracy, common reactions, lived experiences, and potential impact of risk, as well as psychosocial assessment/assessment of identity/cultural beliefs to maximize understanding.
- Includes any of the following:
 - Discussing risk related to family history, inheritance pattern, laboratory tests, disease characteristics (e.g., penetrance, variable expressivity) and other relevant factors.
 - Considering impact of various service delivery models on risk communication.

Diagnosis/prognosis/natural history (1a;1b;4a;4b;4c;5b;6a;7c)

- Convey relevant information about the diagnosis, etiology, natural history and prognosis of genetic conditions and/or birth defects.
- Includes presenting balanced descriptions of lived experiences and recognizing impact of client's lived experience as well as health literacy.

Medical management/prevention/treatment*

(1a;1b;3d;4a;4b;4c;5b;6a;6b;6c;6d;7a;7c)

- Discuss current medical management, prevention/surveillance, and treatment of genetic conditions and/or birth defects.

- Includes any of the following:
 - Using pedigree to discuss cascade screening/familial risk.
 - Discussing environmental and lifestyle factors that can impact future risks.
- *In the ACGC competencies, management is referred to as Continuity of Care & Collaborate with Care Team

Genetic screening and testing options and informed consent

(1c;2d;3c;3d;4a;4b;4c;7a;7b;7c;7d)

- Explain the technical and medical aspects of diagnostic and screening methods, including sensitivity, specificity, and clinical validity, clinical utility associated risks, benefits, and limitations.
- Includes any of the following:
 - Considering ethical issues and conflict of interest.
 - Promoting informed decision making by discussing the pros and cons of the screening/testing options.
 - Discussing issues related to privacy and confidentiality.

Results disclosure (1b;1c;2c;3c;3d;4a;4b;4c;5b;6a;6c;7a;7b;7c)

- Educate the client about the significance of genetic test results (risk assessment/results interpretation) to promote appropriate medical management/follow up as well as psychosocial adaptation to risk.
- Includes any of the following:
 - Accurately presenting risks in the context of test result and other pertinent personal and family medical history.
 - Understanding psychosocial and ethical impact of results, as well as impact on adherence and cascade testing.
 - Discussing issues related to privacy and confidentiality.

Research options/consenting (3d;4a;4b;5c)

- Discuss research opportunities which may include informing a client about a study, consenting client into a study, ethical considerations, conflict of interest, advocating for clients' interests and documenting of informed consent specific to research.

Utilize a variety of approaches to communicate genetics and genomics information (4a;4b;4c)

- Enhance the learning encounter using approaches such as handouts, visual aids, and other educational technologies.
- Includes any of the following:
 - Selecting approaches based on the service delivery model employed while recognizing benefits and limits of each model.
 - Striving to use approaches that are inclusive and culturally appropriate.

Work with interpreter (4a;4b;4c;6a;6c;6d;7c)

- Employ strategies for successful communication when working with interpreters.

Counseling Roles

Establishing and maintaining a working alliance with the client

(3a;3b;3c;6a;7c)

- Initiate the genetic counseling session
- Elicit and acknowledge client concerns, expectations, and knowledge to develop the working alliance.
- Includes any of the following:
 - Contracting throughout the session.
 - Using active listening skills.
 - Adapting the process to various service delivery models
 - Taking into consideration the impact of diverse client identities and disparities, inequities, and systemic bias

Psychosocial assessment (3a;3b;3c;3d;6a;7c)

- Evaluate social and psychological histories as well as client cognitive and emotional reactions to assess psychosocial needs including current state of adaptation and decisional conflict/decision readiness.
- Includes any of the following:
 - Identifying the impact of relevant factors (see Identification of Factors role above)
 - Assessing the impact of the family medical history and personal medical history on perspectives/reactions to genetic risk.
- Can be performed before, during and/or after the client encounter.

Psychosocial support/counseling (3a;3b;3c;3d;6a;6c;7c)

- Use applicable counseling skills to provide short term, client-centered counseling, psychosocial support, and anticipatory guidance to the client and/or family to manage client concerns and emotional reactions and/or to promote adaptation.

Facilitate decision making (3a;3b;3c;3d;6a;6b;6c;7a;7b;7c)

- Promote client-centered, informed, non-coercive and value-based decision-making.
- Provide informed consent
- Promote value-based decision making considering any of the following:
 - The impact of the client's emotional state, ethical framework, readiness for testing, screening and/or intervention, psychosocial support, and identity (see Identification of Factors role above)
 - Social determinants of health, disparities, inequities, systemic bias and other factors that may/may have impacted access to healthcare and experience with the healthcare system.

Resource identification and dissemination (3b;3c;5a;5b;6a;6c;6d;7b;7c)

- Identify and provide local, regional and national support and educational resources including support group information and research opportunities.
- Includes any of the following:

- Understanding clients' psychosocial needs and reactions and/or educational needs in order to connect them to the most relevant resources.
- Adapting resource identification to distance encounters.
- Identifying and providing inclusive resources tailored to client's health literacy and language, as available.

Supplemental Fieldwork Experiences

Per the current (revised 8/1/2023) ACGC Standards of Accreditation for Graduate Programs in Genetic Counseling (B4: Supplemental Fieldwork Experiences), in order to enhance a student's acquisition of the Practice Based Competencies, programs must ensure that fieldwork training for students is augmented with supplemental experiences such as, but not limited to the following:

- Observational experiences
- Fieldwork experiences with non-genetics providers (physicians, nurse practitioners, etc.)
- Cases seen with genetics professionals who are not certified by ABGC/CAGC or by the ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or the Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics
- International fieldwork experiences
- Community centers/clinics that serve groups experiencing disadvantages.
- Public health genetics-related activities and settings
- Experiences genetic counselors that otherwise do not meet the Participatory Case standards such as variant interpretation, test development, implementation and performance, utilization management, customer liaison and support, sales and marketing, leadership and management, and case coordination
- Involvement with support groups and other advocacy organizations.

A logbook should be entered in Typhon for any client encounters within any of the above categories (such as observational experiences and experiences with non-genetics providers).



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Program Clinical Internship (Introductory) Expectations MGG 8998, 1 credit

Fieldwork coordinator: Erin Carmany, MS, CGC

Overview

The purpose of the introductory internship, which is held in the winter semester of the first year, is for students to begin to apply what they have learned in their classes to the clinical genetics setting. Students will accomplish this by observing, performing certain case preparation duties, and doing small components of a genetic counseling session (e.g. taking a family history, providing specific patient education tasks) in various genetics or other specialty clinics.

Students will be expected to maintain a logbook that documents the student's involvement in various aspects of each case seen, their interpretation of the genetic counselor/patient interactions, and their own personal thoughts and feelings surrounding the case. *Cases from the first-year internship will be collected through Typhon, the genetic counseling program's electronic logbook system, but will not be counted as participatory cases.* Students will have the opportunity to share and discuss the cases they have observed in clinic as part of scheduled case conferences in MGG 7880 (Genetic Counseling Seminar) and in MGG 7740 Theory and Practice of Genetic Counseling.

Each student will also attend a mini-research seminar, a laboratory genetic counseling seminar and a public health activity scheduled (if available) during the introductory internship. Students also may be expected to complete additional assignments made available in Canvas.

The level of student involvement during this rotation is between Level I (observe and identify, demonstrate professionalism) and Level II (participate – locate/organize, summarize/contribute).

The level of student competency expected during this rotation is the beginner level (1)-reporter.

Since students participate to only a limited extent in genetic counseling tasks in the introductory internship, supervisors' evaluations of students are primarily based on aspects of professionalism. These aspects include: relations with staff, relations with clients, attitude application to work/initiative, dependability, professional attire/appearance, professional roles, self-awareness, attendance, and punctuality. For

the longer internship experience, students will also be evaluated on the extent that they are demonstrating clinical skills at the Reporter level of the RIME framework (see the “Student Objectives by Competency Level” document for details).

Time Commitment

In most cases, students are expected to be at their assigned internship sites up to 8 hours per week. Occasionally, there may be a week when the time commitment is increased above 8 hours (a maximum of 16 hours per week). In those cases, the student will have other weeks where the time commitment is less than 8 hours to balance out the time commitment overall.

The student must recognize that additional work may need to be done outside the clinic setting to prepare for an introductory clinical experience. The student should take full advantage of the learning opportunities provided during the internship while balancing the demands of coursework and other program-related activities. Occasionally it may be necessary for the student to stay ‘after hours’ if a patient care matter requires immediate attention – this is a commitment and expectation of all health care providers.

Prior Expectations

It is expected that students contact the internship supervisor at least one week prior to the beginning of the internship to discuss the schedule and to determine when the student will be at the site. If needed, it is expected that students will work with their primary site contact within the specified timeframe to provide any health screening documentation and/or completed forms required by the site. It is also expected that students review their notes, relevant handouts and reading assignments pertaining to the clinic setting from MGG 7640 (Principles of Genetic Counseling) and Practical Applications of Genetic Counseling (MGG 7660) prior to starting the rotation.

Professional Conduct

Genetic counseling students are expected to conduct themselves in a professional manner. Students should review the document titled “Professionalism” provided in the student handbook and the NSGC Code of Ethics for a description of the professional attributes that form the basis of the goals and values of the genetic counseling profession. It is expected that students are punctual, attend all assigned activities and are reliable in completing tasks related to patient care.

Each student should be aware of their limitations and always try to improve. It is expected that students be receptive to feedback – it is a critical component of the learning process. Conflicts, disagreements and misunderstandings are part of any professional working environment. It is expected that students make an effort to deal with such circumstances and do it in a mature and constructive manner.

Physical Appearance

It is important to dress appropriately at all times when in the clinical setting – even if you are just there doing case preparation and follow-up. This is an essential part of appearing “professional.” Men should wear a shirt and tie. Women’s necklines and hemlines should be conservative. Clinging fabrics and tight outfits are not appropriate.

Provocative or “trendy” clothing styles are not appropriate, nor are jewelry or attire that might appear unprofessional to patients. Clean, conservative, and comfortable shoes should be worn with hose or socks; athletic footwear, sandals, bare feet or exposed toes are not appropriate. Shower daily. Avoid distracting perfumes or colognes; make-up should be kept at a minimum. Nails should be well manicured and of a length which does not interfere with clinical activities. Men should shave daily. Also, the student should pay attention to posture and demeanor. Student should review the document titled “Clinical Student Dress and Grooming Standards” provided in the student handbook and address questions about what is appropriate to the clinical supervisor and/or program directors.

Supervision and Evaluation

The clinical supervisor (genetic counselor, clinical/medical geneticist, or other professional) will observe and supervise the student during the introductory clinical internship. The supervisor at each internship site will be asked to complete a short evaluation in Typhon, called the ‘Introductory Clinical Internship Student Evaluation Form’, which assesses aspects of professionalism and the extent of skill attainment at the Reporter level as detailed above. The program director(s) will meet with the student at the end of the internship to go over the evaluations from each site. Students are given the opportunity to evaluate each introductory internship experience by completing the ‘Student Evaluation of the Introductory Internship’ in Typhon after each internship. These evaluations will be reviewed with the program directors at the end of internship.

Logbooks

Students will be responsible for completing case logbooks online for each case they see in their introductory internship. For introductory internship experiences not involving direct patient care, other forms of documentation of the experience (such as a one-page summary) will be requested. The fieldwork coordinator will monitor logbooks throughout the internship. If problems in documentation are identified, the student will be notified during the course of the internship so that adjustments can be made. If no problems are identified, the program director(s) will review the logbooks with the student at the conclusion of the internship.

Internship Grade

The introductory internship grade will be assigned based on attendance, timely completion of required tasks, the quality of the logbook (completeness and accuracy), and the collective results of the internship evaluations. A grade will not be assigned until the student has completed their logbooks and has turned in all of their evaluations of the internships.

I agree to comply with the above stated expectations.

Student signature

Date

Program Director signature

Date



Wayne State University Genetic Counseling Graduate Program Completion of Introductory Internship Logbooks

Introduction

The information provided in this document is to assist students in the completing the logbook forms in the Typhon online system.

Routing and Process Information

Students are required to complete an electronic logbook form in the Typhon system for every genetic counseling client encounter within one week of the encounter. Once the student begins a logbook in the system, it will automatically show as “pending” in the system. All introductory internship logbooks will be reviewed and approved by a program director. If a case is not complete or accurate, it will be returned to the student as “not approved”. The student will be required to make corrections and notify the program director when the corrections are complete.

Clinical Supervisor

Only ABGC/ABMGG/CAGC board-certified genetic counselors with more than one year of clinical experience will be listed by name in the Typhon system. If a student works with a genetic counselor or another provider (such as physician or nurse) that is not listed in Typhon, then “other” should be chosen and the provider’s name and title listed in the Clinical Notes section.

Logbook Completion Information

Time with Patient

The total time in minutes spent in the client encounter.

Consult with Clinical Supervisor

The total time spent with the supervisor in any case preparation activities and in post-case debriefing for the client encounter.

Type of Client

Client/patient

A client/patient seen for genetic counseling services, regardless of service delivery or specialty.

Simulated patient

An encounter occurring in a simulated environment, such as a standardized patient, where a student performs genetic counseling roles (see below). This must be an encounter with an individual specifically trained to perform play a client role with specific student learning objectives. Role plays for student practice do not count under this client type.

Healthcare provider

An encounter with a healthcare provider where genetic counseling roles are performed (see below). This does not include administrative roles such as calling for medical records, following up on the status of test results, or informing providers of test results without additional education and/or interpretation (ex. giving negative results with no clinical implications discussed).

Research participant

An encounter with an individual where the primary purpose is to enroll/consent a client for a research study or obtain additional information for the purposes of research only. If research is discussed as part of a genetic counseling encounter for another primary reason, the role “Research options/consenting” should be chosen along with the appropriate client type, such as “client/patient” (see below).

Specialty

Students are expected to have client encounters across specialties with no one specialty dominating.

- *Adult, not cancer (e.g., neurogenetics, cardiovascular, etc.)*
- *Cancer (adult or pediatric)*
- *Pediatric*
- *Preconception*
- *Prenatal*
- *Other*

Stage of Life Cycle

Prenatal

Any client who is currently pregnant during the genetic counseling encounter.

Pediatric

Any client seen for a genetic counseling encounter who is less than 18 years of age. If parents present for an encounter on behalf of their child, the encounter is still considered pediatric.

Adult

Any client who is 18 years of age or older, regardless of indication, and not currently pregnant.

Practice setting*Clinical*

A client is seen for a genetic counseling encounter in a clinical setting regardless of specialty or service delivery.

Laboratory

A client is seen for a genetic counseling encounter in a laboratory setting (academic or commercial) regardless of specialty or service delivery.

Research

A client is seen for an encounter where the primary purpose is to enroll/consent a client for a research study or obtain additional information for the purposes of research only. This could occur in a clinic, a laboratory, an academic setting, a community location, or through video or telephone.

Industry

A client is seen for an encounter in a commercial setting other than a clinical or laboratory setting.

Other

Any other setting not noted above.

Service Delivery Model*In-person*

A client encounter that occurs in-person.

Telephone

A client encounter that occurs by telephone.

Telemedicine

A client encounter that occurs in real time through video such as through an online platform.

Group

A client encounter where genetic counseling is provided in real time to multiple individuals at the same time, usually for the same or similar indication.

Other

Any other service delivery not noted above.

Supervision provided*Complete Live Supervision*

The supervisor is present during all portions of the client encounter that the student performs.

Partial Live Supervision

The supervisor is present during only a part of the client encounter that the student performs. For example, if a student takes a comprehensive history alone (without a supervisor present) first and then is joined by the supervising genetic counselor, the case would be counted in this category.

Independent Counseling

The supervisor is not present during the client encounter but provides supervision to the student before and after the case.

Observation Only

This option should be chosen if the student is only observing a case and does not perform any roles during the client encounter.

Primary Indication/Diagnosis

A very brief statement of the reason the client is being seen. Students should utilize the following phrases or similar phrases when possible:

Family history of...

Previous child with...

Personal history of...

Preconception counseling for...

Rule out...

MSS positive for aneuploidy

MSS positive for ONTD

MSS positive for SLOS

AMA

Pre-screen counseling for first trimester/integrated/sequential screening

Reproductive counseling for teratogen exposure (specify)

Ultrasound anomaly (specify)

Diagnostic evaluation of child with...

Follow up counseling for...

Management of ...

Meets Minimum Participatory Case Requirements

Since introductory internship cases are not intended to count as “participatory cases”, this box does not need to be checked.

Post Case Debrief with Supervisor

Each case should be debriefed with the assigned supervisor. This box must be checked to confirm that the case was discussed with a supervisor following the session.

Procedures/Skills: Fundamental Clinical Counseling Categories

For any of the roles performed below, the role should be designated as “Performed (Perf)”. For any roles that were observed, the role should be designated as “Observed (Obs)”.

The numbers and letters after each role identify the particular ACGC Practice Based Competencies represented by each role.

Management Roles

Case preparation (1a;1b;1c;6a;7a;7b;7c)

- Review of relevant information about the client and the indication for genetic counseling prior to the session.
- Includes any of the following:
 - Applying knowledge of genetic principles as they relate to etiology, clinical features and disease expression, natural history, differential diagnoses, pathophysiology, management and prevention, and population screening.
 - Applying knowledge of psychosocial and ethical factors associated with indication, client values, as well as common client responses.
 - Taking into consideration what type of service delivery model will be used and what accommodations may be needed based on the model.
 - Recognizing scope of practice.
 - Determining timing/urgency of genetic counseling and testing (ie. triaging) based on clinical circumstances (e.g., weeks gestation for pregnant patients, surgical decision making for patients with cancer, medical management decisions in a critically ill newborn, psychosocial impacts, etc.)

Literature review (1a;1b;5a;5b)

- Plan and execute a search and review of the primary and secondary literature and relevant databases, synthesizing information obtained to utilize in case preparation, risk assessment, case management, genetic test evaluation, genetic testing/screening discussions, test interpretation, describing natural history, medical management, and resource identification.
- Review literature to determine best practices for achieving education and counseling goals.

Medical record review (1a;1b;2a;2c)

- Extract pertinent information from available medical records/chart.

Collection/documentation of medical, developmental and/or pregnancy history (2a;2c)

- Elicit pertinent medical information using inclusive language including pregnancy, development and medical histories, and environmental exposures.

Collection/documentation of family history/pedigree (2a;2c)

- Elicit or utilize available information (e.g., family history form) to construct a complete pedigree using inclusive language and up to date pedigree symbols.
- May include asking targeted questions.

Identification of factors that may affect the genetic counseling process (3a;3b;3c;6a;7c)

- Evaluate the influence of the client's identity and other factors including but not limited to:
 - Race, ethnicity, national origin, age, religion, disability, veteran status, sex, sexual orientation, gender identity/expression, pregnancy, genetic information, geographic location, socioeconomic background.
 - Social determinants of health, disparities, inequities, systemic bias and other factors that may impact access to healthcare and experiences with the healthcare system.
- Can be performed before, during and/or after the client encounter.

Risk assessment (2a;2b;2c)

- Use pedigree analysis, inheritance pattern, mathematical approaches (e.g., Bayesian) and/or evaluation of medical and laboratory data to prioritize differential diagnoses and recurrence/occurrence risks.
- Can be performed before, during or after the client encounter.

Evaluation/coordination/ordering of genetic testing (1c;2d;6b;7a;7b)

- Determine the appropriate genetic screening or diagnostic test(s), evaluate laboratories, assess impact of insurance, and/or coordinate/order initial testing and necessary follow-up testing or referrals based on test results.
- Includes any of the following:
 - Recognizing ethical and legal issues associated with genetic testing
 - Managing challenges that may arise when coordinating genetic testing for distance encounters.
 - Adhering to institutional and credentialing requirements related to coordinating/ordering testing and responsible use.
 - Recognizing and/or documenting CPT/ICD10 codes and other pertinent information on test requisitions and other required documents.
 - Documenting informed consent.

Case management plan (1b;6a;6b;6c;6d;7a;7b;7c)

- Develop and execute a case management plan starting with case prep, including establishing and maintaining the working alliance, through follow up.
- Modify plan as needed.
- Includes any of the following:
 - Assessing how the client/family's lived experience, identity (see Identification of Factors role above), values, cultural background, spoken language, insurance status, social determinants of health, healthcare access, health literacy, and psychosocial reactions impact the plan.
 - Considering the impact of service delivery model on management.
 - Incorporating ethical considerations.

Financial considerations (6b)

- Identify and discuss with client financial considerations including but not limited to type of insurance coverage, and medical coverage policies including prior authorization requirements.
- Identify the correct codes to use in billing for genetic counseling services and genetic tests.
- Recognize appropriate documentation needed to support CPT codes used to document genetic counseling
- Draft letters of medical necessity and/or insurance appeal letters.
- Contact lab/insurance plan for coverage determinations.
- Identify and discuss financial assistance resources.

Clinical documentation (clinic notes, letters) (1b;4a;4b;4c;6c;6d;7a;7b;7c)

- Write concise and understandable clinic note or letter using inclusive language, tailored to the intended audience, including clinicians and clients, taking into consideration client's health literacy level and clinicians' genomic literacy.
- Includes documenting medical necessity.
- Documentation should be in accordance with professional and institutional standards.

Oral presentation of case (1b;2a;4a;6c;6d;7c)

- Present the pertinent medical and psychosocial details of the case to the supervisor and/or team members using inclusive language.
- Includes making necessary accommodations for distance encounters where one or more providers are offsite.

Referrals/Other Follow Up (3c;6a;6b;6c;6d;7a;7b;7c)

- Making referrals for appropriate medical, social, and/or psychological services.
- Facilitating referrals to other members of the care team or community partners, including support services.
- Recontacting client as needed.
- Recognizing scope of practice.
- Adapting the process for distance encounters (e.g., employing strategies for identifying providers local to the client)

Communication Roles**Educational needs assessment (3a;3b;3c;3d;4a;6a;7c)**

- Identify factors that may affect the client's learning process including but not limited to:
 - Prior knowledge, lived experience, educational background, health literacy, numeracy, identity (see Identification of Factors role above), spoken/written language, psychosocial factors, emotional/cognitive responses and ethical considerations.
- Employ strategies to maximize understanding, adaptation, and informed decision making.

- Includes an assessment of how service delivery model may impact educational components of the session.

Risk communication (2a;2b;2c;4a;4b;4c;6a;7c)

- Educate clients about their personal and/or familial risks using established risk communication principles, knowledge of client's health literacy level/numeracy, common reactions, lived experiences, and potential impact of risk, as well as psychosocial assessment/assessment of identity/cultural beliefs to maximize understanding.
- Includes any of the following:
 - Discussing risk related to family history, inheritance pattern, laboratory tests, disease characteristics (e.g., penetrance, variable expressivity) and other relevant factors.
 - Considering impact of various service delivery models on risk communication.

Diagnosis/prognosis/natural history (1a;1b;4a;4b;4c;5b;6a;7c)

- Convey relevant information about the diagnosis, etiology, natural history and prognosis of genetic conditions and/or birth defects.
- Includes presenting balanced descriptions of lived experiences and recognizing impact of client's lived experience as well as health literacy.

Medical management/prevention/treatment*

(1a;1b;3d;4a;4b;4c;5b;6a;6b;6c;6d;7a;7c)

- Discuss current medical management, prevention/surveillance, and treatment of genetic conditions and/or birth defects.
- Includes any of the following:
 - Using pedigree to discuss cascade screening/familial risk.
 - Discussing environmental and lifestyle factors that can impact future risks.
- *In the ACGC competencies, management is referred to as Continuity of Care & Collaborate with Care Team

Genetic screening and testing options and informed consent

(1c;2d;3c;3d;4a;4b;4c;7a;7b;7c;7d)

- Explain the technical and medical aspects of diagnostic and screening methods, including sensitivity, specificity, and clinical validity, clinical utility associated risks, benefits, and limitations.
- Includes any of the following:
 - Considering ethical issues and conflict of interest.
 - Promoting informed decision making by discussing the pros and cons of the screening/testing options.
 - Discussing issues related to privacy and confidentiality.

Results disclosure (1b;1c;2c;3c;3d;4a;4b;4c;5b;6a;6c;7a;7b;7c)

- Educate the client about the significance of genetic test results (risk assessment/results interpretation) to promote appropriate medical management/follow up as well as psychosocial adaptation to risk.
- Includes any of the following:
 - Accurately presenting risks in the context of test result and other pertinent personal and family medical history.
 - Understanding psychosocial and ethical impact of results, as well as impact on adherence and cascade testing.
 - Discussing issues related to privacy and confidentiality.

Research options/consenting (3d;4a;4b;5c)

- Discuss research opportunities which may include informing a client about a study, consenting client into a study, ethical considerations, conflict of interest, advocating for clients' interests and documenting of informed consent specific to research.

Utilize a variety of approaches to communicate genetics and genomics information (4a;4b;4c)

- Enhance the learning encounter using approaches such as handouts, visual aids, and other educational technologies.
- Includes any of the following:
 - Selecting approaches based on the service delivery model employed while recognizing benefits and limits of each model.
 - Striving to use approaches that are inclusive and culturally appropriate.

Work with interpreter (4a;4b;4c;6a;6c;6d;7c)

- Employ strategies for successful communication when working with interpreters.

Counseling Roles**Establishing and maintaining a working alliance with the client (3a;3b;3c;6a;7c)**

- Initiate the genetic counseling session
- Elicit and acknowledge client concerns, expectations, and knowledge to develop the working alliance.
- Includes any of the following:
 - Contracting throughout the session.
 - Using active listening skills.
 - Adapting the process to various service delivery models
 - Taking into consideration the impact of diverse client identities and disparities, inequities, and systemic bias

Psychosocial assessment (3a;3b;3c;3d;6a;7c)

- Evaluate social and psychological histories as well as client cognitive and emotional reactions to assess psychosocial needs including current state of adaptation and decisional conflict/decision readiness.
- Includes any of the following:
 - Identifying the impact of relevant factors (see Identification of Factors role above)
 - Assessing the impact of the family medical history and personal medical history on perspectives/reactions to genetic risk.
- Can be performed before, during and/or after the client encounter.

Psychosocial support/counseling (3a;3b;3c;3d;6a;6c;7c)

- Use applicable counseling skills to provide short term, client-centered counseling, psychosocial support, and anticipatory guidance to the client and/or family to manage client concerns and emotional reactions and/or to promote adaptation.

Facilitate decision making (3a;3b;3c;3d;6a;6b;6c;7a;7b;7c)

- Promote client-centered, informed, non-coercive and value-based decision-making.
- Provide informed consent
- Promote value-based decision making considering any of the following:
 - The impact of the client's emotional state, ethical framework, readiness for testing, screening and/or intervention, psychosocial support, and identity (see Identification of Factors role above)
 - Social determinants of health, disparities, inequities, systemic bias and other factors that may/may have impacted access to healthcare and experience with the healthcare system.

Resource identification and dissemination (3b;3c;5a;5b;6a;6c;6d;7b;7c)

- Identify and provide local, regional and national support and educational resources including support group information and research opportunities.
- Includes any of the following:
 - Understanding clients' psychosocial needs and reactions and/or educational needs in order to connect them to the most relevant resources.
 - Adapting resource identification to distance encounters.
 - Identifying and providing inclusive resources tailored to client's health literacy and language, as available.

Clinical Notes

In the Program Documents section of Typhon, students have access to a "Intro Internship Logbook Clinical Notes Template" which they should use to complete the "Clinical Notes" section of the logbook.

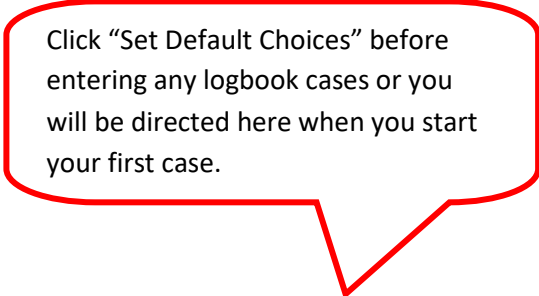
Students are required to complete information for "Describe your overall impressions of the case". This should be brief description of the case such as referral indication, issues

discussed during the session, interesting issues, etc. **Since logbooks are viewable by the program directors at any time, logbooks should never contain any identifiable patient information such as names, DOB, medical record numbers, etc. Patient clinical information should be limited to the referral indication with no detailed discussion of signs, symptoms, family/medical history, etc. Also, specific genetic variants (c. or p.) should not be included.**

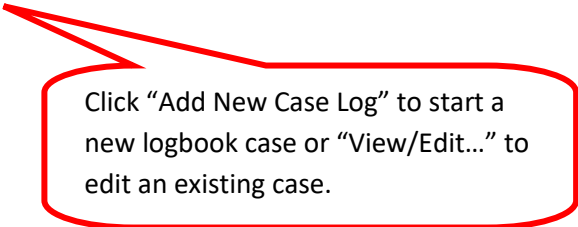
Students are required to complete information for “Describe the psychosocial issues you identified in the case”. This should be a brief description of the psychosocial issues identified in the case.

Students are required to complete information for “If indicated, provide some self-reflection on the case along with supervisor feedback you received (if any)”. In any logbooks where the student performed any roles, there must be a brief summary of self-reflection and a brief summary of any supervisor feedback.

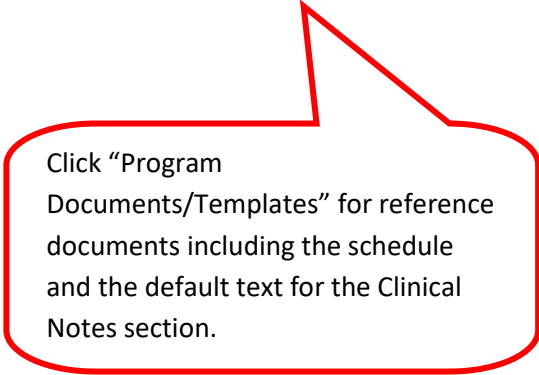
Student View: Home Page



Click “Set Default Choices” before entering any logbook cases or you will be directed here when you start your first case.



Click “Add New Case Log” to start a new logbook case or “View/Edit...” to edit an existing case.



Click “Program Documents/Templates” for reference documents including the schedule and the default text for the Clinical Notes section.

Student View: Logbook completion form



Center for Molecular Medicine and Genetics
Division of Clinical Genetics

Wayne State University Genetic Counseling Program Second Year Clinical Internships

Genetic Counseling Internship

MGG 8998, 5 credits

Prerequisite: admission to genetic counseling graduate program

Offered every term

Fieldwork coordinator: Erin Carmany, MS, CGC

The purpose of the internships during the second year is for students to function, with supervision, as the primary genetic counselor in a variety of clinical settings. Students will be required to complete 6 seven-week rotations (2 during the spring/summer semester, 2 during the fall and 2 during the winter semester). Students will attend 4 formal clinical internships in traditional genetics clinics (pediatric/adult, cancer, reproductive) along with a laboratory internship in the fall and either a 5th formal clinical internship OR a specialty internship in the winter. With the permission of the program directors, students may elect to do one or two internships outside of the metropolitan Detroit area (away rotation) in the summer between their first and second years.

Students will spend at least 24 hours/week at the internship sites during the fall and winter semesters and 35-40 hours/week at the clinical sites during the spring/summer semester. In the winter semester, students will do presentations of cases with which they have been involved as part of scheduled case conferences in MGG 7880 (Genetic Counseling Seminar). Students will also do written case analyses and case presentations in MGG 7741 (Advanced Theory and Practice of Genetic Counseling) with an emphasis on the psychosocial aspects of the cases.

Formal Clinical Internships

During the second-year internships, students will acquire participatory cases for their formal logbooks. Supervision for participatory cases must meet the requirements noted in the "Logbook Requirements" document. Additionally, students may participate in supplemental fieldwork training opportunities with other healthcare providers who do not meet the supervision qualifications for participatory cases.

Laboratory Internship

Genetic counseling students will spend approximately 3 weeks each in a Cytogenetics Laboratory and a Molecular Genetics Diagnostic Laboratory and 1 week in Biochemical Genetics Laboratory activities. During each rotation, the student is expected to perform relevant background reading, work through a case book containing typical examples of normal and abnormal test results, participate in ongoing laboratory

updated: 8.13.2024

testing, participate in laboratory meetings, and assist in interpreting laboratory results under the supervision of the laboratory director. Students may also gain exposure to other relevant laboratories such as the State of Michigan's Newborn Screening Laboratory. The learning objectives for each of these rotations are provided in separate documents.

Specialty Internship

Most students will do a specialty internship which is comprised of 2 three-week mini clinical rotations and 1 week of additional clinic-related activities. At the discretion of the program directors, some students may be required to complete a 5th formal clinical internship in lieu of a specialty internship. Each mini clinical rotation will be focused on a particular genetics specialty area and will include a variety of clinical opportunities. Student will have patient and possibly provider-related genetic counseling responsibilities as well as some observational experiences. In addition, students will be expected to present a synthesis of the medical literature on a clinical question of their choosing using the PICO framework described in MGG 7860.

Examples of mini clinical rotations include the following (subject to availability):

- *Neurology-DMC*: Pediatric Neurology; Tuberous Sclerosis Clinic; Inpatient Genetics Consultations; Adult Neurogenetics Clinic; Muscular Dystrophy Association Clinic
- *Neurology-Beaumont*: Pediatric Neurology; Muscular Dystrophy Association Clinic/Neuromuscular Clinic; Tuberous Sclerosis Clinic; Neurofibromatosis Clinic, Huntington Disease Clinic at Henry Ford Health System
- *Pediatric Specialty*: General Pediatrics with Medical Geneticist; Pediatric Cancer Genetics Clinic; Cystic Fibrosis Newborn Screening; Sweat Test observation; Adult Cystic Fibrosis Clinic
- *Women's Health/Cancer*: Karmanos Cancer Telegenetics, Next GenMDx Laboratory Genetic Counseling, Colon Cancer Multidisciplinary Clinic

Evaluation

Knowledge, attitude, and skills that are central to the practice of genetic counseling are described in the Accreditation Council for Genetic Counseling's Practice-Based Competencies. Students' progress in achieving these competencies throughout their internship experience will be evaluated through formative and summative oral and written feedback. Students are also expected to evaluate their own performance and work with clinical supervisors and the program directors to set goals for enhancing their skills.

There are several documents that provide additional information including "Student Objectives by Competency", "Clinical Skills Development", "Clinical Internship Expectations", and "Specialty Internship Expectations". The expectations documents will be discussed by the program directors and then read and signed by the student, prior to beginning the second-year internships.



Center for Molecular Medicine and Genetics
Division of Clinical Genetics

Wayne State University Genetic Counseling Program Clinical Internship Expectations MGG 8998, 5 credits total

Internship Coordinator: Erin Carmany, MS, CGC

Overview

The purpose of the formal internships in the second year of training is to help students achieve the Accreditation Council of Genetic Counseling's practice-based competencies by functioning (with supervision) as the primary genetic counselor in a variety of clinical settings. During the formal internship, students will acquire and document cases for their logbooks (a required component of program accreditation standards).

Students are required to complete 6 seven-week internships: 4 formal clinical internships in traditional genetics clinics (2 in the summer; 1 in the fall and 1 in the winter); a laboratory internship in the fall; and either a 5th formal clinical internship or a specialty internship in the winter.

Levels of Student Involvement

The level of student involvement in formal internships begins at Level II (participate) and progresses through level III (conduct with guidance) to level IV (conduct independently, with or without direct supervision).

Level of Student Competency

The expected level of student competency throughout the formal clinical internships is based on the RIME framework which is used frequently in medical education/clerkships to set expectations for student performance and to guide feedback longitudinally. The RIME framework describes four levels of KSA (knowledge, skills and attitudes) achievement as noted below. More complete details on the RIME framework can be found in the document 'Student Internship Objectives by Competency Level'.

RIME Framework

- **Reporter Level:** The student can accurately gather and clearly communicate the clinical facts to their patients and colleagues. Mastery at this level requires the basic skills to take family, medical, and psychosocial histories and the basic knowledge of what to look for. It emphasizes day-to-day reliability (e.g., being on time, doing follow up in a timely fashion). Implicit in this level is the ability to recognize normal from abnormal and the confidence to identify and label a new problem.

- *Interpreter Level:* The student is able to prioritize among the problems identified with the patient and then use the information to offer differential diagnoses. Students should not be expected to come up with the right differential all the time. Success in medical education is defined as coming up with at least three reasonable differentials. Follow up on tests and other clinical information (e.g., evaluations from other healthcare providers, additional family history information) provides additional opportunities to use interpretation skills. This level requires higher knowledge and more skill in selecting the clinical findings that support possible diagnoses and applying these results to specific patients.
- *Manager Level:* This level requires more knowledge, confidence, and more judgment in deciding when action needs to be taken and to propose and select among options for patients. Again, students should not be expected to be right all the time. Success in medical education is defined as including at least three reasonable options in their genetic counseling plan. A key element at this level is to tailor the plan to the particular patient's circumstances and preferences. Whereas at the interpreter level, the focus is on determining what the diagnosis is, at the manager level, the focus is on what you do with the information once a suspected diagnosis is known or a diagnosis cannot be established.
- *Educator Level:* Success in the prior levels requires self-directed learning and mastery of the basics. To reach the educator level, the student has to go beyond the basics, to read deeply and to share new information with others. Defining important questions to research in more depth takes insight. Having the drive to look for the hard evidence upon which clinical practice is based and having the skill to know whether the evidence is sufficient are qualities of an advanced trainee.

The Wayne State Genetic Counseling Program defines five levels of competency based on the RIME framework. The levels are reviewed below. Students are expected to progress from the beginner (1) level through the advanced level (5) over the course of their internships. The point at which students attain each level is expected to vary.

- *Beginner Level (1) - Reporter:* This level is achieved if the student is successfully able to demonstrate the knowledge, skills, and attitudes associated with the reporter level consistently. We expect students to begin working on this level in the introductory internships; students typically demonstrate reporter level skills consistently in the first or second internship.
- *Advanced Beginner Level (2) - Reporter-Interpreter:* This level is achieved if the student is consistently demonstrating the KSA's associated with the reporter level and integrating aspects of the interpreter level at least 50% of the time. Students typically achieve this level by the second internship or midway through the third internship.
- *Intermediate Level (3) - Interpreter:* This level is achieved if the student is successfully able to demonstrate the knowledge, skills, and attitudes of the

interpreter level consistently. Typically, students achieve this level by the end of the third internship or midway through the fourth internship. Since the transition to the interpreter level is a key transition, if the student is not making progress by the midpoint of fourth internship, remediation may be required.

- *Intermediate-Advanced Level (4) - Manager:* This level is achieved if the student is successfully able to demonstrate the KSA's of the manager level at least 50% of the time. Typically, students to achieve this level by the end of the fourth internship or early in the fifth internship.
- *Advanced Level, (5) Manager-Educator:* This level is achieved if the student is successfully able to demonstrate the KSA's of the manager level consistently and the educator level at least 50% of the time. Although ideally, we would like to see students demonstrate the educator level consistently by the end of the fifth internship/end of training, this may not be realistic. Minimally, the student has to demonstrate the willingness and ability to evaluate and use the medical literature to guide evidence-based practice.

Internship Time Commitment and Documentation of Time

Students are expected to be at their clinical site three days (or the equivalent of 24 hours) per week during the academic year. During the spring/summer semester, students are expected to be at their site five days (or the equivalent of 35-40 hours per week). The student is required to complete a time log in the Typhon system each day they are physically present at their assigned clinical internship site. If the student is supervised remotely, they should enter a time log to account for the time they are seeing patients and actively working on patient care responsibilities during normal business hours. The student must recognize that additional work will need to be done outside the clinic setting to prepare, follow-up and complete other patient care responsibilities.

The student should take full advantage of the learning opportunities provided during the rotation while balancing the demands of coursework and other program related activities. Occasionally it may be necessary for the student to stay 'after hours' if a patient care matter requires immediate attention – this is a commitment and expectation of all health care providers.

Prior Expectations

Students are expected to contact the clinical supervisor at least one week prior to the beginning of the internship to discuss their schedule and to determine when s/he will be at the site each week. If needed, it is expected that students will work with their primary site contact within the specified timeframe to provide any health screening documentation and/or completed forms required by the site. Students are expected to review their notes, relevant handouts and reading assignments pertaining to the clinic setting from MGG 7640 (Principles of Genetic Counseling) and MGG 7660 (Practical Applications of Genetic Counseling) prior to starting the internship.

Professional Conduct and Physical Appearance

Genetic counseling students are expected to conduct themselves in a professional manner. Students should review the document titled “Professionalism” provided in the student handbook and the NSGC Code of Ethics for a description of the professional attributes that form the basis of the goals and values of the genetic counseling profession. Students are expected to up-hold these standards during their internships. Students are expected to follow the rules and regulations of the institution where they are rotating. They are also expected to maintain patient confidentiality as outlined in the document “Statement on Confidentiality of Patient Information” in the student handbook and the HIPAA training module. Students are expected to be internally motivated and place patient concerns before their own. It is through hard work that students develop into professionals.

Students are expected to attend clinic when scheduled, be punctual, attend all assigned activities, and be reliable in completing tasks. If a clinical supervisor determines that a student is not sufficiently prepared to see a patient, the student may be denied involvement in the case. Patient care is the first priority for any genetic counseling supervisor. If a student is repeatedly unprepared for their cases, the program director(s) will be notified.

The student should be aware of their limitations and always try to improve. Students are expected to be receptive to constructive feedback – it is a critical component of the learning process. Conflicts, disagreements and misunderstandings are part of any professional working environment. Students are expected to make an effort to deal with such circumstances and do it in a mature and constructive manner. If certain situations cannot be resolved, the program director(s) should be contacted.

An important component of professional conduct is professional appearance. Students are expected to dress appropriately with attention to grooming, hygiene, and posture. Students should review the document titled “Clinical Student Dress and Grooming Standards” provided in the student handbook and address questions about what is appropriate to the clinical supervisor and/or program directors.

Internship-Specific Orientation/Expectations

Students receive information pertaining to the nature of the clinical experience on their first day of the internship from the clinical supervisor. This includes information pertaining to the expected student role in patient care responsibilities as well as any additional requirements/expectations of the student during the internship.

Case Load

Case load varies based on the clinical setting, the site, and the student’s level of competency/experience. The student’s commitments in any given week (e.g., exam, meetings, other) may also be taken into consideration. Clinical supervisors will discuss case load and when relevant, student involvement in and responsibilities for cases that do not qualify as logbook cases. If a student feels the case load is more than what they can handle given their other program-related commitments, it is the responsibility of the student to discuss this with the clinical supervisor. If the clinical supervisor and student cannot come to a consensus about an appropriate case load, the program

director(s) will be contacted. The student is expected to realize that the patient schedule in a busy clinic changes day to day and that some patients need to be seen rather quickly. This may result in preparing at length for a patient who does not come and not having much time to prepare for a patient that must be seen urgently. Both are excellent and important learning opportunities.

Additional Responsibilities/Expectations

Occasionally there may be opportunities for a student to participate in other research, educational and/or service activities. Students are *encouraged* to participate in all learning activities, however, these must be balanced with the primary objective of the internships (clinical skill development) and the students' other program-related responsibilities. Students and clinical supervisor are expected to discuss the merits of the opportunity, its time commitment, and whether or not it is in the best interest of the student to make a commitment to the opportunity. The program director(s) could also participate in the decision about whether or not a student should take on any additional responsibilities, if needed.

Logbook Requirements

All participatory cases and supplemental fieldwork cases in which students either observe or participate should be logged. Students are expected to keep complete logs that accurately reflect their roles in each case. Students are required to include their reflections on each case and feedback they received from their clinical supervisor. Logbooks must be completed in the Typhon system using the guidelines provided in the document "Logbook Completion Information" within one week of seeing the case and approved by the supervisor assigned to each case by the end of the clinical internship. It is the student's responsibility to follow up with any supervisors that have not approved logbooks within one week after the end of the internship. Additional information regarding participatory case and supplemental fieldwork case requirements can be found in the document "Logbook Requirements".

Supervision and Evaluation

The clinical supervisor, other genetic counselors, and the clinical geneticist will observe and supervise the student during the genetic counseling sessions and other interactions with patients. These individuals will review and co-sign dictations and chart notes.

The clinical supervisor will conduct a mid-internship evaluation to assess and communicate with the student their progress in developing the practice-based competencies. Once discussed with the student, the supervisor will complete the survey "Mid-Rotation Evaluation" in the Typhon system. The final, end or internship evaluation of the student will include input from the entire genetics team, if appropriate. This evaluation will be completed on, or prior to, the last day of the internship on the 'Supervisor Evaluation of Student' form available through the Typhon system. The student and clinical supervisor will meet and discuss the evaluation. **It is the responsibility of the student to facilitate the completion of the evaluation process.** The student will also complete the 'Student Evaluation of Clinical Site' form available through the Typhon system on, or prior to, the last day of the internship. The

student will personally review this evaluation with the clinical supervisor and provide them with a hard copy for their records. Within one week of completing the internship, the student will also complete an anonymous online evaluation of the clinical site and up to three supervisors. To protect student anonymity, anonymous evaluations will not be provided to sites or supervisors until after the student graduates and only if there are at least three or more evaluations for any site or supervisor.

Grading

Clinical supervisors assign internship grades based on whether students are meeting, exceeding or not meeting internship expectations. Since students complete two internships each semester, the grades from both internships are averaged and a final grade is submitted by the program director(s) for inclusion on the academic transcript.

Students will not be assigned a grade until the all the time logs, evaluations and logbooks are completed.

Failure to complete these tasks in a timely fashion may lead to an incomplete grade.

A grade of “B” or better is considered a passing grade for clinical internships. If a student does not achieve a passing grade because of unsatisfactory performance, the Student Evaluation Committee will meet to develop specific recommendations regarding remediation. The program director(s) will then meet with the student to discuss and implement the remediation plan. Depending on the nature and severity of the problem(s) requiring remediation, the Committee may recommend that a student extend the length of the internship, repeat the full 7-week internship, or complete a comparable internship at a different clinical site.

Goal Setting

At the completion of each of the clinical internships, starting after the second summer internship, each student will meet with one or both program directors to discuss their previous internship evaluation(s) and identify areas for continued growth. The student writes draft goals and strategies to meet them using the ‘Self Evaluation and Goal Setting’ form. Then together with the program director(s), they finalize a set of 2-3 specific goals to address in the next internship. **Students are expected to share the completed form with their new clinical supervisor at the beginning of the internship.** The purpose of setting and sharing goals is to help the student and supervisor recognize the areas in which the student has achieved competency and the areas in which additional skills development is needed.

I agree to comply with the above stated expectations.

Student signature

Date

Program Director signature

Date



Wayne State University Genetic Counseling Graduate Program Specialty Internships Expectations

Introduction

The specialty internships, scheduled in the last semester of training, provide students with opportunities to conduct genetic counseling sessions (with supervision) and develop the ACGC practice-based competencies for an expanded array of genomic conditions in a variety of settings. Some of these opportunities will include supervision by non-genetics providers. Students are required to log all cases seen in the specialty internships but only those supervised by qualified genetic counselor supervisors, as defined by the ACGC standards (A2.6.1), will count as participatory cases. The overarching goals of the specialty internships are to enhance exposure to the medical (natural history, management), genomic (testing), and psychosocial aspects genomic conditions and to the providers who care for patients with these conditions (e.g., neurologists, cardiologists, pulmonologists, hematologists, others).

Students who do a specialty internship are required to complete six weeks of clinical rotations and 1 week of additional skill-building activities detailed below. Each clinical experience will be focused on a particular genetics specialty area with a variety of clinical opportunities. Students will have some patient or provider-related genetic counseling responsibilities as well as some observational experiences. Educational activities (e.g., readings, online lectures) may also be assigned as part of these rotations.

Levels of Student Involvement

Students are expected to be able to conduct specialty internship activities with guidance or independently, with or without direct supervision.

Level of Student Competency

The Wayne State program assesses competency level using the RIME framework. The RIME framework describes four levels of KSA (knowledge, skills and attitudes) achievement as noted below. More complete details on the RIME framework can be found in the document 'Student Internship Objectives by Competency Level'.

Students may have more autonomy in the specialty internships than they have had in their traditional formal internships since there are experiences involve working with non-

genetics providers. As such, students must have demonstrated at least the intermediate level of competency (level 3-Interpreter) in order to take part in a full specialty internship experience. Those who have not reached a competency level of 3 will be assigned a formal internship, the structure of which will help the student master the intermediate level of competency and make progress in more advanced skills. It is important to remember that students develop their skills at different rates. Our goal is to tailor the internship sequence based on the student's developmental trajectory to maximize the likelihood of successfully completing the graduate program/develop the Practice Based Competencies in 21 months. Students not assigned a specialty internship will still do Student Educational Activities listed below.

Internship Time Commitment and Documentation of Time

Students are expected to spend a maximum of three days (or the equivalent of 24 hours) per week in their specialty internships activities. Students are required to complete a time log in the Typhon system each day they are physically present at their assigned specialty internship site. Students must recognize that additional work will need to be done outside the clinic setting to prepare, follow-up and complete other patient care responsibilities. Students are not expected to complete a time log for any time spent working on patient care responsibilities or educational modules/activities outside of their specialty rotation sites.

As always, students should take full advantage of the learning opportunities provided during the rotation while balancing the demands of coursework and other program related activities. Occasionally, it may be necessary for students to stay 'after hours' if a patient care matter requires immediate attention – this is a commitment and expectation of all health care providers.

Professional Conduct and Physical Appearance

Since some of the specialty internship experiences are led by clinicians who do not regularly work with genetic counselors, they may not always know how best to incorporate a student into a patient visit. Students are encouraged to communicate with clinicians about what they can add to the visit and to demonstrate how they can help (e.g., offer to find resources, identify genetic testing labs, take a pedigree, explain inheritance, provide informed consent for genetic testing, address psychosocial concerns).

As discussed previously in the context of the formal internships, genetic counseling students are expected to conduct themselves in a professional manner. Students should review the document titled "Professionalism" provided in the student handbook and the NSGC Code of Ethics for a description of the professional attributes that form the basis of the goals and values of the genetic counseling profession. Students are expected to up-hold these standards during their internships. Students are expected to be internally motivated and place patient concerns before their own. It is through hard work that students develop into professionals.

Students are expected to attend clinic when scheduled, be punctual, attend all assigned activities, and be reliable in completing tasks. If a clinical supervisor determines that a student is not sufficiently prepared to see a patient, the student may be denied involvement in the case. Patient care is the first priority for any genetic counseling supervisor. If a student is repeatedly unprepared for their cases, the program director(s) will be notified.

Students should be aware of their limitations and always try to improve. *This is especially important when a student is working with a non-genetics professional.* Students are expected to be receptive to constructive feedback – it is a critical component of the learning process. Conflicts, disagreements and misunderstandings are part of any professional working environment. Students are expected to make an effort to deal with such circumstances and do it in a mature and constructive manner. If certain situations cannot be resolved, the program director(s) should be contacted.

An important component of professional conduct is professional appearance. Students are expected to dress appropriately with attention to grooming, hygiene, and posture. Students should review the document titled “Clinical Student Dress and Grooming Standards” provided in the student handbook and address questions about what is appropriate to the clinical supervisor and/or program directors.

Student Clinical Responsibilities

- At least one week before the start of each rotation, students will email the internship contact person to coordinate scheduling and obtain logistical information. If needed, it is expected that students will provide any health screening documentation and/or completed forms required by the site within the specified timeframe.
- There may be unanticipated scheduling conflicts related to clinic cancellations and/or program obligations such as class or supplemental activities. Therefore, it may not be possible to attend all offered experiences. In these cases, students should communicate the circumstances to the internship coordinator and to the program directors.
- All patient experiences, including observations, should be logged into Typhon. See “Logbook Completion Information” document for additional details. Any case meeting ACGC and WSU standards will be considered a participatory case (i.e., supervised by a board-certified genetic counselor with more than one year of experience; minimum required number of roles performed; supervisor debriefing; etc.). However, it is acceptable for students to log only supplemental fieldwork cases during the specialty internships. It is more important to get a wide breadth of experiences than it is to log participatory cases. See the document “Logbook Requirements” for more details regarding participatory and supplemental fieldwork case requirements.
- Students will complete an evaluation of each of the clinical experiences within one week of finishing it. These evaluations will be reviewed by the program directors who will provide feedback to the various sites as needed.

Student Educational Activities- 24 hours (one week equivalent)

- Evidence-Based Medicine Activity: Students will identify one topic related to their clinical experiences for which they will develop a clinical question using the PICO format and perform a review and synthesis of medical literature, using skills developed in MGG 7860 Evaluating the Healthcare Literature. Students will present their findings in MGG 7880: Genetic Counseling Seminar. Further details about this assignment, including the grading rubric, are available in Canvas.
- Translational Molecular Tumor Board: Students will attend this virtual conference at Karmanos Cancer Institute one time during the seven-week internship if they have not done so already during a previous internship. This is held virtually on the 3rd Wednesday of the month from 4:30 to 5:30pm.

Supervision and Evaluation

The assigned clinical supervisor will observe and supervise the student during genetic counseling sessions and other interactions with patients. These individuals will review and co-sign dictations and chart notes, as needed. The supervisor will also complete an abbreviated (one-page) evaluation form, focused primarily on professionalism and Manager level practice-based competencies, at the end of the rotation period.

The program directors will use all the internship evaluations, and the graded PICO presentation to fill out a full internship evaluation, assign RIME competency levels, and a final grade.

Within one week of completing each rotation activity, students will also complete an online evaluation of each clinical site.

Grading

The program directors will assign the specialty internship grade based on whether students are meeting, exceeding or not meeting the appropriate RIME level of competency (typically level 4 or 5 at this point in training). The PICO presentation grade will be assigned using an assignment rubric and count for 10% of the specialty internship grade. Since students complete two internships each semester, the grades from both internships are averaged and a final grade is submitted by the program director(s) for inclusion on the academic transcript.

Students will not be assigned a grade until the all the time logs, evaluations, assignments, and logbooks are completed. Failure to complete these tasks in a timely fashion may lead to an incomplete grade.

A grade of “B” or better is considered a passing grade for clinical internships. If a student does not achieve a passing grade because of unsatisfactory performance, the Student Evaluation Committee will meet to develop specific recommendations regarding remediation. The program director(s) will then meet with the student to discuss and

implement the remediation plan. Depending on the nature and severity of the problem(s) requiring remediation, the Committee may recommend that a student extend the length of the internship or complete a full 7-week internship (likely a traditional internship).

I agree to comply with the above stated expectations.

Student signature

Date

Program Director signature

Date



Genetic Counseling Graduate Program Fieldwork Training Site and Clinical Supervisor Responsibilities and Expectations

Fieldwork Training Site Requirements

Sites taking part in formal clinical internships are required to have at least one supervisor with current certification in genetic counseling (ABGC, ABMGG, CAGC) and at least one year of experience as a clinical genetic counselor. Per ACGC Standard B3.2, programs will work with the fieldwork training sites to establish plans that ensure the following:

- A flexible and graduated supervision plan where the level of supervision is commensurate with each student's documented skills and competencies.
 - A student in the early part of training must be directly supervised at all times.
 - After the student consistently achieves specific skills, the focus of direct supervision is expected to position the student to develop not-yet achieved or emerging skills.
- A student does not take on responsibilities they are not yet ready to handle or that are inappropriate for a student. Specifically,
 - Clients are not seen independently by a student who has not yet achieved the necessary skills to provide competent genetic counseling.
 - A student is not being used to compensate for inadequate genetic counseling staffing levels at given fieldwork training sites.

Fieldwork Supervisor Responsibilities

Per ACGC Standard A2.6.2, fieldwork supervisors must work with the genetic counseling program leadership to:

- Establish fieldwork training goals specific to their setting
- Define how students will be involved, supervised, and evaluated in client care and related activities
- Observe, monitor and evaluate student/client encounters
- Provide an inclusive atmosphere conducive to student learning
- Provide environments conducive to student learning
- Communicate with program directors when situations of poor student performance arise
- Incorporate principles of diversity, inclusion, equity, and justice into patient care and mentoring
- Foster an inclusive environment where all individuals are valued and supported

Fieldwork Supervisor Qualifications

According to the ACGC Standard A2.6.1, fieldwork supervisors who are involved in the 50 required participatory fieldwork cases must have the following qualifications:

- Current certification in genetic counseling (ABGC, CAGC or ABMGG).
 - At least one year of experience as a clinical genetic counselor or in a relevant fieldwork placement.
 - Medical geneticists are no longer permitted to serve as supervisors for the required 50 participatory cases.
 - *Note:* A medical geneticists and/or genetic counselors who are not certified/have less than a year of experience can still work with students. The cases seen with them would not count towards the 50 participatory cases. The ACGC expects students to get varied experiences beyond the 50 participatory cases. As such, geneticists and new genetic counselors can still play an important role in student training.
- Complete one (1) hour per year of training/coursework related to fieldwork supervision; including at least 0.5 hour of training/coursework related to principles of diversity, equity, inclusion, and justice.
 - Supervisors are strongly encouraged to attend the annual Clinical Supervision Workshop, co-sponsored by the Wayne State and University of Michigan genetic counseling programs. If a supervisor cannot attend this event, they must seek out other supervision training opportunities (e.g. institutional training, NSGC, MAGC, other organization education, peer mentorship groups for supervision, etc.).
 - Documentation of clinical supervision trainings will be requested by the program and recorded in Typhon on an annual basis.
- Clinical supervisors should be familiar with and have a willingness to work towards developing the supervision competencies outlined in Higgin, et al. Genetic Counseling Supervisor Competencies: Results of a Delphi Study. J Genet Couns. 2013; 22(1): 39-57. (Available in the Typhon System Program Documents)

Student Orientation Expectations

The supervisor (either the internship coordinator or person designated as lead supervisor for the individual student) should conduct a formal orientation with the student within the first week of the student starting the internship.

This orientation should include but not be limited to the following elements:

- Any training that the student is expected to complete to participate in client care (if not already completed prior to rotation)
- General orientation to clinic staff, logistics, applicable laws, policies and procedures as well as to student workspace and resources (books, computer, fax, phone, etc.)
- Expectations for student dress and professional conduct
- Preferred method for ongoing communication with supervisor and frequency of communication
- Expected clinic schedule

- Expected case load including participatory cases and supplemental fieldwork experiences
- Expected student role in client care responsibilities commensurate with student developmental level
- How supervision will occur as well as formative and summative evaluation procedures
- Additional internship requirements outside of client care such as grand rounds presentations, journal club presentations, educational assignments, etc.
- Expected turnaround times for elements of client care such as case preparation, dictations, letters, follow-up, etc. and due dates for additional assignments.
- Overall clinic specific learning objectives
- A discussion of the student's previous rotation experiences (if applicable) and the learning goals the student has identified for the current rotation.

Establishing Learning Objectives and Student Specific Goals

Internship learning objectives and student-specific learning goals should be discussed with the student at the beginning of the internship. These goals should be continuously evaluated and renegotiated throughout the internship. Beginning after the second internship, students meet with the program directors after each internship to assess overall progress and develop and document in writing appropriate and measurable learning goals for their next rotation. Students are instructed to share these goal sheets with their supervisors at the beginning of their internships. When establishing learning objectives for the particular student, the supervisor should consider not only these goals but other factors including the student's developmental level, the potential training opportunities available at the clinical site, the ACGC PBCs and other relevant factors.

Generally, the program directors do not communicate information about past student internship performance to the next clinical supervisors beyond the information included in the goal sheets. However, if a student is struggling significantly in a particular area or areas and the program directors determine that clinical supervision would be enhanced if supervisors were aware of the areas of concern, this information will be shared directly with the supervisors. In such situations, students are informed by the program directors that these communications will be happening.

Logbook Documentation

All fieldwork cases will be logged by the student in the Typhon online system and approved by the assigned clinical supervisor. For formal and specialty internships, please see the document "*Logbook Completion Information*" for specific details on this process. For specific details on Participatory Case and Supplemental Fieldwork requirements, please see the document "*Logbook Requirements*". Please note that it is important to complete your review of student logbooks by the end of the rotation or shortly after to ensure the accuracy of logbook documentation.

Evaluation Process

Per ACGC Standard C3.2.3, supervisors are required to provide students with specific and timely feedback on the acquisition of internship objectives and the PBCs throughout the fieldwork experience. Specifically, supervisors must:

- Provide specific and timely feedback on individual cases (formative feedback) at regular intervals using effective methods of providing feedback.
- Provide a mid-rotation summative evaluation.
 - The mid-rotation evaluation can be an informal verbal evaluation or a formal written evaluation, at the supervisor's discretion. It gives the student and supervisor(s) a chance to evaluate the student's progress in achieving site specific learning objectives and student goals and clarifies expectations for the remainder of the internship.
 - This evaluation does not need to be as comprehensive as the final summative evaluation, but the supervisor must complete a short survey in the Typhon online system to document that it occurred.
- Provide a formal summative evaluation at the end of the clinical internship using the WSU formal internship evaluation form in the Typhon online system.
 - The evaluation incorporates the PBCs and the RIME developmental framework. It helps supervisors assess to what extent students are demonstrating various PBCs in the context of reasonable developmental expectations (e.g., where the student is in his/her training sequence). For more details, please see the document "*Student Objectives by Competency Level*".
 - See the document "*Instructions for Completing Student Evaluation*" for more information.
 - The supervisor(s) should submit the evaluation in the Typhon online system and review it with the student in person within one week of the end of the internship.
 - If there are multiple supervisors, input should be obtained from all supervisors (and from the entire genetics team, as appropriate) to inform a single summative evaluation.
 - Once completed, the student reviews the evaluation with the program director(s) who use it as the basis for helping the student set goals for his/her next internship and for assigning the internship grade.

Student Performance Concerns

- If a particular student's performance is unsatisfactory even after several attempts to improve performance, the supervisor should contact the program directors to discuss the situation. If concerns are identified early on, please do not wait to address them with the program directors until the end of the internship. Early intervention can improve the odds of a student successfully completing the internship.
- The program directors work with the supervisor and/or student to develop a remediation plan.
- For serious concerns, the program may involve the Student Evaluation Committee to which can provide additional input on the nature of the concern

and how to address it. If the student is not able to make adequate progress during the fieldwork experience despite remediation, the Committee, supervisor and program directors can decide to have the student repeat all, or part, of an experience or complete a comparable experience at a different clinical site.

Student Evaluation of Site

Per ACGC Standard C2.5.1, students must have the opportunity to evaluate their clinical internship sites and the quality of supervision.

- At the WSUGCP, students are expected to complete the online Evaluation of Internship prior to the last day of the rotation, review the evaluation with the clinical supervisor(s) after receiving their final evaluation, and provide a hard copy to the supervisor(s).
- Students are also expected to complete an anonymous online evaluation of the fieldwork experience overall and at least one of their clinical supervisors (those with whom the student worked most often).
- In order to protect anonymity, the results of the anonymous survey are not released to the site until all the students in that cohort have graduated from the program. Feedback about specific supervisors is not shared until there are at least three (3) completed surveys on that individual.



Wayne State University Genetic Counseling Graduate Program Completion of Formal and Specialty Logbooks

Introduction

The information provided in this document is to assist both students and supervisors in the completing the logbook forms in the Typhon online system.

Routing and Process Information

Students are required to complete an electronic logbook form in the Typhon system for every client encounter (including observation only cases) within one week of the encounter. Once the student begins a logbook in the system, it will automatically show in the supervisor's case list as "pending". If a "pending" case has missing information, the student should communicate with the supervisor when the case is ready for the supervisor to review.

Clinical Supervisor

Only ABGC/ABMGG/CAGC board-certified genetic counselors with more than one year of clinical experience will be listed by name in the Typhon system. If a student works with a genetic counselor or another provider (such as physician or nurse) that is not listed in Typhon, the case should still be ultimately supervised by a board-certified genetic counselor, if at all possible. If it is not possible to assign the case to a board-certified genetic counselor, then "other" should be chosen and the provider's name and title listed in the Clinical Notes section. The student is expected to discuss supervision logistics with the primary clinical rotation supervisor.

Logbook Completion Information

Time with Patient

The total time in minutes spent in the client encounter.

Consult with Clinical Supervisor

The total time spent with the supervisor in any case preparation activities and in post-case debriefing for the client encounter.

Type of Client

Client/Patient

A client/patient seen for genetic counseling services, regardless of service delivery or specialty.

Simulated patient

An encounter occurring in a simulated environment, such as a standardized patient, where a student performs genetic counseling roles (see below). This must be an encounter with an individual specifically trained to perform play a client role with specific student learning objectives. Role plays for student practice do not count under this client type.

Healthcare provider

An encounter with a healthcare provider where genetic counseling roles are performed (see below). This does not include administrative roles such as calling for medical records, following up on the status of test results, or informing providers of test results without additional education and/or interpretation (ex. giving negative results with no clinical implications discussed).

Research participant

An encounter with an individual where the primary purpose is to enroll/consent a client for a research study or obtain additional information for the purposes of research only. If research is discussed as part of a genetic counseling encounter for another primary reason, the role “Research options/consenting” should be chosen along with the appropriate client type, such as “client/patient” (see below).

Specialty

Students are expected to have client encounters across specialties with no one specialty dominating.

- *Adult, not cancer (e.g., neurogenetics, cardiovascular, etc.)*
- *Cancer (adult or pediatric)*
- *Pediatric*
- *Preconception*
- *Prenatal*
- *Other*

Stage of Life Cycle

Prenatal

Any client who is currently pregnant during the genetic counseling encounter.

Pediatric

Any client seen for a genetic counseling encounter who is less than 18 years of age. If parents present for an encounter on behalf of their child, the encounter is still considered pediatric.

Adult

Any client who is 18 years of age or older, regardless of indication, and not currently pregnant.

Practice setting*Clinical*

A client is seen for a genetic counseling encounter in a clinical setting regardless of specialty or service delivery.

Laboratory

A client is seen for a genetic counseling encounter in a laboratory setting (academic or commercial) regardless of specialty or service delivery.

Research

A client is seen for an encounter where the primary purpose is to enroll/consent a client for a research study or obtain additional information for the purposes of research only. This could occur in a clinic, a laboratory, an academic setting, a community location, or through video or telephone.

Industry

A client is seen for an encounter in a commercial setting other than a clinical or laboratory setting.

Other

Any other setting not noted above.

Service Delivery Model*In-person*

A client encounter that occurs in-person.

Telephone

A client encounter that occurs by telephone.

Telemedicine

A client encounter that occurs in real time through video such as through an online platform.

Group

A client encounter where genetic counseling is provided in real time to multiple individuals at the same time, usually for the same or similar indication.

Other

Any other service delivery not noted above.

Supervision provided*Complete Live Supervision*

The supervisor is present during all portions of the client encounter that the student performs.

Partial Live Supervision

The supervisor is present during only a part of the client encounter that the student performs. For example, if a student takes a comprehensive history alone (without a supervisor present) first and then is joined by the supervising genetic counselor, the case would be counted in this category.

Independent Counseling

The supervisor is not present during the client encounter but provides supervision to the student before and after the case.

Observation Only

This option should be chosen if the student is only observing a case and does not perform any roles during the client encounter.

Primary Indication/Diagnosis

A very brief statement of the reason the client is being seen. Students should utilize the following phrases or similar phrases when possible:

Family history of...

Previous child with...

Personal history of...

Preconception counseling for...

Rule out...

MSS positive for aneuploidy

MSS positive for ONTD

MSS positive for SLOS

AMA

Pre-screen counseling for first trimester/integrated/sequential screening

Reproductive counseling for teratogen exposure (specify)

Ultrasound anomaly (specify)

Diagnostic evaluation of child with...

Follow up counseling for...

Management of ...

Meets Minimum Participatory Case Requirements

This box must be checked if the case has met the minimum participatory case requirements. FYI-Not all logbook cases entered will meet the minimum requirements (ex. observation cases).

In order for a case to be considered a participatory case:

- Students must perform a minimum of one role in each of three categories: Management, Communication and Counseling.
- At least three roles must be performed directly with the client.
- The case must be supervised by a licensed (if the state requires it), ABGC/ABMGG/CAGC board-certified genetic with at least one year of clinical experience.

- The student must provide a written case reflection (case processing) which includes feedback given by the clinical supervisor.

Post Case Debrief with Supervisor

Each case should be debriefed with the assigned supervisor. This box must be checked to confirm that the case was discussed with a supervisor following the session.

Procedures/Skills: Fundamental Clinical Counseling Categories

For any of the roles performed below, the role should be designated as “Performed (Perf)”. For any roles that were observed, the role should be designated as “Observed (Obs)”.

The numbers and letters after each role identify the particular ACGC Practice Based Competencies represented by each role.

Management Roles

Case preparation (1a;1b;1c;6a;7a;7b;7c)

- Review of relevant information about the client and the indication for genetic counseling prior to the session.
- Includes any of the following:
 - Applying knowledge of genetic principles as they relate to etiology, clinical features and disease expression, natural history, differential diagnoses, pathophysiology, management and prevention, and population screening.
 - Applying knowledge of psychosocial and ethical factors associated with indication, client values, as well as common client responses.
 - Taking into consideration what type of service delivery model will be used and what accommodations may be needed based on the model.
 - Recognizing scope of practice.
 - Determining timing/urgency of genetic counseling and testing (ie. triaging) based on clinical circumstances (e.g., weeks gestation for pregnant patients, surgical decision making for patients with cancer, medical management decisions in a critically ill newborn, psychosocial impacts, etc.)

Literature review (1a;1b;5a;5b)

- Plan and execute a search and review of the primary and secondary literature and relevant databases, synthesizing information obtained to utilize in case preparation, risk assessment, case management, genetic test evaluation, genetic testing/screening discussions, test interpretation, describing natural history, medical management, and resource identification.
- Review literature to determine best practices for achieving education and counseling goals.

Medical record review (1a;1b;2a;2c)

- Extract pertinent information from available medical records/chart.

Collection/documentation of medical, developmental and/or pregnancy history (2a;2c)

- Elicit pertinent medical information using inclusive language including pregnancy, development and medical histories, and environmental exposures.

Collection/documentation of family history/pedigree (2a;2c)

- Elicit or utilize available information (e.g., family history form) to construct a complete pedigree using inclusive language and up to date pedigree symbols.
- May include asking targeted questions.

Identification of factors that may affect the genetic counseling process (3a;3b;3c;6a;7c)

- Evaluate the influence of the client's identity and other factors including but not limited to:
 - Race, ethnicity, national origin, age, religion, disability, veteran status, sex, sexual orientation, gender identity/expression, pregnancy, genetic information, geographic location, socioeconomic background.
 - Social determinants of health, disparities, inequities, systemic bias and other factors that may impact access to healthcare and experiences with the healthcare system.
- Can be performed before, during and/or after the client encounter.

Risk assessment (2a;2b;2c)

- Use pedigree analysis, inheritance pattern, mathematical approaches (e.g., Bayesian) and/or evaluation of medical and laboratory data to prioritize differential diagnoses and recurrence/occurrence risks.
- Can be performed before, during or after the client encounter.

Evaluation/coordination/ordering of genetic testing (1c;2d;6b;7a;7b)

- Determine the appropriate genetic screening or diagnostic test(s), evaluate laboratories, assess impact of insurance, and/or coordinate/order initial testing and necessary follow-up testing or referrals based on test results.
- Includes any of the following:
 - Recognizing ethical and legal issues associated with genetic testing
 - Managing challenges that may arise when coordinating genetic testing for distance encounters.
 - Adhering to institutional and credentialing requirements related to coordinating/ordering testing and responsible use.
 - Recognizing and/or documenting CPT/ICD10 codes and other pertinent information on test requisitions and other required documents.
 - Documenting informed consent.

Case management plan (1b;6a;6b;6c;6d;7a;7b;7c)

- Develop and execute a case management plan starting with case prep, including establishing and maintaining the working alliance, through follow up.
- Modify plan as needed.

- Includes any of the following:
 - Assessing how the client/family's lived experience, identity (see Identification of Factors role above), values, cultural background, spoken language, insurance status, social determinants of health, healthcare access, health literacy, and psychosocial reactions impact the plan.
 - Considering the impact of service delivery model on management.
 - Incorporating ethical considerations.

Financial considerations (6b)

- Identify and discuss with client financial considerations including but not limited to type of insurance coverage, and medical coverage policies including prior authorization requirements.
- Identify the correct codes to use in billing for genetic counseling services and genetic tests.
- Recognize appropriate documentation needed to support CPT codes used to document genetic counseling
- Draft letters of medical necessity and/or insurance appeal letters.
- Contact lab/insurance plan for coverage determinations.
- Identify and discuss financial assistance resources.

Clinical documentation (clinic notes, letters) (1b;4a;4b;4c;6c;6d;7a;7b;7c)

- Write concise and understandable clinic note or letter using inclusive language, tailored to the intended audience, including clinicians and clients, taking into consideration client's health literacy level and clinicians' genomic literacy.
- Includes documenting medical necessity.
- Documentation should be in accordance with professional and institutional standards.

Oral presentation of case (1b;2a;4a;6c;6d;7c)

- Present the pertinent medical and psychosocial details of the case to the supervisor and/or team members using inclusive language.
- Includes making necessary accommodations for distance encounters where one or more providers are offsite.

Referrals/Other Follow Up (3c;6a;6b;6c;6d;7a;7b;7c)

- Making referrals for appropriate medical, social, and/or psychological services.
- Facilitating referrals to other members of the care team or community partners, including support services.
- Recontacting client as needed.
- Recognizing scope of practice.
- Adapting the process for distance encounters (e.g., employing strategies for identifying providers local to the client)

Communication Roles

Educational needs assessment (3a;3b;3c;3d;4a;6a;7c)

- Identify factors that may affect the client's learning process including but not limited to:
 - Prior knowledge, lived experience, educational background, health literacy, numeracy, identity (see Identification of Factors role above), spoken/written language, psychosocial factors, emotional/cognitive responses and ethical considerations.
- Employ strategies to maximize understanding, adaptation, and informed decision making.
- Includes an assessment of how service delivery model may impact educational components of the session.

Risk communication (2a;2b;2c;4a;4b;4c;6a;7c)

- Educate clients about their personal and/or familial risks using established risk communication principles, knowledge of client's health literacy level/numeracy, common reactions, lived experiences, and potential impact of risk, as well as psychosocial assessment/assessment of identity/cultural beliefs to maximize understanding.
- Includes any of the following:
 - Discussing risk related to family history, inheritance pattern, laboratory tests, disease characteristics (e.g., penetrance, variable expressivity) and other relevant factors.
 - Considering impact of various service delivery models on risk communication.

Diagnosis/prognosis/natural history (1a;1b;4a;4b;4c;5b;6a;7c)

- Convey relevant information about the diagnosis, etiology, natural history and prognosis of genetic conditions and/or birth defects.
- Includes presenting balanced descriptions of lived experiences and recognizing impact of client's lived experience as well as health literacy.

Medical management/prevention/treatment*

(1a;1b;3d;4a;4b;4c;5b;6a;6b;6c;6d;7a;7c)

- Discuss current medical management, prevention/surveillance, and treatment of genetic conditions and/or birth defects.
- Includes any of the following:
 - Using pedigree to discuss cascade screening/familial risk.
 - Discussing environmental and lifestyle factors that can impact future risks.
- *In the ACGC competencies, management is referred to as Continuity of Care & Collaborate with Care Team

Genetic screening and testing options and informed consent

(1c;2d;3c;3d;4a;4b;4c;7a;7b;7c;7d)

- Explain the technical and medical aspects of diagnostic and screening methods, including sensitivity, specificity, and clinical validity, clinical utility associated risks, benefits, and limitations.
- Includes any of the following:
 - Considering ethical issues and conflict of interest.
 - Promoting informed decision making by discussing the pros and cons of the screening/testing options.
 - Discussing issues related to privacy and confidentiality.

Results disclosure (1b;1c;2c;3c;3d;4a;4b;4c;5b;6a;6c;7a;7b;7c)

- Educate the client about the significance of genetic test results (risk assessment/results interpretation) to promote appropriate medical management/follow up as well as psychosocial adaptation to risk.
- Includes any of the following:
 - Accurately presenting risks in the context of test result and other pertinent personal and family medical history.
 - Understanding psychosocial and ethical impact of results, as well as impact on adherence and cascade testing.
 - Discussing issues related to privacy and confidentiality.

Research options/consenting (3d;4a;4b;5c)

- Discuss research opportunities which may include informing a client about a study, consenting client into a study, ethical considerations, conflict of interest, advocating for clients' interests and documenting of informed consent specific to research.

Utilize a variety of approaches to communicate genetics and genomics information (4a;4b;4c)

- Enhance the learning encounter using approaches such as handouts, visual aids, and other educational technologies.
- Includes any of the following:
 - Selecting approaches based on the service delivery model employed while recognizing benefits and limits of each model.
 - Striving to use approaches that are inclusive and culturally appropriate.

Work with interpreter (4a;4b;4c;6a;6c;6d;7c)

- Employ strategies for successful communication when working with interpreters.

Counseling Roles

Establishing and maintaining a working alliance with the client

(3a;3b;3c;6a;7c)

- Initiate the genetic counseling session
- Elicit and acknowledge client concerns, expectations, and knowledge to develop the working alliance.

- Includes any of the following:
 - Contracting throughout the session.
 - Using active listening skills.
 - Adapting the process to various service delivery models
 - Taking into consideration the impact of diverse client identities and disparities, inequities, and systemic bias

Psychosocial assessment (3a;3b;3c;3d;6a;7c)

- Evaluate social and psychological histories as well as client cognitive and emotional reactions to assess psychosocial needs including current state of adaptation and decisional conflict/decision readiness.
- Includes any of the following:
 - Identifying the impact of relevant factors (see Identification of Factors role above)
 - Assessing the impact of the family medical history and personal medical history on perspectives/reactions to genetic risk.
- Can be performed before, during and/or after the client encounter.

Psychosocial support/counseling (3a;3b;3c;3d;6a;6c;7c)

- Use applicable counseling skills to provide short term, client-centered counseling, psychosocial support, and anticipatory guidance to the client and/or family to manage client concerns and emotional reactions and/or to promote adaptation.

Facilitate decision making (3a;3b;3c;3d;6a;6b;6c;7a;7b;7c)

- Promote client-centered, informed, non-coercive and value-based decision-making.
- Provide informed consent
- Promote value-based decision making considering any of the following:
 - The impact of the client's emotional state, ethical framework, readiness for testing, screening and/or intervention, psychosocial support, and identity (see Identification of Factors role above)
 - Social determinants of health, disparities, inequities, systemic bias and other factors that may/may have impacted access to healthcare and experience with the healthcare system.

Resource identification and dissemination (3b;3c;5a;5b;6a;6c;6d;7b;7c)

- Identify and provide local, regional and national support and educational resources including support group information and research opportunities.
- Includes any of the following:
 - Understanding clients' psychosocial needs and reactions and/or educational needs in order to connect them to the most relevant resources.
 - Adapting resource identification to distance encounters.
 - Identifying and providing inclusive resources tailored to client's health literacy and language, as available.

Clinical Notes (Case Processing)

In the Program Documents section of Typhon, students have access to a “Logbook Clinical Notes Template” which they should use to complete this section of the logbook.

Students are required to complete information for “Describe your overall impressions of the case”. This should be brief description of the case such as referral indication, issues discussed during the session, psychosocial issues, interesting issues, etc. **Since logbooks are viewable by the program directors at any time, logbooks should never contain any identifiable patient information such as names, DOB, medical record numbers, etc. Patient clinical information should be limited to the referral indication with no detailed discussion of signs, symptoms, family/medical history, etc. Also, specific genetic variants (c. or p.) should not be included.**

There should also be self-reflection from the student written under the section “Provide some self-reflection on your performance in the case” regarding what went well and what are areas for improvement.

Students are required to complete information for “The clinical supervisor’s comments about the case”. In all logbooks (aside from “observation only” cases), there must be a brief summary of the supervisor’s feedback on the case. This section allows the student to summarize the oral feedback the supervisor provided for the case.

Logbook Approval Process

Supervisors are required to review all logbook cases. If the information regarding the clinical supervisor’s comments is complete and accurate, the clinical supervisor may enter the statement “I agree with the student’s assessment” in the “comments” section of the “case status/comments” dialog box prior to approving the case. Alternatively, the supervisor may add or clarify information regarding their feedback in the comments section. If the remainder of case documentation provided by the student is accurate, the logbook should be “approved”.

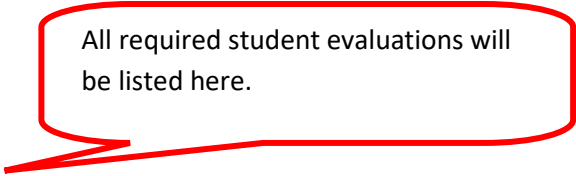
If the case documentation is inaccurate or incomplete, the supervisor should provide information regarding the errors/omissions in the “comments” section and make the case as “not approved”. This action will automatically route the logbook back to the student for appropriate corrections. It is the student’s responsibility to notify the supervisor when the corrected logbooks are ready for review.

Ideally, all logbooks should be reviewed by the supervisor as soon as possible after receiving. All logbook cases should be reviewed and “approved” no later than one week of the student completing their internship. The student is responsible for ensuring that all logbooks are reviewed and “approved” at the end of their internship.

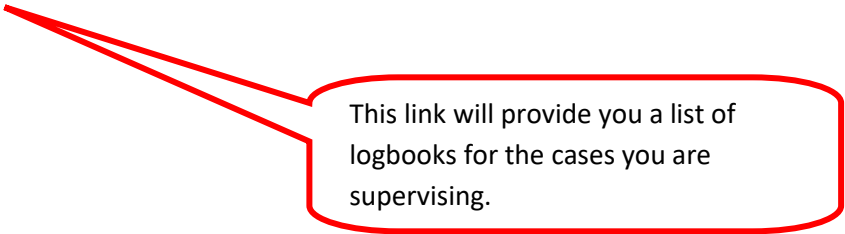
Once the logbooks are “approved” by the supervisor, they will also be reviewed by a program director. If there are any discrepancies or any missing information, the logbook will be routed back to the student for appropriate edits. Once the corrections are made, the program director will “approve” the logbook.

Student View: Logbook completion form

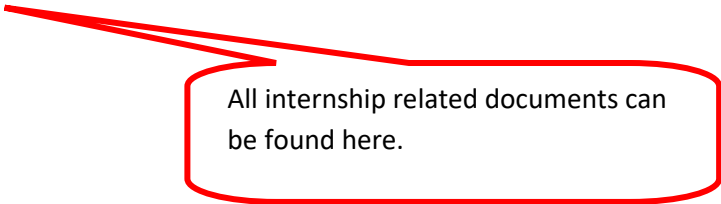
Supervisor View: Main Menu Page



All required student evaluations will be listed here.

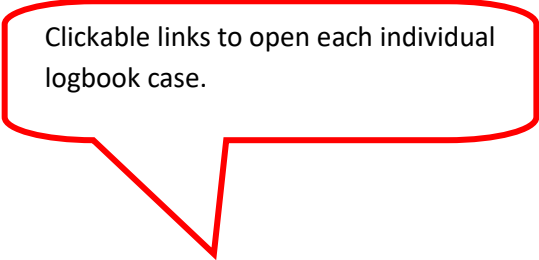


This link will provide you a list of logbooks for the cases you are supervising.



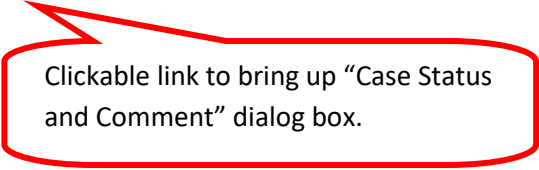
All internship related documents can be found here.

Supervisor View: Case Log Details Page

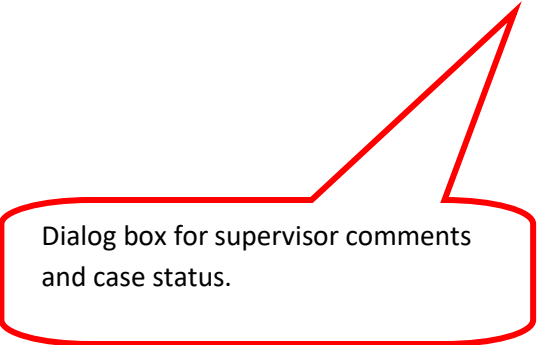


Clickable links to open each individual logbook case.

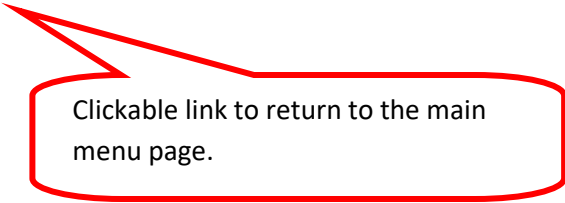
Supervisor View: Logbook Review Page



Clickable link to bring up “Case Status and Comment” dialog box.



Dialog box for supervisor comments and case status.



Clickable link to return to the main menu page.



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Graduate Program Typhon System Student Account Information

Introduction

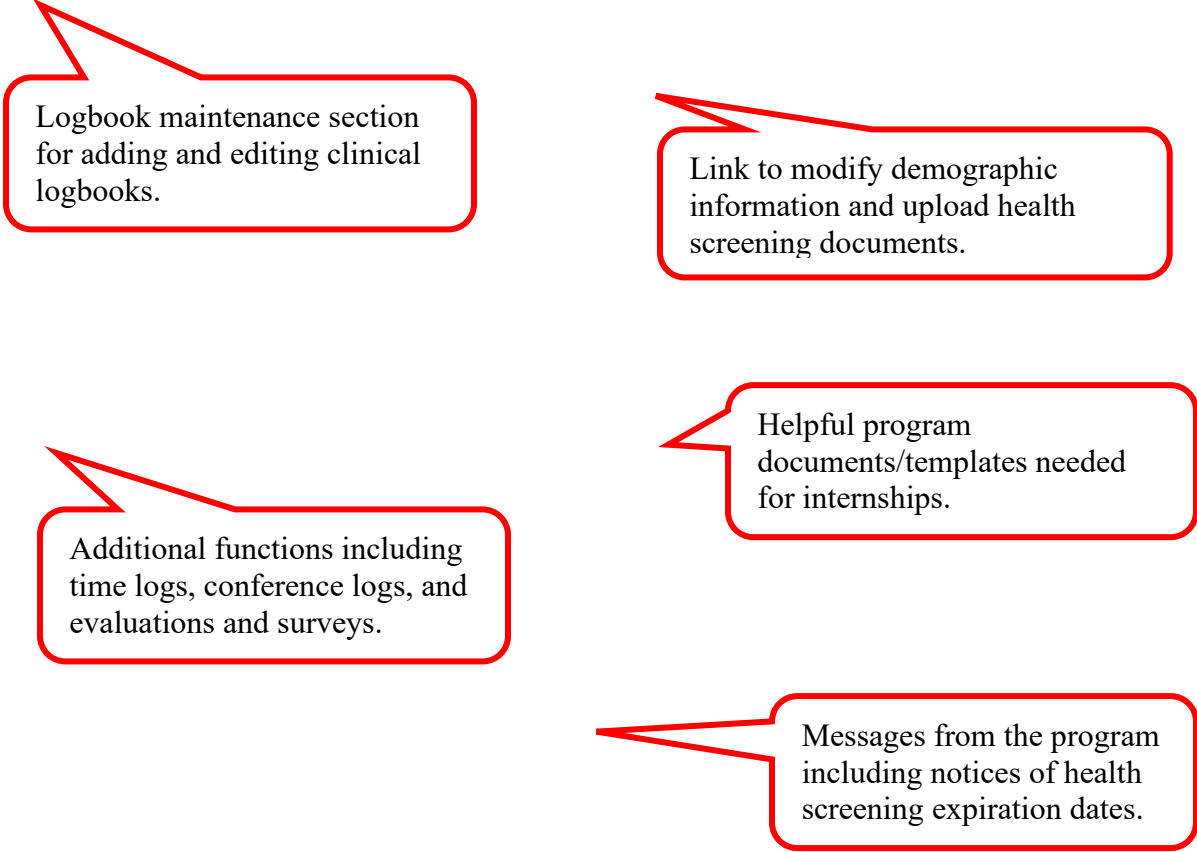
At Wayne State University, we use an online tracking system (called Typhon) to track and monitor all clinic related activities. Through this system, student demographic information, student health screening, logbooks and clinic evaluations are managed. This document is intended to provide students information about how to update their accounts including changes in addresses and updating health screening information. Additional training regarding working with logbooks and evaluations once students will be provided when students are ready to begin their Introductory Internships.

Initial Log-in

Following the incoming student orientation, students will receive an email with instructions on how to log on to the Typhon system for the first time. As it states in the email, students will have 24 hours from receipt of the email to log on to the system and reset your password. Here is a sample of the email students receive:

Typhon Main Menu

Once the student is logged into the system, they will be directed to a main menu page where they will be able to access all Typhon functions they will need over the course of training. The student will need to sign the “end user agreement” the first time they log on.



Logbook maintenance section for adding and editing clinical logbooks.

Link to modify demographic information and upload health screening documents.

Additional functions including time logs, conference logs, and evaluations and surveys.

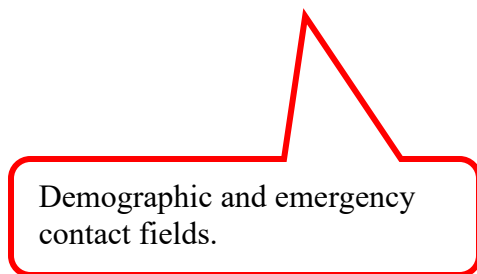
Helpful program documents/templates needed for internships.

Messages from the program including notices of health screening expiration dates.

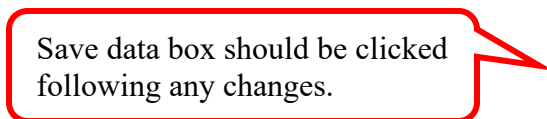
Modify Account Information

Students will have the ability to modify their contact information and emergency contact information. They can fill in or change the demographic fields as necessary and then press “save data”.

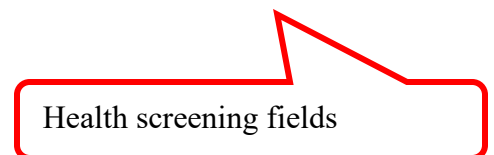
Students will be required to upload scanned copies (pdf documents preferred) with their health screening results (everything except background check and drug urine result, if performed). Ideally, students should upload each result separately according to the titles listed on the “modify account information” screen. If there is more than one result per page, students will upload the document once and the program will make a note that there are multiple results in one upload.



Demographic and emergency contact fields.



Save data box should be clicked following any changes.



Health screening fields

Uploading Health Screening Information

To upload health screening information, students will click the green plus sign next to each health screening field to open the dialog box for uploading a document to that particular field. See below. The “save data” box should always be clicked before exiting. Students will not be allowed to change expirations or completion dates. These will be changed as necessary by the program.

Health Screening Expiration Dates

There are several health screening requirements that students will need to complete on an annual basis (TB test, flu vaccination, health insurance documentation, disability insurance). Students will see a reminder to complete any health screening 60 days prior to the expiration date in the “messages” section of the main menu.



Genetic Counseling Student Laboratory Internship

Biochemical Genetics Laboratory

Description:

This internship exposes students to the various aspects of a Biochemical Genetics Laboratory. These labs provide confirmatory testing for inborn errors of metabolism, along with monitoring of the metabolic status of affected patients. Tests range from gas chromatography/mass spectrometry analysis of complex mixtures from urine (such as organic acids) and plasma (such as amino acids) to specific enzyme activity determination. This internship includes tours of laboratory facilities, as well as didactic lectures and case-based learning activities focusing on the application of biochemical laboratory genetics concepts to clinical practice.

Internship Personnel:

- ✓ Allison Jay, MD, Clinical Geneticist, Ascension St. John Hospital
- ✓ Paula Pietryga, MS, CGC, Licensed Genetic Counselor, Corewell Health West
- ✓ Peggy Rush, MS, CGC, Licensed Genetic Counselor, Children's Hospital of Michigan
- ✓ Linda Spencer, MSN, RN, CPNP-PC, Children's Hospital of Michigan
- ✓ Lidong Zhai, PhD, Technical Director, ABMGG-certified, Clinical Biochemical Genetics University of Michigan

Objectives:

- ✓ *Summarize how samples are managed in a CLIA-certified, CAP-accredited biochemical genetics laboratory.*
- ✓ *Describe laboratory techniques used in the diagnosis and/or monitoring of an inborn error of metabolism including:*
 - *HPLC (high-pressure liquid chromatography)*
 - *GC/MS (gas chromatography/mass spectrometry)*
 - *Enzyme assays*
 - *Amino acid analysis*
 - *Tandem mass spectrometry*
- ✓ *Recognize indications for the various metabolic testing techniques and the limitations of each.*
- ✓ *Describe the process of follow up for an abnormal newborn screen for common conditions (e.g., PKU, galactosemia, MCAD)*
- ✓ *Describe how laboratory data is interpreted in relation to the lab result, medical literature, and indication for testing.*
- ✓ *Recognize the potential for and sources of laboratory error and when to consider whether an error has occurred.*

- ✓ *Summarize the legal, ethical and social issues related to laboratory testing.*
- ✓ *Recognize laboratory policies in place that support patient confidentiality and informed consent.*

Our goal during your rotation is to provide a safe, empathetic space for you to learn and gain experience. To help us best support you during your rotation, we encourage you to share some of the following information:

- Pronouns you use
- Religious and/or cultural preferences, particularly if any holidays arise during your time with us that should be taken into account for your scheduling
- Experiences of microaggressions in prior clinical settings so we can work through ways to best support you should they arise during this rotation
- Anything about any clinical setting that may be triggering for you
- Any physical accommodations you may require



Genetic Counseling Student Laboratory Internship

Cytogenetics Laboratory

Description:

The Cytogenetics Laboratory at Henry Ford Health System specializes in prenatal and postnatal chromosome analysis, cancer cytogenetics, and molecular diagnosis by fluorescence in situ hybridization (FISH) as well as chromosomal microarray analysis.

Laboratory Personnel:

- ✓ Brandon Shaw, PhD, Technical Director, ABMGG-certified, Clinical Cytogenetics
- ✓ Xiaolan Fang, PhD, Technical Director, ABMGG-certified, Clinical Cytogenetics
- ✓ Jessica Sanchez, Senior Medical Laboratory Scientist

Objectives:

- ✓ *Summarize how samples are managed in a CLIA-certified cytogenetics laboratory.*
- ✓ *Describe and perform and/or observe the techniques of chromosome analysis (cell culture, harvesting, preparation, banding, assorting, and analysis), fluorescent in-situ hybridization, and chromosomal microarray analysis used in the diagnosis of syndromic cytogenetic disorders as well as cancer cytogenetics.*
- ✓ *Determine which laboratory technique is appropriate based on indication for testing.*
- ✓ *Employ ISCN nomenclature used in cytogenetic banding and FISH analysis, including normal and abnormal results.*
- ✓ *Participate in the interpretation of laboratory data using the test results, the medical literature, bioinformatics and the indication for testing.*
- ✓ *Summarize sample requirements and turn-around times for various types of cytogenetic analysis.*
- ✓ *Identify samples required for prenatal diagnosis via CVS and amniocentesis, how samples are processed, turn-around time, and sources of error/ambiguous results.*
- ✓ *Recognize various levels of mosaicism and clinical significance.*
- ✓ *Recognize the potential for and sources of laboratory error and when to consider whether an error has occurred.*
- ✓ *Describe the analytic validity, clinical validity, and clinical utility of commonly ordered cytogenetic tests.*
- ✓ *Summarize the legal, ethical and social issues related to laboratory testing.*
- ✓ *Recognize laboratory policies in place that support patient confidentiality and informed consent.*

Our goal during your rotation is to provide a safe, empathetic space for you to learn and gain experience. To help us best support you during your rotation, we encourage you to share some of the following information:

- Pronouns you use
- Religious and/or cultural preferences, particularly if any holidays arise during your time with us that should be taken into account for your scheduling
- Experiences of microaggressions in prior clinical settings so we can work through ways to best support you should they arise during this rotation
- Anything about any clinical setting that may be triggering for you
- Any physical accommodations you may require



School of Medicine

Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Student Laboratory Internship

Molecular Genetics Diagnostic Laboratory

Description:

The Molecular Genetics Diagnostic Laboratory provides DNA-based testing services for diagnosis, carrier detection and prenatal diagnosis for a variety of genetic disorders. Furthermore, genetic testing is also available for the diagnosis of hematological malignancies and to monitor disease status. Molecular techniques are used for direct mutation analysis, which allows rapid and accurate testing of patient samples. Once a mutation in a family is identified, genetic testing for other family members is available, providing crucial information in the provision of genetic counseling and determination of recurrence risk.

Laboratory Personnel:

- ✓ David Carr, MD, Medical Director, Molecular Genetics Diagnostic Laboratory
- ✓ Melissa Hicks, MS, LCGC, Certified Genetic Counselor
- ✓ Sat Dev Batish, PhD, FACMG, FAAN Technical Director, Cytogenetics Diagnostic Laboratory
- ✓ Catherine (Fen) Li, PhD, FCCMG, DABMG, DABCC, Technical Director, Cytogenetics and Molecular Genetics Diagnostic Laboratory
- ✓ Manjola Cabej, MB(ASCP)cm. Supervisor

Objectives:

- ✓ *Summarize how samples are managed in a CLIA-certified molecular genetics laboratory.*
- ✓ *Describe and observe molecular laboratory techniques used in the diagnosis of genetic disorders (including syndromic causes, cancer and carrier status) including:*
 - *DNA isolation*
 - *Methylation sensitive PCR (if opportunity available- application is limited)*
 - *Polymerase chain reaction (PCR)*
 - *DNA Sanger sequencing*
 - *RT-PCR*
 - *Pharmacogenomic testing*
 - *MLPA (if opportunity available- application is limited)*
 - *Next-Generation Sequencing*
- ✓ *Explain the pharmacogenomic testing performed in the lab and how it is used in medical management.*
- ✓ *Explain how somatic testing can impact & relate to germline testing for hereditary cancer predisposition syndromes.*

- ✓ *Determine which laboratory technique is appropriate based on indication for testing.*
- ✓ *Identify what clinical information is needed to adequately interpret a genetic test result.*
- ✓ *Record and review the appropriate patient information on genetic test requisitions.*
- ✓ *Participate in interpretation of laboratory data related to the diagnosis of a patient with an inherited disorder including carrier risk assessment using Hardy-Weinberg equilibrium, Bayesian analysis and bioinformatics tools.*
- ✓ *Characterize the differences between various types of mutations and HGVS mutation nomenclature.*
- ✓ *Classify sequence variants according to the ACMG guidelines for variant interpretation.*
- ✓ *Summarize sample requirements and turn-around times for various types of molecular tests, including prenatal tests.*
- ✓ *Recognize the potential for and sources of laboratory error and when to consider whether an error has occurred.*
- ✓ *Describe the analytic validity, clinical validity, and clinical utility of commonly ordered genetic tests.*
- ✓ *Compare and contrast tests offered at reference laboratories to determine most appropriate testing to order.*
- ✓ *Summarize the legal, ethical and social issues related to laboratory testing.*
- ✓ *Recognize laboratory policies in place that support patient confidentiality and informed consent.*
- ✓ *Communicate with ordering health care providers and review medical records to secure clinical information needed for test interpretation and/or to report out results.*
- ✓ *Recognize the implications of genetic testing regulation as well as different genetic testing billing methods from the perspective of the sendouts laboratory, hospital/clinic, ordering clinician, and patient.*

Our goal during your rotation is to provide a safe, empathetic space for you to learn and gain experience. To help us best support you during your rotation, we encourage you to share some of the following information:

- Pronouns you use
- Religious and/or cultural preferences, particularly if any holidays arise during your time with us that should be taken into account for your scheduling
- Experiences of microaggressions in prior clinical settings so we can work through ways to best support you should they arise during this rotation
- Anything about any clinical setting that may be triggering for you
- Any physical accommodations you may require



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 4

Research Project Overview



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Graduate Program

Research Project Overview

MGG 7999, Research Project Seminar and Independent Study 4-5 credits

Description and Objectives:

The purpose of the research requirement is for students to gain experience in study design, research methods, professional writing, and self-directed education in order to promote their personal professional growth. This requirement is meant to be an introduction to the area of research in genetic counseling and is not a formal Master's thesis requirement. Students will be required to complete a research project that will be presented in Medical Genetics Grand Rounds in the final semester of study. It is also expected that students will submit an abstract of their research project to a national meeting (e.g., NSGC, ASHG, ACMG, other) and submit a manuscript for publication when appropriate.

The research project falls under the University's Plan B for Master's students. The Graduate School defines the Plan B requirement as an essay. "The essay must show evidence of scholarly study and writing and be related to the student's major. Students should consult their departments regarding any additional requirements for essays, as well as for correct essay manuscript style." The genetic counseling program stipulates that the project should also involve formulating and testing a research question or hypothesis (modified Plan B). Examples of student projects might include the following: a report on a small series of cases which illustrates a novel concept or answers a specific question; the evaluation of an innovative educational tool, screening tool, or counseling strategy; analysis and interpretation of data from an existing research project or database to answer a new question; or generation of new data followed by analysis and interpretation to answer an original question. A comprehensive literature review might also be appropriate if it hypothesis driven (such as a systematic review or meta-analysis of existing research on a topic).

Students must register for a total of 4 credits of MGG 7999 (Genetic Counseling Research Project) split over 3 semesters: Fall Y1 (Research Project Seminar & Statistics, section 003- 2 credit course), Fall Y2 (Independent Study, section 002, 1 credit), and Winter Y2 (Independent study, section 001, 1 credit). Students are

provided instruction in project scope, expectations, development, implementation, ethical conduct in research and scientific reporting, and statistical analysis in the Research Project Seminar & Statistics course and additional ancillary learning activities. Students generally begin working on their projects in the Spring/Summer semester between Y1 and Y2 (not for course credit), working through the Fall Y2 and Winter Y2 semesters (for course credit). Students who do not complete their projects by Winter Y2 may need to register for a fifth credit in the Spring/Summer semester.

Research Project Evaluation

Students will work directly with mentor(s) on their research projects. Mentors have primary responsibility for approval of the project proposal. However, the program directors must approve the proposed project before it is implemented to ensure that the scope falls within the expectations of the modified Plan B project. The mentor(s) have primary responsibility for approving all aspects of the implementation and completion of the project. This includes all academic and professional evaluations and judgments as to originality, adequacy, accuracy, significance, methodology, justification or conclusions and correctness of style. Approval will not be recorded with the graduate school until the work and resulting paper are fully verified and accepted by the mentor(s). *Only students who submit a completed, approved final draft of their research project manuscript will be eligible to graduate in May.* Student progress will be assessed regularly by the mentor, in consultation with the student and in communication with the program directors, based on attainment of set objectives each semester the research credit is taken. These objectives, along with a project timeline, will be established by the student and the principle mentor as part of the original project proposal. Students who have not made enough progress in any semester will be given an incomplete grade on the research project credit (MGG 7999). The incomplete will not be removed until the specified objectives have been achieved. Students who have not made sufficient progress by the midway point of the winter semester of the second year of the genetic counseling program will not graduate in May. The student may be given an incomplete or may be required to enroll for an additional research project credit in the spring/summer semester depending on the extent of the research that needs to be completed. As such, the student will not formally graduate until the end of the spring/summer session. Students must complete their project no later than the end of the summer session (year 2) unless there are extenuating circumstances.

Instruction:

The research project is meant to be self-driven. However, didactic instruction and assignments/activities, for the purpose of helping students develop skills needed to successfully complete the research project requirement, are incorporated throughout the genetic counseling program curriculum. Mentorship is also an important component of ensuring that students can complete all aspects of the research requirement. The table below outlines when and what topics will be covered, the forum, the activities students will take part in, and the objectives to be met. The primary forums are MGG 7999, Research Project Seminar &

Statistics, and MGG 7999 Research Project Independent Study. However, there are other classes and experiences in the curriculum, including a research project workshop in Winter 1, and focused lectures on writing a manuscript, developing a research presentation, and writing an abstract in MGG 7881 Senior Seminar, that provide important information to help the student in developing, implementing, and completing the research project.

	Curriculum Topics	Forum	Activities	Objectives
Fall 1	<ul style="list-style-type: none"> The research project process Considerations in project selection Advanced literature searches Developing a comprehensive literature matrix and literature review Using citation software Using inclusive language for study design and reporting Quantitative and qualitative study design Developing study questions, specific aims and generating a hypothesis IRB's, informed consent, and ethical issues in research (online training) <p>Statistics Content</p> <ul style="list-style-type: none"> Graduate level review of descriptive statistics; elementary probability; measures of central tendency 	MGG 7999 Research Project Seminar & Statistics	<ul style="list-style-type: none"> Select project ideas and mentors Do EndNote tutorial Complete WSU Human Investigation Committee's (HIC) Human Research Participants On-line Training Program Perform a comprehensive literature search on project topic Create a literature matrix to organize relevant literature Write a literature review Begin to develop research question and/or hypothesis <p>Statistics</p> <ul style="list-style-type: none"> Didactic instruction in commonly used statistics. Hands on experience conducting 	<ol style="list-style-type: none"> 1. Recognize the scope of the research project requirement and steps involved in completing the requirement successfully. 2. Conduct an advanced literature search using online tools. 3. Use Endnote to manage references. 4. Demonstrate how a review of the literature sets the stage for developing the research question, specific aims, and study methodology. 5. Explain the importance of human research subject protections and recognize the institutional review board processes necessary to ensure such protections. 6. Select a research project topic of interest that complies with program requirements and can be completed within 12-16 months. 7. Synthesize and describe in writing (literature matrix and literature review) previous research relevant to the proposed study questions/hypothesis. 8. Begin to formulate a research study question/hypothesis. 9. Differentiate between qualitative and quantitative research methods, the uses,

	Curriculum Topics	Forum	Activities	Objectives
	<p>and of dispersion; random samples; probability distributions including the binomial, the Poisson, the normal, the t, the chi-square, and the F statistic.</p> <ul style="list-style-type: none"> • Introduction to estimation and hypothesis testing; rates and vital statistics • How to use statistical analysis software • Data preparation 		<p>statistical analyses using practice data sets.</p>	<p>advantages, and disadvantages of each.</p> <p>10. Recognize steps taken to design quality survey instruments and other study instruments to collect quantitative data.</p> <p>11. Summarize different methods of qualitative study design, the unit of analysis (statements), and ways the data is analyzed.</p> <p>Statistics</p> <p>1. Describe basic statistical methods and apply them using statistical analysis software</p> <p>2. Interpret results using appropriate statistical methods and convey them in written and oral formats.</p> <p>3. Interpret and evaluate basic biostatistics in the medical literature.</p> <p>4. Recognize the assumptions underlying common biostatistical measures.</p> <p>5. Recognize when additional assistance is needed from a statistics expert and communicate effectively with such a person about their research question and appropriate methodologic solutions.</p>

	Curriculum Topics	Forum	Activities	Objectives
	<ul style="list-style-type: none"> Overview of epidemiological methods and their application to research Study design Measures of risk Screening Analysis 	FPH 7240: Epidemiology	<ul style="list-style-type: none"> Attend lecture and do homework assignments Participate in in-class discussions with a variety of learners Examination 	<ol style="list-style-type: none"> 1. Apply epidemiological methods and reasoning to health problems and health-related research 2. Increase ability to comprehend and critically evaluate information presented in the medical literature (will help inform development of project questions) 3. Identify applications of epidemiological research methods (will help in developing study design and methodology) 4. Provide complete description of analytic study (will help in developing appropriate study design and analysis plan)
	<ul style="list-style-type: none"> Introduction to the genetic counseling literature Generating ideas for the research project based on gaps in the existing literature Effective presentations 	MGG 7640 Principles of Genetic Counseling	<ul style="list-style-type: none"> Write a paper evaluating the GC literature pertaining to the effectiveness of GC. Use presentation skills in developing presentation for MGG 7830 (Human Development and Teratology), and for other talks to be given in later semesters 	<ol style="list-style-type: none"> 1. Become familiar with the GC literature and its limitations. 2. Demonstrate baseline skills in evaluating the medical genetics literature & academic writing 3. Recognize how to prepare & deliver effective presentations

	Curriculum Topics	Forum	Activities	Objectives
			(presentation of research project, talks to lay audiences, etc.	
	<ul style="list-style-type: none"> Socioeconomic and identity factors associated with health disparities Strategies to promote health equity and inclusive practice Implicit bias 	MGG 7730 Promoting Health Equity in Genetic Counseling		<ul style="list-style-type: none"> Recognize disparities in diverse populations Identify research topics related to health disparities, bias, and inclusion Utilize inclusive language in every day practice and in conducting research
	Literature Review & Critique	GC Journal Club	<ul style="list-style-type: none"> Participate in GC Journal Club Start to generate ideas for a research project 	Participate in peer discussion group aimed at critically reviewing the medical genetics literature
	Laboratory Research Methodologies	MGG 7010 Molecular Biology and Genetics		Identify how various molecular techniques are used to answer research questions
	Generating Ideas for the Research Project	Required Supplemental Activities: Clinical observations, Case Conferences, Grand Rounds, etc.	Begin to identify areas of interest by talking to various program faculty and learning about their clinical and research interests	Gain exposure to potential research project topics of interest
Winter 1	<ul style="list-style-type: none"> Literature Review & Critique using a PICO framework Study Design Analysis Interpretation and 	MGG 7860 Evaluating the Health Care Literature	<ul style="list-style-type: none"> Critically evaluate the literature using a PICO framework. Conduct individual critical analyses of papers, participate 	<ul style="list-style-type: none"> Define evidence-based practice. Describe a method for developing a well-formulated clinical question and identifying

	Curriculum Topics	Forum	Activities	Objectives
	extrapolation • Interventional studies		in group discussions about analyses and clinical relevance.	resources to evaluate the question. • Develop and demonstrate a systematic approach to critically appraising the medical literature related to a clinical question. • Demonstrate the ability to formulate an evidence-based strategy for answering focused clinical questions relevant to the current practice of medical genetics
	• Genetic counselor roles and responsibilities in research • Developing specific aims • Developing an IRB application • Recognizing ethical challenges in genetic counseling research • Grant writing	Introductory Research Rotation	•As a group, look at WSU HIC website and different resources available for use in developing IRB protocols. •Recognize sources of grant funding, and how to develop a research proposal including the hypothesis and specific aims, developing the budget. •Work on developing own project's specific aims, and starting the research project proposal form •Select an NSGC grant	1. Give examples of research projects coordinated by genetic counselors and the different responsibilities these counselors have. 2. Describe how to recruit participants into research studies and facilitate informed consent. 3. Recognize ethical issues that can arise in genetics research studies. 4. Describe the elements of a successful grant application. 5. Identify grant opportunities for genetic counseling students and practicing GC's. Research Project Objectives:

	Curriculum Topics	Forum	Activities	Objectives
			<p>opportunity and outline what would be needed to complete the application, including the funds that would be requested.</p> <ul style="list-style-type: none"> •Outline the components of the study instrument to be used in the project and/or the plan for organizing existing data (for secondary data analyses) •Determine the type of IRB protocol needed (exempt, expedited, full board review; behavioral or medical), the type of consent needed (waiver, information sheet, written informed consent) and identify the appropriate forms needed to complete the IRB application process • Begin to develop project proposal form with input from mentors 	<ol style="list-style-type: none"> 1. Finalize research project study questions/specific aims/hypothesis having completed literature review and develop methodology. 2. Begin to develop the research project proposal and recognize how it will be used for the IRB application and for a potential grant application
	<ul style="list-style-type: none"> • Literature Review & Critique. 	GC Journal Club	Present article at GC Journal Club with	1. Continue to develop skills in literature review & critique

	Curriculum Topics	Forum	Activities	Objectives
	<ul style="list-style-type: none"> Presentation, facilitation of discussion 		mentor (2 nd year student)	2. Continue to develop presentation skills
	Laboratory Research Methodologies	MGG 7600 Advanced Human Genetics	Homework examinations, multidisciplinary project on application of genomic technology	Recognize how various molecular techniques are used to answer research questions
Spring/ Summer 1		Modified Plan B Project (not taken for credit this semester)	Work towards completion of objectives on research project timeline	Complete necessary modified Plan B project objectives, based on individualized timeline. This may include study instrument, research project proposal and submitting the IRB application (recommended to do by the end of summer IF possible)
Fall 2	Advanced Literature Review & Critique. Presentation skills.	GC Journal Club	Present article at one journal club.	More independently review, critique and present article
		MGG 7999 GC Research Project Independent Study	<ul style="list-style-type: none"> Finalize project methodology and/or study instrument. Submit IRB application if not already done Begin data collection 	<ol style="list-style-type: none"> Finalize study methodology Achieve IRB approval Begin data collection Begin data analysis

	Curriculum Topics	Forum	Activities	Objectives
Winter 2	<ul style="list-style-type: none"> Data analysis refresher-qualitative and quantitative Writing a manuscript (MGG 7881) 	MGG 7999, Genetic Counseling Research Project Independent Study	<ul style="list-style-type: none"> In January-Data analysis refresher (review notes, do reading assigned by mentor). By February 1st: Data collection complete. Attend lecture on writing a manuscript, developing an abstract, how to conduct a research presentation. By March 1st: Data analysis complete By April 1st: Written draft of research paper circulated to mentor and committee members Late April: Present findings at Medical Genetics Grand Rounds Last week of semester: Final, <u>approved</u> copy of 	<ol style="list-style-type: none"> Complete data collection & analysis Develop and complete a final draft of their research project paper for completion of the research project requirement Utilize presentation skills to present project to peers, faculty and staff Present project as a poster or platform presentation at a national meeting

	Curriculum Topics	Forum	Activities	Objectives
			<p>paper submitted to program directors</p> <ul style="list-style-type: none"> • Develop abstract for national meeting (deadlines vary) • Make plans with mentor to publish project when relevant • 	
	<ul style="list-style-type: none"> • Developing an abstract • Writing a manuscript • Preparing a research presentation 	MGG 7881 Senior Seminar		<ul style="list-style-type: none"> • Recognize the elements to include in an abstract submitted to a professional meeting • Recognize elements of a research manuscript (IMRAD) and what information goes into each section • Describe elements of the manuscript review process • Describe the elements of a platform presentation and a research poster



Wayne State University Genetic Counseling Program Research Project: Student and Mentor Responsibilities

Background Information

The research project falls under the University's Plan B for Master's students. The Graduate School defines the Plan B requirement as an essay. "The essay must show evidence of scholarly study and writing and be related to the student's major. Students should consult their departments regarding any additional requirements for essays, as well as for correct essay manuscript style." The genetic counseling program stipulates that the project should also involve formulating and testing a research question or hypothesis (modified Plan B). Examples of student projects might include the following: a report on a small series of cases which illustrates a novel concept or answers a specific question; the evaluation of an innovative educational tool, screening tool, or counseling strategy; analysis and interpretation of data from an existing research project or database to answer a new question; or generation of new data followed by analysis and interpretation to answer an original question. A comprehensive literature review might also be appropriate if hypothesis driven (such as a systematic review or meta-analysis of existing research on a topic).

Student and Mentor/Advisor Responsibilities

Students are responsible for identifying their own project topic. Each student, with the help of the genetic counseling program, should identify a primary mentor who has interest and/or expertise in the subject area. A mentor is defined as the person who has primary responsibility for providing the student with guidance on the research project and evaluating the progress and outcomes of the project. Students can also have advisors on their project. An advisor is defined as a person who provides input on all aspects of the project but does not have primary responsibility for mentoring the student. The student must have a mentor. Having one or two advisors can also be helpful as each may bring needed expertise to the project. The total number of mentors/advisors in general does not exceed four.

Once a topic and research mentor/advisors have been identified, the student, with the input and guidance of the mentor and assistance from advisors, will complete the Genetic Counseling Program Plan B Project Approval form. On this form, the student will outline the project hypothesis, methodology, and a detailed implementation timeline. The information on the form must be reviewed and approved by the mentor and all advisors in writing and submitted to the genetic counseling program directors for final approval. ***All research project proposals/ideas must be approved by the program directors.***

Once the project is approved, the student is primarily responsible for implementing and completing the project. The mentor/advisors(s) are responsible for providing guidance and input to the student on all aspects of the project. The mentor is expected to meet

with the student on a predetermined, regular basis (as documented on the Project Approval form) to do so. The mentor is responsible for evaluating and documenting (in writing or verbally to the program director) the student's progress. The mentor is also responsible for determining when the student has successfully completed the research project and approving the final draft of the research project paper. Ideally, the mentor should also be involved in guiding the student about developing and submitting an abstract to a national meeting. When appropriate, the mentor should also guide the process of submitting the paper for publication. The advisor(s) also should take part in these activities, but typically, at a more limited extent. Below is a table that outlines the key components of the research project process with timeline and associated responsibilities of the student, mentor and advisors.

Objective(s)	Student Responsibilities	Mentor Responsibilities	Advisor(s) Responsibility
Develop Research Topic, Identify Mentor and Advisors Fall Term Y1, October/November MGG 7999 Seminar for credit	<ul style="list-style-type: none"> • Choose research topic • Identify mentor(s) • Review student responsibilities 	<ul style="list-style-type: none"> • Review project idea • Review mentor responsibilities • Agree to become primary mentor 	<ul style="list-style-type: none"> • Review project idea and mentor responsibilities • Agree to become a committee member (advisor)
Develop Literature Matrix November/December Develop Comprehensive Literature Review (December/January) Fall Term Y1 (with extension), MGG 7999 Seminar for credit	<ul style="list-style-type: none"> • Review and document literature on research project topic 	<ul style="list-style-type: none"> • Review student's literature review, provide feedback to student (typically after the paper has been graded by instructor) 	<ul style="list-style-type: none"> • (Optional) Review student's literature review, provide feedback, to be submitted to student and primary mentor
Develop Study Questions, Aims, Methodology & Project Proposal with Timeline Winter Term Y1 and Summer Term, March-August	<ul style="list-style-type: none"> • Develop and finalize research questions and specific aims • Develop methodology, identify study population • Develop project proposal and timeline in consultation with mentor(s) 	<ul style="list-style-type: none"> • Guide student in identifying research question and aims, developing methodology, identifying study population • Review student's project proposal and timeline, provide guidance, submit approval in writing. 	<ul style="list-style-type: none"> • Review questions, aims, methodology, and study population. Provide input in all of the above. • Review student's project proposal and timeline, provide guidance, provide input, submit approval in writing.
Develop Data Collection Instrument Develop Human Investigations Committee/IRB Protocol Summer Y1 (not for credit) and/or Fall Y2 (MGG 7999 for credit, independent study)	<ul style="list-style-type: none"> • Develop study instrument and finalize methodology • Consult with Research Design and Analysis (RDA) Unit as needed • Develop IRB protocol 	<ul style="list-style-type: none"> • Provide guidance to student on developing study instrument and finalizing methods • If needed meet with RDA with student to 	<ul style="list-style-type: none"> • Provide guidance to student on developing study instrument and methods. • (Optional) Provide guidance to student on developing IRB

Objective(s)	Student Responsibilities	Mentor Responsibilities	Advisor(s) Responsibility
	and ancillary materials	determine data analysis approach <ul style="list-style-type: none"> • Provide help developing IRB materials. • Sign off on IRB documents as primary mentor • Meet with student on a regular basis as outlined in project proposal 	materials. <ul style="list-style-type: none"> • Sign off on IRB documents as committee member • (Optional) Meet with student and primary mentor on a regular basis as outlined in project proposal.
Finish IRB, Begin Data Collection Fall Y2 MGG 7999 for credit (independent study)	<ul style="list-style-type: none"> • Begin data collection • Troubleshoot with mentor(s) as needed 	<ul style="list-style-type: none"> • Meet with students as outlined in project proposal • Troubleshoot as needed 	<ul style="list-style-type: none"> • (Optional) Meet with students as outlined in project proposal • Troubleshoot as needed
Finish Data Collection/Begin Data Analysis and Begin Drafting Paper Winter Y2 February/March (complete by March 1 st) MGG 7999 for credit (independent study)	<ul style="list-style-type: none"> • Complete data collection • Begin and complete data analysis • Begin drafting paper 	<ul style="list-style-type: none"> • Review data and provide guidance re: analysis • Review paper draft • Continue to meet with students as outlined in project proposal 	<ul style="list-style-type: none"> • Review data and provide guidance re: analysis • Review paper draft • (Optional) Continue to meet with students as outlined in project proposal
Submit Full Written Draft for Primary Mentor & Committee Review Winter Y2, no later than April 1 st MGG 7999 for credit (independent study)	<ul style="list-style-type: none"> • Submit full draft of paper to primary mentor and committee members 	<ul style="list-style-type: none"> • Review full draft and give <u>timely</u> feedback 	<ul style="list-style-type: none"> • Review full draft and give <u>timely</u> feedback

Objective(s)	Student Responsibilities	Mentor Responsibilities	Advisor(s) Responsibility
Submit Final Approved Draft to Program Directors for Completion of Project Winter Y2, end of April MGG 7999 for credit (independent study)	<ul style="list-style-type: none"> •Submit final approved paper to program directors once final approval granted by mentor and committee 	<ul style="list-style-type: none"> •Evaluate paper and submit final approval when paper/project is sufficiently complete •Discuss and implement dissemination plan (abstract at national meeting, publication, as appropriate) 	<ul style="list-style-type: none"> •Evaluate paper and submit comments to student/primary mentor

Authorship

The genetic counseling program complies with the International Committee of Medical Journal Editors (ICMJE) guidelines on authorship and contributorship as described below.

Defining the Role of Authors and Contributors

From <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html#one> as retrieved on 8.12.2022

Defining the Role of Authors and Contributors

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1. [Why Authorship Matters](#)
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3. [Non-Author Contributors](#)

1. Why Authorship Matters

Authorship confers credit and has important academic, social, and financial implications. Authorship also implies responsibility and accountability for published work. The following recommendations are intended to ensure that contributors who have made substantive intellectual contributions to a paper are given credit as authors, but also that contributors credited as authors understand their role in taking responsibility and being accountable for what is published.

Because authorship does not communicate what contributions qualified an individual to be an author, some journals now request and publish information about the contributions of each person named as having participated in a submitted study, at least for original research. Editors are strongly encouraged to develop and implement a contributorship policy. Such policies remove much of the ambiguity surrounding contributions, but leave unresolved the question of the quantity and quality of contribution that qualify an individual for authorship. The ICMJE has thus developed criteria for authorship that can be used by all journals, including those that distinguish authors from other contributors.

2. Who Is an Author?

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND

- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for specific other parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged—see Section II.A.3 below. These authorship criteria are intended to reserve the status of authorship for those who deserve credit and can take responsibility for the work. The criteria are not intended for use as a means to disqualify colleagues from authorship who otherwise meet authorship criteria by denying them the opportunity to meet criterion #s 2 or 3. Therefore, all individuals who meet the first criterion should have the opportunity to participate in the review, drafting, and final approval of the manuscript.

The individuals who conduct the work are responsible for identifying who meets these criteria and ideally should do so when planning the work, making modifications as appropriate as the work progresses. We encourage collaboration and co-authorship with colleagues in the locations where the research is conducted. It is the collective responsibility of the authors, not the journal to which the work is submitted, to determine that all people named as authors meet all four criteria; it is not the role of journal editors to determine who qualifies or does not qualify for authorship or to arbitrate authorship conflicts. If agreement cannot be reached about who qualifies for authorship, the institution(s) where the work was performed, not the journal editor, should be asked to investigate. The criteria used to determine the order in which authors are listed on the byline may vary, and are to be decided collectively by the author group and not by editors. If authors request removal or addition of an author after manuscript submission or publication, journal editors should seek an explanation and signed statement of agreement for the requested change from all listed authors and from the author to be removed or added.

The corresponding author is the one individual who takes primary responsibility for communication with the journal during the manuscript submission, peer-review, and publication process. The corresponding author typically ensures that all the journal's administrative requirements, such as providing details of authorship, ethics committee approval, clinical trial registration documentation, and disclosures of relationships and activities are properly completed and reported, although these duties may be delegated to one or more co-authors. The corresponding author should be available throughout the submission and peer-review process to respond to editorial queries in a timely way, and should be available after publication to respond to critiques of the work and cooperate with any requests from the journal for data or additional information should questions about the paper arise after publication. Although the corresponding author has primary responsibility for correspondence with the journal, the ICMJE recommends that editors send copies of all correspondence to all listed authors.

When a large multi-author group has conducted the work, the group ideally should decide who will be an author before the work is started and confirm who is an author before submitting the manuscript for publication. All members of the group named as authors should meet all four criteria for authorship, including approval of the final manuscript, and they should be able to take public responsibility for the work and should have full confidence in the accuracy and integrity of the work of other group authors. They will also be expected as individuals to complete disclosure forms.

Some large multi-author groups designate authorship by a group name, with or without the names of individuals. When submitting a manuscript authored by a group, the corresponding

author should specify the group name if one exists, and clearly identify the group members who can take credit and responsibility for the work as authors. The byline of the article identifies who is directly responsible for the manuscript, and MEDLINE lists as authors whichever names appear on the byline. If the byline includes a group name, MEDLINE will list the names of individual group members who are authors or who are collaborators, sometimes called non-author contributors, if there is a note associated with the byline clearly stating that the individual names are elsewhere in the paper and whether those names are authors or collaborators.

3. Non-Author Contributors

Contributors who meet fewer than all 4 of the above criteria for authorship should not be listed as authors, but they should be acknowledged. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading. Those whose contributions do not justify authorship may be acknowledged individually or together as a group under a single heading (e.g. "Clinical Investigators" or "Participating Investigators"), and their contributions should be specified (e.g., "served as scientific advisors," "critically reviewed the study proposal," "collected data," "provided and cared for study patients," "participated in writing or technical editing of the manuscript").

Because acknowledgment may imply endorsement by acknowledged individuals of a study's data and conclusions, editors are advised to require that the corresponding author obtain written permission to be acknowledged from all acknowledged individuals.



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 5 Supplemental Activities



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Program Supplemental Activities

Genetic Counseling Journal Club & Book Club – As scheduled

The Genetic Counseling Journal Club and Book Club is designed to introduce students to new topics in the literature related to clinical genetic services and genetic counseling. Students also gain experience in critical thinking, evaluating the evidence base to guide practice, organizing and presenting a presentation, and facilitating discussion. They also gain exposure to new applications of genomic medicine. All genetic counseling students are required to attend and present at journal club.

Select Diversity, Equity, Inclusion and Justice Activities- As scheduled.

In addition to content that is already integrated in the curriculum, the program will be incorporating some DEIJ supplemental activities over the course of the year. There will be both required and optional activities. Students will be given ample notification prior to required activities. One activity that will be required is a DEIJ activity (book chapter/podcast/video) that is part of journal club.

Observational Experiences in Clinical Settings (Internship not for credit) – As scheduled

During the first semester in the program, students observe once a week over a 5 to 6-week period in various Detroit Medical Center clinical settings. The purpose of these experiences is for students to become familiar with the medical center and its health care delivery systems, to identify the role of the genetics team in the diagnosis and management of select conditions, and to recognize the medical and psychosocial impact of common genetic conditions.

Genetic Counseling Process Group – As scheduled, every 3-4 weeks

Throughout both years of training, first and second year students will participate in a peer process group. This group is meant to be a forum for discussion of issues related to being a graduate student in a professional training program and to developing professionalism. Group discussions are confidential. Information discussed in the process group is not shared with the program directors or program faculty without the consent of the group members. The process group meets every ~3-4 weeks for 45 minutes. We will set the ground rules for the group the first time a new group of 1st and 2nd year students meet. A facilitator is available for consultation if concerns or questions arise. Outside speakers will be brought in at students' request. Program directors will provide topics for consideration.

Cancer Genetic Counseling Seminar Series – 4th Monday

The Cancer Genetic Counseling Seminar Series is a monthly seminar series that covers topics related to cancer genetic counseling and risk assessment, cancer biology, and the treatment and management of patients with inherited cancer syndromes. Invited speakers typically include WSU/DMC/KCI faculty, faculty from neighboring institutions such as the University of Michigan, and nationally recognized experts. This is a requirement for genetic counseling students unless there is a conflict with a course or other clinical responsibility. The seminar is usually virtual but may change back to in person.

Medical Genetics & Genomics Grand Rounds – as scheduled at 11 AM-12 PM on Fridays

Medical Genetics & Genomics Grand Rounds is a multidisciplinary forum for presenting up-to-date information on a variety of medical genetics/genomics topics. Presenters include clinicians, faculty, and students involved with the Wayne State genetic counseling program/other clinical genetics training programs, and invited speakers. All genetic counseling students are required to do one clinical and one laboratory genetics presentation during their training. Attendance is required as communicated by the program directors unless there is a conflict with a course or other clinical responsibility.

Community Outreach Opportunities – Independently scheduled

The genetic counseling program recognizes the tremendous value of having students interact with members of genetics advocacy organizations. These interactions promote awareness of the impact of genetic conditions on individuals and families and enhance cultural competency. Interactions can occur by attending support group meetings or advocacy organization conferences, and meeting with families who have genetic conditions. Such events or meetings can be in person or virtual.

Students can select an advocacy organization with which to volunteer and then participate in organization activities a minimum of 2-3 times over the course of each year. Alternatively, students can participate with a variety of organizations. Student should contact the organization (s) they select to decide how to best use their volunteer time. The genetic counseling program can provide recommendations of organizations willing to accept genetic counseling student volunteers, if desired.

Educational Outreach Opportunities – As scheduled

The program provides opportunities for students to educate lay and professional audiences about genetics in order to help students develop teaching and presentation skills. Students typically take part in the School of Medicine's Future Docs program (for 6 to 12-year old children) and one or more additional opportunities (e.g., secondary school presentations, career days). Students are also given opportunities to do formal presentations in class and at Medical Genetics Grand Rounds. Students are expected to do a minimum of 2-3 presentations a year; ideally at least one should be with a lay community.

Michigan Association of Genetic Counselors (MAGC)– Annual

This is an annual meeting of all the genetic counselors in the State of Michigan. The format of the meeting typically includes an all-day educational session. Attendance is optional. Student members of MAGC can also attend professional development activities as scheduled throughout the year.

NSGC Annual Conference

This national NSGC meeting is usually attended by second year students. The program covers up to ~\$750 of expenses related to registration, travel, lodging and food expenses (subject to budget approval). It is expected that students will attend this meeting either virtually or in person.

CMMG Departmental Seminar Series

This seminar series, which is generally held bimonthly, covers topics related to molecular biology and genetics. The focus of the series is more basic science research based than clinical. Students are expected to attend select seminars as instructed by program directors.

Other Grand Rounds/Seminars

Grand round presentations or seminars in other departments often provide excellent educational opportunities. When relevant topics are to be presented in such venues, student attendance may be required or recommended. Students will be given as much notice as possible.

CMMG Departmental Scientific Retreat – Periodic

Periodically CMMG hosts scientific retreats, which included departmental faculty and students (PhD and MS genetic counseling). Local and/or nationally recognized experts in the area of molecular biology and genetics are often invited to attend. All attendees have an opportunity to present either orally or as a poster their research and/or clinical activities. The genetic counseling students are included in this retreat.



Wayne State University Genetic Counseling Journal Club Objective, Expectations, and Evaluation

Overall Purpose of Journal Club:

- Promote a critical review of current medical literature that has a bearing on the current and future practice of medical genetics, personalized medicine, genetic counseling, and the genetic counseling profession.
- Endorse evidence-based genetic counseling practice
- Demonstrate the value of and encourage lifelong learning

Student Specific Objectives:

After participating in journal club throughout their training, students will be able to:

- Identify and select journal articles relevant to the practice of medical genetics, genetic counseling, and the genetic counseling profession. Broad topics include, but are not limited to: clinical care, emerging technologies, personalized genomic medicine, psychosocial and counseling skills, cultural humility, diversity, equity, inclusion, justice, and belonging, genetics education, policy, and ethical issues.
- Orally summarize pertinent background that informed a study's aims and design, the hypotheses/aims, methods, results, and conclusions.
- Contribute to and lead a discussion of a journal article.
- Critically assess the strengths and weaknesses of a study and identify areas for future research (gaps in the current understanding of the topic).
- Evaluate the impact of the study on practice/policy/education/profession in the context of study merits and existing literature on the topic.
- Mentor novice learners in the above.

Schedule:

The Genetic Counseling Journal Club is held approximately six times in the fall semester and six times in the winter semester. See separate schedule for exact dates. Second year students will present once each semester. First year students will present once in the winter semester.

Fall	Winter
Second year students present (with assistance from an assigned faculty mentor)	First and second year students present together (with assistance/approval of program directors)

Mentors:

In the fall semester, each second-year student will be assigned a faculty mentor. In many cases, the faculty mentor will be a person with subject matter expertise in the

topic selected by the student OR a supervisor in the current internship of the student. The role of the faculty mentor is to assist the student critically evaluating the article and preparation of the presentation, especially assisting the student to develop strong discussion questions that will encourage group participation. Although the mentor may be in attendance on the day of the journal club, the student is expected to present the majority of the article. The faculty member may provide background context.

Expectations- Presenters

Article Selection: Articles chosen for presentation should meet the following criteria:

- Be relevant to genetic counseling or the provision of clinical genetic services.
- Be published within the last year or two.
- Contain primary data (do not choose review articles; meta-analyses require prior approval of program directors).
- Be approved by faculty mentor and journal club coordinator (Angela Trepanier) at least 10 days prior to the journal club date.
- Article topics related to a recent or current student internship are encouraged.
- Articles should be emailed in PDF format to the journal club coordinator for distribution 10 days in advance of the scheduled journal club date.

Article Presentation:

- Length: The formal presentation should be **no more than approximately 15 to 20 minutes** to allow ample opportunity for discussion.
 - Briefly summarize the background, aims, methods, results, and conclusions drawn (discussion).
 - Point out relevant aspects of the above.
 - It can be helpful to provide additional background information on the topic e.g., look up some of the articles that form the basis of the introduction for more in depth understanding of other research on this topic.
 - It can be helpful to bring the study instrument, especially if it is in an online appendix that may not have been accessed by attendees.

All participants are expected to have read the article prior to the Journal Club. Therefore, the presentation should be focused on the most salient points of the paper only and not be a review of the article in its entirety.

- What is expected and what is not:
 - Handouts *are not* required. Participants are expected to bring a copy of the article with them/have a digital copy, so any handout should provide additional pertinent information only such as survey instruments, supplementary tables, etc. A handout should not be a summary of the entire article.
 - PowerPoint and/or overheads *are not* required. (If they are used, students are responsible for making sure all needed AV equipment is in place for their presentation).

- Students *are* expected to critically assess the journal article. The presentation of the article should be in the students' own words and include:
 - Why the article was selected and its relevance.
 - A short summary of the purpose of the study, significance of the authors (who are they, what is their expertise in this area), and what institutions are represented.
 - A brief summary of the major works cited in the introduction leading up to the current work. Students are expected to be familiar with the major works cited and be able to address questions regarding study methodology and results.
 - A description of the major questions, aims and/or hypothesis(es) of the study
 - A short description of the methodology the authors used to address the research questions. Student should be prepared to address any questions regarding any study instruments used including validation studies, application of the instrument in other studies/settings etc.
 - A short summary of the major study results including findings and statistical analysis. *Remember, the presenter is not expected to discuss all study results necessarily but rather provide a focused discussion of the most interesting and relevant results that will lead to interesting discussion.*
 - A discussion of the conclusions (discussion) the authors drew from the results including relevance of study findings to other published studies.

Article Discussion

- The student(s) presenting has the responsibility to facilitate a discussion and not just ask a list of questions. The goal should be to engage the group in discussion by asking follow-up questions to participants and providing additional background details to further discussion as necessary.
- The student(s) should lead a discussion regarding:
 - Strengths and weaknesses of the study as identified by the student presenter, other participants and authors.
 - Validity of the conclusions drawn.
 - Generalizability and applicability of the findings to clinical practice/policy/education/profession.
 - Future research directions as identified by the student presenter, other participants and authors.
- Students should be prepared to discuss the article in detail. As stated above, this includes answering questions about any of the major works cited in the paper and/or about any tools (e.g., surveys) used in the study.

Evaluation

Participation in journal club is not graded. But the student presenter(s) will be informally evaluated on the following criteria:

- Critical evaluation of the paper including methods, quality of data, relevance of research, and conclusions of authors.

- Description of how paper added to knowledge of genetics and/or genetic counseling.
- Discussion of ideas for improving or furthering study.
- Ability to generate and facilitate discussion and to respond appropriately to questions from the audience.

Expectations- Student Attendees:

- All students are required to attend and have a copy (paper or electronic) of the article for reference.
- All students are expected to read and critically assess the article.
- All students are expected to participate in a discussion regarding study strengths and weaknesses, validity of conclusions drawn, generalizability/applicability to the field of genetic counseling and future research directions.
- All students are expected to develop at least one question related to any aspect of the article.
- All students are expected to participate in the discussion.

Remember-journal clubs are intended to be a forum to discuss, assess and even debate, the current topics and issues being addressed in the genetic counseling literature. The most interesting journal clubs occur when everyone is engaged and active in the discussion.



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 6 Policies & Student Conduct



Wayne State University Genetic Counseling Program Relevant Program, School of Medicine and University Policies, Student Code of Conduct

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5. Genetic Counseling Program & SOM Required Criteria for Students with Clinical Placements
6. National Society of Genetic Counselors Code of Ethics
<https://www.nsgc.org/Policy-Research-and-Publications/Code-of-Ethics-Conflict-of-Interest/Code-of-Ethics>
7. Wayne State University Genetic Counseling Program Policy on Professional Impairment
8. Wayne State University Student Code of Conduct
<https://doso.wayne.edu/pdf/student-code-of-conduct.pdf> (amended 6.19.2020);
<https://bog.wayne.edu/code/2-31-02> (annotated, amended 1.27.2017)
9. Wayne State University Student Rights and Responsibilities
<https://bog.wayne.edu/code/2-31-01> (adopted 1.19.1967)
10. Wayne State University Policy Family Educational and Privacy Rights (FERPA)
<https://housing.wayne.edu/resident/ferpa#:~:text=The%20Family%20Educational%20Rights%20and,the%20rights%20to%20the%20student.>
11. Wayne State School of Medicine Policies Pertinent to Genetic Counseling Students

There are several policies developed for the medical students that have been adapted for genetic counseling students. In addition to the provided genetic counseling program specific documents, these policies can be found in the M.D. Handbook and Policies available at [Wayne State University School of Medicine MD Handbook and Policies](#).

- a. [Wayne State University School of Medicine Mistreatment Policy and Reporting Process](#)
 - b. [Wayne State University School of Medicine Social Media Policy](#)
 - c. [Wayne State University School of Medicine Professionalism Policy](#).
 - d. [Wayne State University School of Medicine Clinical Student Dress and Grooming Standards](#)
12. Wayne State University Nondiscrimination/Affirmative Action Policy
<https://policies.wayne.edu/appm/3-0-2-non-discrimination-affirmative-action>
(revised 5.9.2012)
 13. Wayne State University Sexual Harassment Statute
<https://bog.wayne.edu/code/2-28-06> (adopted 7.15.1983)
 14. Wayne State University Discrimination and Harassment Complaint Process
<https://policies.wayne.edu/academics/05-03-discrimination-harassment>
(adopted 6.13.2005)
 15. Wayne State University Drug and Alcohol Abuse on Campus
<https://bog.wayne.edu/code/2-20-04> (adopted 9.14.1990)
 16. Wayne State University Acceptable Use of Information Technology Resources
<https://wayne.edu/policies/acceptable-use/> (adopted 5.12.2000)
 17. Wayne State University 2023 Annual Security and Fire Safety Report [2023 Annual Security and Fire Safety Report \(wayne.edu\)](#)
 18. Policy on Conflicts of Interest and Interactions between Representatives of Certain Industries and Faculty, Staff and Students of the WSU SOM,
https://www.med.wayne.edu/policies/faculty/conflict-of-interest-policy_final_11_24_14a.pdf (adopted 11.24.2014)
 19. 10.13 Interim Title IX Sexual Misconduct Policy & Procedures,
<https://policies.wayne.edu/appm/10-13-interim-title-ix-sexual-misconduct>
(effective date 8.14.2020)

20. Genetic Counseling Graduate Program Communication Expectations, Philosophy and Culture
21. NSGC Disability GC SIG Accommodation Guide
22. University Graduate Student Association

A comprehensive list of WSU Statutes is available at <https://bog.wayne.edu/code>

A comprehensive list of WSU Academic Policies, including Appeal Procedures, College/School Grade, and Academic Dismissal and college- specific procedures is available at <https://provost.wayne.edu/academic-policy>



CLINICAL GENETICS DIVISION

**MEDICAL GENETICS EDUCATION
& TRAINING PROGRAMS**

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**Wayne State University Genetic Counseling Program
Statement on Confidentiality of Patient Information**

Any information or data about any individual or family that is, has been, or will be seen at any on-site or off-site clinic shall be kept confidential and shall not be disclosed to any person(s) not specifically authorized to have access to such information or data. This includes, but is not limited to, all information, discussion, conjecture, and test results relating to diagnosis, family history, medical history, social history, patient disclosure, etc. This confidentiality obligation extends to each and every person including staff, students, guests, and any other person to whom any such patient information is disclosed, whether said disclosure is authorized or unauthorized, and whether said disclosure is intentional or unintentional. Any written materials through which a patient could be identified, if discarded, should be shredded first. Students should not discuss cases in halls, elevators, cafeterias, on social media, or other public areas where unauthorized individuals could hear/see private and confidential patient information. Training in HIPAA will provide additional detail about safeguarding confidentiality and privacy. Students should also review and adhere to the WSU School of Medicine Social Media policy as it pertains to maintaining the confidentiality of patient information. Failure to comply with confidentiality policies and regulations (including HIPAA) could lead to dismissal, especially if there are repeated offenses.

The undersigned agrees to comply with this statement.

Signature

Date



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State School of Medicine/Genetic Counseling Program Mandatory Trainings: HIPAA Privacy and Infection Control

All incoming genetic counseling students are required to complete training on HIPAA Privacy and Infection Control by the end of September, before they start their observational internships. These important modules will help you understand how to adhere to HIPAA privacy regulations and how to prevent/reduce the risk of infection/transmission of blood-borne pathogens when working with patient populations. Both modules contain very important information for any healthcare professional in training. As such, the same modules are completed by the medical students at Wayne State.

The modules are available through the CITI program. The university uses this program for research ethics and compliance training as well as HIPAA and infection control training. Below are the instructions creating a CITI account to complete the required modules.

1. Access the CITI website: www.CITIprogram.org. Select "Register Here" to set up your account.
2. The first step on the registration page is to select your institution. Please select "Wayne State University – Detroit, MI" (**note that Wayne State College is also a choice, this is NOT our site**).
3. In your CITI profile, **be sure to put your WSU Access ID in the "Employee Number" field**. Your access ID is the two letter, four digit number (aa1234) on your WSU OneCard.
4. Once you set up your account, you will be prompted to answer a series of questions that will determine which training courses you need. **Below are the answers you should provide**. Once you answer the questions, the courses/modules that are required for you will now be listed on the "Learner's Menu" page under "My Courses" page.

Q1. Choose Biomedical Investigators AND Social Behavioral Researchers
Q2. Choose Good Clinical Practice
Q3. Choose all four options: HIPS Information for Clinicians, Information for Investigators, Information for Students or Instructors, and Information for Social and Behavioral Researchers
Q4. Choose two options: Biomedical Investigators & MP2 and PH1 Committee Members AND Social & Behavioral Researchers
Q5. Choose Yes
Q6. No selection necessary
Q7. No selection necessary
Q8. No selection necessary
Q9. Skip (you are taking a different RCR course)
Q10. Choose not at this time (basic course in clinical trials of medical devices).
11. Choose <u>I am not working in a laboratory with any chemicals at this time.</u>

Q12. Choose Biosafety/Bloodborne Pathogens Course
Q13. Choose <u>Not applicable</u> (shipping biological substances course)
Q14. Choose <u>I am not working in a laboratory with any lasers at this time</u>
Q15. Choose <u>Not at this time</u> for the biosafety/biosecurity course.
Q16. Choose <u>Not at this time</u> for radiation safety.
Q17. Choose Yes for Revised Common Rule
Q18. Choose <u>No</u> for undue foreign influence course.
Q19. Choose Yes for Remote Informed Consent.
Q20. Choose Yes for Protocol Development and Execution: Beyond Concept.
Q21. Choose <u>no</u> for RCR facilitator guides.
Q23. Choose <u>no</u> for new data sharing requirements.

More about CITI required training

- The main menu status must show "Passed" for each course in order to satisfy requirements.
 - A score of 75% or better is passing.
 - Modules can be completed over time by logging back into CITI.
 - The required courses may take 4-6 hours on average to complete. This time will vary based on how much time an individual spends reading the training material.
5. **If you already have a CITI account**, you can affiliate with another institution from the "Learner's Menu" page. Any courses you have already completed for another institution will show up as "completed" in your list of courses.
 6. Every time you enter the CITI website with your username and password you will be directed to your "Learner's Menu" page. It is not necessary to complete all the modules in one sitting, you will be able to return to the website and pick up where you left off.
 7. After you complete all the required courses an email from CITI will be automatically generated and sent to the Office of Environmental Health & Safety (OEHS). You can also print copies of your completion reports for your records.

The modules you will complete to meet the requirements related to HIPAA and Infection Control are listed below. You will complete the other modules related to research ethics and compliance as part of the requirements of MGG 7999 Research Project Seminar.

CITI Module 3- Biosafety/Bloodborne Pathogens

CITI Module 4- CITI Health Information Privacy and Security (HIPS) for Clinical Investigators

CITI Module 5- CITI Health Information Privacy and Security (HIPS) for Clinicians

CITI Module 6- CITI Health Information Privacy and Security (HIPS) for Social & Behavioral

CITI Module 7- CITI Health Information Privacy and Security (HIPS) for Students and Instructors

Once you complete the modules, please upload them to Typhon.



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Graduate Program Student Travel Policy

The Genetic Counseling Graduate Program's goal is to support student travel to the NSGC Annual Conference in the second year of the program. This support currently includes offsetting the cost of meeting registration, and travel and lodging costs up to \$750. It does not include costs associated with meals, parking and taxi/shuttle bus. *The maximum amount covered is ~\$750 per student for the national meeting.*

The amount of this award and whether or not it is given is subject to change at any time depending on available program resources, other budgetary issues, and external factors. Additionally, at the discretion of the Program Directors, individual students may be denied a stipend and/or travel support based on whether or not they receive other university sources of support and/or have demonstrated suboptimal academic performance and progress in the program. This is not meant to penalize any individual student, but represents the Program's need to invest its limited resources equitably and prudently.



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University Genetic Counseling Program Long Term Disability Insurance Requirement

Wayne State Genetic Counseling Program students are required to purchase long-term disability insurance while in the program. The insurance, called Med Plus Advantage, is provided by AMA Insure. This is the same insurance provided to the medical students at Wayne State. A copy of the policy information is included in your handbook and can also be accessed online at <https://amainsure.com/support/student-certificates/>. The policy ID number is 644254.

The genetic counseling program requires students to have long term disability insurance coverage because some clinical internship sites require students to be covered, particularly Canadian internships. All students must participate in order for us to be able to offer coverage.

The annual insurance premium is \$74.00. Students must make payment by check or money order. The check should be made out to Standard Insurance. All checks/money orders should be submitted to the program directors by the end of September. A copy of the coverage certificate will be provided.

BENEFIT SUMMARY

Program ID #644254

Wayne State University School of Medicine

Genetic Counseling Students

AMA-Sponsored Med Plus Advantage Group Disability Income Protection

LTD BENEFIT	Long Term Disability Base Benefit of \$1,000 Per Month The definition of disability allows for benefits if the student is unable to continue matriculating due to a disability during a 5 year period (5 year student definition). Thereafter, the student may continue to receive benefits if they are unable to perform in an occupation or employment commensurate with their education, training, and experience due to a disability.
LOAN PAYOFF BENEFIT	\$250,000 Student Loan Repayment Eligible loans made to cover the expenses of college and or school tuition, living expenses, fees, textbooks and equipment required for education may be paid in part or full upon meeting the definition of Permanent and Total Disability and LTD benefits are payable.
MAXIMUM BENEFIT PERIOD	Benefits Until Retirement While Disabled (SSNRA) Benefits while disabled, as defined, will continue until at least Social Security Normal Retirement Age (SSNRA) or longer in some cases. Social Security Normal Retirement Age means normal retirement age under the Federal Social Security Act.
BENEFIT WAITING PERIOD	90 Day Waiting Period If a claim for LTD benefits is approved, benefits become payable after the student has been continuously disabled for 90 days.
PREEXISTING CONDITION	6 Month Look Back / 12 Month Look Forward If a preexisting condition is present at anytime during the 6 months previous to the effective date, it can be covered only after 12 months of being continuously insured.
LUMP SUM BENEFIT	\$5,000 Upon meeting the definition of Permanent and Total Disability an additional lump sum of \$5,000 will be paid to the insured.
ASSISTED LIVING BENEFIT	Assisted Living Benefit (ALB) Equal to 100% of the LTD Benefit If the student becomes disabled and meets the requirements for ALB, he or she will receive benefits equal to the amount of the LTD benefit to help cover the expense of assisted living.
SURVIVORS BENEFIT	5 Times the Monthly Benefit If the insured dies while LTD benefits are payable, and on that date the insured had been continuously disabled for 180 days, 5 times the monthly benefit is payable to the survivors.
REHAB PLAN PROVISION	Benefits for Return to School/Work While disabled and approved to participate in the Rehabilitation Plan, expenses for training, education, family care, job-related and job search in connection with the plan can be covered.
INCOME OFFSET	Earn up to \$3,000/Month While Disabled Without Reduction of Benefits
CONVERSION OPTIONS	Options to Continue Your Coverage Upon Completion of School



This is only a brief description of coverage and is subject to the terms, conditions, exclusions and limitations of the master policy (644180-A) underwritten by The Standard Insurance Company. Details will be found in the policy and coverage may vary or may not be available in some states.

No portion of AMA membership dues are used by the AMA Insurance Agency, Inc. to support the marketing efforts of the AMA-sponsored Med Plus Advantage Insurance Program.



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Wayne State University
School Of Medicine

644254-A LTD
Genetic Counseling Students

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

CERTIFICATE

GROUP LONG TERM DISABILITY INSURANCE

Policyholder:	U.S. Bank Trust National Association, Trustee of the American Medical Association Group Insurance Trust
Group Policy Number:	644180-A
Group Policy Effective Date:	February 1, 2006
Group Sponsor:	Wayne State University School Of Medicine
Group Sponsor Effective Date:	July 1, 2010
Group Sponsor Number:	644254-A

The Group Policy has been issued to the Policyholder. The Group Sponsor has joined the American Medical Association Group Insurance Trust and been approved for group long term disability insurance coverage under the Group Policy. The Group Policy contains numerous optional and variable provisions. The Group Sponsor selects the options and variables it requests be approved for its Members. The options and variables we have approved for the Group Sponsor's coverage under the Group Policy are contained in the Statement Of Coverage we provided to the Group Sponsor. Only those provisions of the Group Policy which appear in the Statement Of Coverage will apply to the Group Sponsor's coverage under the Group Policy.

We certify that you will be insured according to the terms of your Group Sponsor's coverage under the Group Policy. If the terms of this Certificate differ from the terms of your Group Sponsor's coverage under the Group Policy, the latter will govern. If your insurance is changed by an amendment to your Group Sponsor's coverage under the Group Policy, we will provide the Group Sponsor with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

The terms "you" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY



Chairman, President and CEO

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COVERAGE FEATURES

This section contains many of the features of your long term disability (LTD) insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	644180-A
Policyholder:	U.S. Bank Trust National Association, Trustee of the American Medical Association Group Insurance Trust
Group Sponsor:	Wayne State University School Of Medicine
Group Sponsor Number:	644254-A
Group Policy Effective Date:	February 1, 2006
Group Sponsor Effective Date:	July 1, 2010
Policy Issued In:	Illinois

Member means you are:

1. A genetic counseling Student;
2. Actively Participating in the curriculum of your School; and
3. A citizen of or residing in the United States or Canada.

Member does not include full-time active-duty members of the armed forces of any country.

SCHEDULE OF INSURANCE

Eligibility Waiting Period:	<p>You are eligible on one of the following dates:</p> <p>If you are a Member on the Group Sponsor Effective Date, you are eligible on that date.</p> <p>If you become a Member after the Group Sponsor Effective Date, you are eligible on the date you become a Member.</p>
Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.	

Own Occupation Period:	The first 60 months for which LTD Benefits are paid.
Any Gainful Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period.

LTD Benefit:

\$1,000 reduced by any Work Earnings that exceed \$3,000

Minimum:

\$100

Benefit Waiting Period: 90 days

Assisted Living Benefit: An additional 100% of your LTD Benefit. The Assisted Living Benefit is not reduced by Work Earnings.

Maximum Benefit Period: Determined by your age when Disability begins, as follows:

Age	Maximum Benefit Period
61 or younger	To age 65, or to SSNRA, or 3 years 6 months, whichever is longest.
62	To SSNRA, or 3 years 6 months, whichever is longer.
63	To SSNRA, or 3 years, whichever is longer.
64	To SSNRA, or 2 years 6 months, whichever is longer.
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the Federal Social Security Act, as amended.

PREMIUM CONTRIBUTIONS

LTD Insurance is: Noncontributory. The Group Sponsor determines the amount, if any, of each Member's contribution toward the cost of insurance.

INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay LTD Benefits according to the terms of the Group Sponsor's coverage under the Group Policy after we receive Proof Of Loss satisfactory to us.

TLT.IC

BECOMING INSURED

To become insured you must be a Member, complete your Eligibility Waiting Period, and meet the requirements in **Active Participation Provisions** and **When Your Insurance Becomes Effective**.

You are a Member if you are:

1. A genetic counseling Student;
2. Actively Participating in the curriculum of your School; and
3. A citizen of or residing in the United States or Canada.

Member does not include full-time active-duty members of the armed forces of any country.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. Your Eligibility Waiting Period is shown in the **Coverage Features**.

TLT.BI

WHEN YOUR INSURANCE BECOMES EFFECTIVE

A. When Insurance Becomes Effective

Subject to the **Active Participation Provisions**, your insurance becomes effective as follows:

1. Insurance Subject To Evidence Of Insurability

Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

2. Insurance Not Subject To Evidence Of Insurability

The **Coverage Features** states whether insurance is Contributory or Noncontributory.

a. Noncontributory Insurance

Noncontributory insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Insurance

You must apply in writing for Contributory insurance and agree to pay premiums. Contributory insurance not subject to Evidence of Insurability becomes effective on the first day of the calendar month coinciding with or next following:

- i. The date you become eligible if you apply on or before that date; or
- ii. The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence of Insurability is required if you apply more than 31 days after you become eligible.

B. Takeover Provisions

1. If you were insured under the Prior Plan on the day before the effective date of your Group Sponsor's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Group Sponsor's coverage under the Group Policy.
2. You must submit satisfactory Evidence Of Insurability to become insured if you were eligible for insurance under the Prior Plan for more than 31 days but were not insured.

C. Evidence Of Insurability Requirement

Evidence Of Insurability satisfactory to us is required:

- a. For late application for Contributory insurance.
- b. For Members eligible for more than 31 days but not insured under the Prior Plan.
- c. For reinstatements if required.

Providing Evidence Of Insurability means that you must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about your insurability that we may reasonably require.

TLT.EF

ACTIVE PARTICIPATION PROVISIONS

A. Active Participation Requirement

You must be capable of Active Participation on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled. If you are incapable of Active Participation because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Participation as an eligible Member.

Active Participation and Actively Participating mean participating full-time in the curriculum of the School in which you are enrolled. This includes attending classes and performing other duties as required to maintain your status as a Student in good standing.

B. Changes In Insurance

This Active Participation requirement also applies to any increase in your insurance.

TLT.AW

CONTINUITY OF COVERAGE

A. Waiver of Active Participation Requirement

If you were insured under the Prior Plan on the day before the effective date of your Group Sponsor's coverage under the Group Policy, you can become insured on the effective date of your Group Sponsor's coverage without meeting the Active Participation Requirement. See **Active Participation Provisions**.

The LTD Benefit payable for a period of continuous Disability beginning before you meet the Active Participation Requirement will be:

1. The monthly benefit which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by

2. Any benefits payable under the Prior Plan.

There is no minimum LTD Benefit if there is a reduction by benefits payable under the Prior Plan.

B. Effect of Preexisting Conditions

If your Disability is subject to the Preexisting Condition Exclusion, LTD Benefits will be payable if:

1. You were insured under the Prior Plan on the day before the effective date of your Group Sponsor's coverage under the Group Policy;
2. You became insured under the Group Policy when your insurance under the Prior Plan ceased;
3. You were continuously insured under the Group Policy from the effective date of your insurance under the Group Policy through the date you became Disabled from the Preexisting Condition; and
4. Benefits would have been payable under the terms of the Prior Plan if it had remained in force, taking into account the preexisting condition exclusion, if any, of the Prior Plan.

For such a Disability, the amount of your LTD Benefit will be the lesser of:

- a. The monthly benefit that would have been payable under the terms of the Prior Plan if it had remained in force; or
- b. The LTD Benefit payable under the terms of your Group Sponsor's coverage under the Group Policy, but without application of the Preexisting Condition exclusion.

Your LTD Benefit for such a Disability will become payable on the later of the following dates:

- a. The date benefits would have become payable under the terms of the Prior Plan if it had remained in force; or
- b. The end of the Benefit Waiting Period under the terms of your Group Sponsor's coverage under the Group Policy.

Your LTD Benefits for such a Disability will end on the earlier of the following dates:

- a. The date benefits would have ended under the terms of the Prior Plan if it had remained in force; or
- b. The date LTD Benefits end under the terms of your Group Sponsor's coverage under the Group Policy.

TLT.CC

WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium contribution was made for your insurance.
2. The date the Group Policy terminates.
3. The date the Group Sponsor's coverage under the Group Policy terminates.
4. The date you become insured under any other LTD insurance plan.
5. For first, second, and third year Students: The last day of the calendar month following the date you cease to be a Member.

For fourth year graduating Students: August 31 following the date you cease to be a Member.

However, your insurance will be continued during the following periods when you are absent from Active Participation, unless it ends under 1 through 4 above.

- a. For first, second, and third year Students: To remain eligible during a break between School sessions, you must be scheduled to return to School as a Student when the next session starts.
- b. During any other temporary leave of absence approved by your Group Sponsor in advance and in writing and scheduled to last 365 days or less. A period of Disability is not a leave of absence.
- c. During the Benefit Waiting Period.

TLT.ENx

WAIVER OF PREMIUM

We will waive payment of premium for your insurance while LTD Benefits are payable.

TLT.WP

REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If you cease to be a Member because of a covered Disability, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and the Preexisting Condition exclusion will be applied as if your insurance had remained in effect during that period of Disability.
2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
5. The Preexisting Conditions exclusion will be applied as if insurance had remained in effect in the following instances:
 - a. If you become insured again within 90 days.
 - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.
6. In no event will insurance be retroactive.

TLT.RE

DEFINITION OF DISABILITY

You are Disabled if you meet one of the following definitions during the period they apply:

- A. Own Occupation Definition Of Disability.
- B. Any Gainful Occupation Definition Of Disability.
- C. Permanent and Total Definition Of Disability.

A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder you are unable to Actively Participate in School.

Own Occupation means being a Student.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition of Disability. Your Work Earnings may be used to reduce your LTD Benefit. See **Coverage Features**.

B. Any Gainful Occupation Definition Of Disability

During the Any Gainful Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you:

1. Are unable to Actively Participate in School; and
2. Are unable to perform with reasonable continuity the Material Duties of Any Gainful Occupation.

Any Gainful Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, and in which you can be expected to earn at least \$3,000 per month within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

C. Permanent and Total Definition Of Disability

You are Permanently and Totally Disabled if as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

1. You are unable to Actively Participate in School;
2. You are unable to perform with reasonable continuity the Material Duties of Any Gainful Occupation; and
3. Your condition has caused you to meet the requirements shown in items 1 and 2 above for 12 consecutive months and is reasonably certain to continue without interruption for the rest of your lifetime.

Your Own Occupation Period and Any Gainful Occupation Period are shown in the **Coverage Features**.

TLT.DD

REASONABLE ACCOMMODATION EXPENSE BENEFIT

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit of up to \$25,000, but not to exceed the expenses incurred.

The Reasonable Accommodation Expense Benefit is payable only if the reasonable accommodation is approved by us in writing prior to its implementation.

TLT.RA

REHABILITATION PLAN PROVISION

While you are Disabled you may qualify to participate in a Rehabilitation Plan. Rehabilitation Plan means a written plan, program or course of medical treatment or vocational training or education that is intended to prepare you to work.

To participate in a Rehabilitation Plan you must apply on our forms or in a letter to us. The terms, conditions and objectives of the plan must be accepted by you and approved by us in advance. We have the sole discretion to approve your Rehabilitation Plan.

While you are participating in an approved Rehabilitation Plan, your LTD Benefit will be increased by 10%. Your LTD Benefit may exceed the maximum LTD Benefit as shown in the **Coverage Features** as a result of this increase.

An approved Rehabilitation Plan may include our payment of some or all of the expenses you incur in connection with the plan, including:

- A. Training and education expenses.
- B. Family care expenses.
- C. Job-related expenses.
- D. Job search expenses.

TLT.RHX

TEMPORARY RECOVERY

You may Temporarily Recover from your Disability and then become Disabled again from the same cause or causes without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable Allowable Period. See **Definition Of Disability**.

A. Allowable Periods

- 1. During the Benefit Waiting Period: a total of 30 days of recovery.
- 2. During the Maximum Benefit Period: 180 days for each period of recovery.

B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Periods, the following will apply:

- 1. The period of Temporary Recovery will not count toward your Benefit Waiting Period, your Maximum Benefit Period, or your Own Occupation Period.
- 2. No LTD Benefits will be payable for the period of Temporary Recovery.
- 3. No LTD Benefits will be payable after benefits become payable to you under any other disability insurance plan under which you become insured during the period of Temporary Recovery.
- 4. Except as stated above, the provisions of the Group Sponsor's coverage under the Group Policy will be applied as if there had been no interruption of your Disability.

TLT.TR

WHEN LTD BENEFITS END

Your LTD Benefits end automatically on the earliest of:

- 1. The date you are no longer Disabled. However, if you cease to be Disabled, we will continue LTD Benefits until you are eligible to re-enroll in the curriculum at your School.
- 2. The date your Maximum Benefit Period ends.

3. The date you die.
4. The date benefits become payable to you under any other LTD plan under which you become insured through employment during a period of Temporary Recovery.
5. The date you fail to provide proof of continued Disability and entitlement to LTD Benefits.

TLT.BE

LOAN PAYOFF BENEFIT

A. Loan Payoff Benefit Requirements

After we receive satisfactory Proof Of Loss, and documentation that you are Permanently and Totally Disabled and LTD Benefits are payable to you, we will pay a Loan Payoff Benefit to repay part or all of the Eligible Loans that you have incurred for your college and/or School education.

Eligible Loans mean any loan incurred by you that:

1. Was made to cover expenses for college and/or School tuition, living expenses, fees, textbooks, and/or equipment required for your education;
2. Was made to you by a Financial Lending Institution;
3. Was made prior to the date on which you became Disabled;
4. Was made prior to the date on which you graduated or were scheduled to graduate from School; and
5. You are legally required to repay.

Financial Lending Institution means an organization or corporation (not a natural person) duly chartered and licensed by the state or federal government and regularly engaged in the lending of funds.

B. Loan Payoff Benefit Amount

The maximum Loan Payoff Benefit amount that we will pay for all your Eligible Loans is limited to \$250,000. This amount includes principal and interest.

C. Payment of the Loan Payoff Benefit

After we determine that you are eligible to receive a Loan Payoff Benefit, the Loan Payoff Benefit will be paid to the Financial Lending Institutions that issued the loans or their successors. We have the right to repay your Eligible Loans in a lump sum or in installments. We may repay your Eligible Loans under the same arrangements for repayment that you have made or under any other arrangements agreed upon between the Financial Lending Institution and us.

D. When The Loan Payoff Benefit Ends

If you recover from Permanent and Total Disability or fail to provide any required Proof Of Loss, our obligation to repay your Eligible Loans will cease and Loan Payoff Benefits will no longer be paid.

LT.LNX

LUMP SUM BENEFIT

We will pay a Lump Sum Benefit to you if you are Permanently and Totally Disabled and LTD Benefits are payable to you. The Lump Sum Benefit is equal to \$5,000 and will be paid not more than once in your entire lifetime.

LT.LS

ADDITIONAL BENEFITS FOR THE SEVERELY DISABLED

A. Assisted Living Benefit

If you meet the requirements in 1 through 3 below, we will pay Assisted Living Benefits according to the terms of your Group Sponsor's coverage under the Group Policy after we receive Proof Of Loss satisfactory to us.

Requirements for Assisted Living Benefit

1. You are Disabled and LTD Benefits are payable to you.
2. While you are Disabled:
 - a. You, due to loss of functional capacity as a result of Physical Disease or Injury, become unable to safely and completely perform two or more Activities Of Daily Living without Hands-on Assistance or Standby Assistance; or
 - b. You require Substantial Supervision for your health or safety due to Severe Cognitive Impairment as a result of Physical Disease or Injury.
3. The condition in 2.a or 2.b above is expected to last 90 days or more as certified by a Physician in the appropriate specialty as determined by us.

B. Amount Of The Assisted Living Benefit

See the **Coverage Features** for the amount of the Assisted Living Benefit.

C. Becoming Insured For Assisted Living Benefits

You are eligible for Assisted Living Benefit coverage if you are insured for LTD insurance. Subject to the **Active Participation Provisions**, your Assisted Living Benefit coverage becomes effective on the date your LTD insurance becomes effective.

D. Payment Of Assisted Living Benefits

We will pay Assisted Living Benefits within 60 days after Proof Of Loss is satisfied. Your Assisted Living Benefits will be paid to you at the same time LTD Benefits are payable.

E. When Assisted Living Benefits End

Assisted Living Benefits end automatically on the earliest of:

1. The date you no longer meet the requirements in item A. above.
2. The date your LTD Benefits end.

F. When Assisted Living Benefits Coverage Ends

Assisted Living Benefit coverage ends automatically on the earliest of:

1. The date your LTD insurance ends.
2. The date Assisted Living Benefit coverage terminates under the Group Policy or your Group Sponsor's coverage under the Group Policy.

G. Assisted Living Benefits After Insurance Ends Or Is Changed

Your right to receive Assisted Living Benefits will not be affected by the occurrence of the events described in 1 or 2 below that become effective after you become Disabled.

1. Termination or amendment of the Group Policy or your Group Sponsor's coverage under the Group Policy.
2. Termination of Assisted Living Benefit coverage while the Group Policy or your Group Sponsor's coverage under the Group Policy remains in force.

H. Time Limits On Filing Proof Of Loss

Proof Of Loss for the Assisted Living Benefit must be provided within 90 days after the date the inability to perform Activities Of Daily Living or the Severe Cognitive Impairment begins. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the claimant lacks legal capacity.

I. Assisted Living Benefit Exclusions and Limitations

No Assisted Living Benefit will be paid for any period when the claimant is confined for any reason in a penal or correctional institution.

No Assisted Living Benefit will be paid if the inability to perform Activities Of Daily Living or the Severe Cognitive Impairment is caused by:

1. War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Any intentionally self-inflicted Injury, while sane or insane.
3. Use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction.
4. A Preexisting Condition
 - a. Definition: For purposes of the Assisted Living Benefit, Preexisting Condition means a mental or physical condition for which you have done any of the following:
 - i. consulted a physician or other licensed medical professional,
 - ii. received medical treatment or services or advice,
 - iii. undergone diagnostic procedures, including self-administered procedures, or
 - iv. taken prescribed drugs or medicationduring the 365 days just before your Assisted Living Benefit coverage is effective.
 - b. Period Of Exclusion:

This exclusion will not apply after the Assisted Living Benefit coverage has been continuously in effect for a period of 12 months, if after that period you have been Actively At Work for at least one full day.
5. A Mental Disorder.
6. Committing or attempt to commit an assault or felony, or active participation in a violent disorder or riot. (Active participation does not include being at the scene of a violent disorder or riot while performing official duties.)

J. Definitions

1. Activities Of Daily Living means Bathing, Continence, Dressing, Eating, Toileting, or Transferring.
2. Bathing means washing oneself, whether in the tub or shower or by sponge bath, with or without the help of adaptive devices.
3. Continence means voluntarily controlling bowel and bladder function, or, if incontinent, maintaining a reasonable level of personal hygiene.
4. Dressing means putting on and removing all items of clothing, footwear, and medically necessary braces and artificial limbs.

5. Eating means getting food and fluid into the body, whether manually, intravenously, or by feeding tube.
6. Toileting means getting to and from and on and off the toilet, and performing related personal hygiene.
7. Transferring means moving into or out of a bed, chair or wheelchair, with or without adaptive devices.
8. Hands-on Assistance means the physical assistance of another person without which the insured would be unable to perform the Activity Of Daily Living.
9. Standby Assistance means the presence of another person within arm's reach of the insured that is necessary to prevent, by physical intervention, injury to the insured while the insured is performing the Activity Of Daily Living (such as being ready to catch the insured if the insured falls while getting into or out of the bathtub or shower as part of Bathing, or being ready to remove food from the insured's throat if the insured chokes while Eating).
10. Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is (a) comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and (b) is measured by clinical evidence and standardized tests approved by us that reliably measure impairment in (i) short-term or long-term memory, (ii) orientation as to people, places, or time, and (iii) deductive or abstract reasoning. Severe Cognitive Impairment does not include loss or deterioration as a result of a Mental Disorder.
11. Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect you from threats to your health or safety (such as may result from wandering).

TLT.AB

SURVIVORS BENEFIT

If you die while LTD Benefits are payable, and on the date you die you have been continuously Disabled for at least 180 days, we will pay a Survivors Benefit according to 1 through 4 below.

1. The Survivors Benefit is a lump sum equal to 5 times your last LTD Benefit.
2. The Survivors Benefit will first be applied to reduce any overpayment of your claim.
3. The Survivors Benefit will be paid at our option to any one or more of the following:
 - a. Your surviving Spouse;
 - b. Your surviving unmarried children, including adopted children, under age 27;
 - c. Your surviving Spouse's unmarried children, including adopted children, under age 27; or
 - d. Any person providing the care and support of any person listed in a., b., or c. above.
4. No Survivors Benefit will be paid if you are not survived by any person listed in a., b., or c. above.

TLT.SB

CONVERSION OF INSURANCE

When your AMA-sponsored Student LTD insurance ends, you may buy group LTD conversion insurance if you meet the following:

1. Your insurance ends for a reason other than:
 - a. Termination or amendment of the Group Policy or your Group Sponsor's coverage under the Group Policy; or

- b. Your failure to make a required premium contribution.
2. You were continuously insured under your Group Sponsor's long term disability insurance plan for at least one year as of the date your insurance under the Group Policy ended.
3. You are not Disabled on the date your insurance ends.
4. You are a citizen or resident of the United States or Canada.
5. You must apply in writing and pay the first premium to us within 60 days after your insurance ends.

Your group LTD conversion insurance becomes effective on the day after your Student LTD insurance ends.

The maximum LTD conversion insurance benefit you may select is the smaller of:

1. \$4,000 (however, if you provide satisfactory Evidence Of Insurability, this upper limit is \$8,000); and
2. The LTD Benefit payable if you had become Disabled, but not Permanently and Totally Disabled, on the day before your insurance ended and you had no Work Earnings.

The maximum LTD conversion insurance benefit is reduced by deductible income. The certificate we will issue to you when your group LTD conversion insurance becomes effective will contain other provisions which will also differ from the Group Policy.

TLT.CV.OX

BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

During each period of continuous Disability, we will pay LTD Benefits according to the terms of the Group Sponsor's coverage under the Group Policy in effect on the date you become Disabled. Your right to receive LTD Benefits will not be affected by:

1. Any amendment to the Group Policy or the Group Sponsor's coverage under the Group Policy that is effective after you become Disabled.
2. Termination of the Group Policy or the Group Sponsor's coverage under the Group Policy after you become Disabled.

TLT.BA

EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while LTD Benefits are payable, LTD Benefits will continue while you remain Disabled. However, 1 and 2 apply.

1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. The **Disabilities Excluded From Coverage**, **Disabilities Subject To Limited Pay Periods**, and **Limitations** sections will apply to the new cause of Disability.

TLT.ND

DISABILITIES EXCLUDED FROM COVERAGE

A. War

You are not covered for a Disability caused by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused by an intentionally self-inflicted Injury, while sane or insane.

C. Preexisting Condition

1. Definition

Preexisting Condition means a mental or physical condition whether or not diagnosed or misdiagnosed:

- a. For which you have done any of the following:
 - i. Consulted a physician or other licensed medical professional;
 - ii. Received medical treatment, services, or advice;
 - iii. Undergone diagnostic procedures, including self-administered procedures;
 - iv. Taken prescribed drugs or medications;
- b. Which, as a result of any medical examination, including routine examination, was discovered or suspected;

at any time during the 180-day period just before the effective date of your insurance under the Group Policy.

2. Exclusion

You are not covered for a Disability caused by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:

- a. Have been continuously insured under the Group Policy for 12 months; and
- b. Have been Actively Participating for at least one full day after the end of that 12 months.

D. Violent Or Criminal Conduct

You are not covered for a Disability caused by your committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.

TLT.EX

DISABILITIES SUBJECT TO LIMITED PAY PERIODS

A. Mental Disorders and Substance Abuse

Payment of LTD Benefits is limited to 24 months for each period of continuous Disability caused by any one or more of the following, or medical or surgical treatment of one or more of the following:

- a. Mental Disorders; or
- b. Substance Abuse.

However, if you are confined in a Hospital solely because of a Mental Disorder at the end of the 24 months, this limitation will not apply while you are continuously confined.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Substance Abuse means use of any drug, including hallucinogens, or drug addiction.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

B. Rules For Disabilities Subject To Limited Pay Periods

1. If you are Disabled as a result of a Mental Disorder or any Physical Disease or Injury for which payment of LTD Benefits is subject to a limited pay period, and at the same time are Disabled as a result of a Physical Disease, Injury or Pregnancy that is not subject to such limitation, LTD Benefits will be payable first for conditions that are subject to the limitation.
2. No LTD Benefits will be payable after the end of the limited pay period, unless on that date you continue to be Disabled as a result of a Physical Disease, Injury or Pregnancy for which payment of LTD Benefits is not limited.

TLT.LP

LIMITATIONS

A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No LTD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us.

B. Residing In A Foreign Country

Payment of LTD Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada unless we agree in writing to continue paying benefits before you leave.

C. Imprisonment

No LTD Benefits will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

TLT.LM

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, you may submit your claim in a letter to us. The letter should include the date Disability began, and the cause and nature of the Disability.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to benefits under your Group Sponsor's coverage under the Group Policy. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 60 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay LTD Benefits within 60 days after you satisfy Proof Of Loss.

LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivors Benefit. If no Survivors Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

G. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

H. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. A description of any additional information needed to support your claim.
- d. Information concerning your right to a review of our decision.

I. Review Procedure

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your request for review. There will be no charge for such copies. You may request the names of medical or vocational experts who provided advice to us about your claim.

The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgment, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review we will send you: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days. If the extension is due to your failure to provide information necessary to decide the claim on review, the extended time period for review of your claim will not begin until you provide the information or otherwise respond.

If we extend the review period, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim on review; and (c) any additional information we need to decide your claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may conclude our review of your claim based on the information we have received.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

J. Assignment

The rights and benefits under the Group Policy are not assignable.

TLT.CL

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

TLT.TL

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement made to obtain or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim or contest the validity of insurance unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

After insurance has been in effect for two years, during the lifetime of the insured, we will not use a misrepresentation to reduce or deny the claim, unless it was a fraudulent misrepresentation.

B. Incontestability Of The Group Policy

Any statement made by the Policyholder to obtain the Group Policy or made by a Group Sponsor to obtain coverage under the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or a Group Sponsor will be used to deny a claim, or to deny the validity of the Group Policy or coverage under the Group Policy unless:

1. The Group Policy would not have been issued or coverage under the Group Policy would not have been approved if we had known the truth; and
2. We have given the Policyholder or Group Sponsor a copy of a written instrument signed by the Policyholder or Group Sponsor which contains the misrepresentation.

The validity of the Group Policy or the Group Sponsor's coverage under the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums or fraudulent misrepresentations.

TLT.IN

CLERICAL ERROR, AGENCY AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder or the Group Sponsor, or their respective employees or representatives will not:

1. Cause a person to become insured.
2. Invalidate insurance otherwise validly in force.
3. Continue insurance otherwise validly terminated.
4. Cause a Group Sponsor to obtain coverage under the Group Policy.

B. Agency

The Group Sponsor acts on their own behalf as your agent, and not as our agent. The Group Sponsor has no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

TLT.CE

TERMINATION OR AMENDMENT OF THE GROUP POLICY AND GROUP SPONSOR COVERAGE

The Group Policy may be terminated, changed or amended in whole or in part by us or the Policyholder according to the terms of the Group Policy. Any such change or amendment may apply to current or future Group Sponsors and Members covered under the Group Policy or to any separate classes or categories thereof. A Group Sponsor's coverage under the Group Policy may be terminated, changed or amended in whole or in part by us or the Group Sponsor according to the terms of the Group Policy.

We may change the Group Policy and any Group Sponsor's coverage under the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's or Group Sponsor's consent.

A Group Sponsor may terminate coverage under the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice. Insurance will terminate automatically for nonpayment of premium.

Your benefits are limited to the terms of the Group Sponsor's coverage under the Group Policy, including any valid amendment. No change or amendment to the Group Sponsor's coverage will be valid unless it is approved in writing by one of our executive officers and given to the Group Sponsor. The Policyholder and the Group Sponsor, and their respective employees or representatives have no right or authority to change or amend the Group Policy or the Group Sponsor's coverage under the Group Policy or to waive any terms or provisions thereof without our signed, written approval.

TLT.TA

DEFINITIONS

Benefit Waiting Period means the period you must be continuously Disabled before LTD Benefits become payable. No LTD Benefits are payable for the Benefit Waiting Period. See **Coverage Features**.

Contributory means insurance is elective and Members pay all or part of the premium for insurance.

Group Policy means the group LTD insurance policy issued by us to the Policyholder and identified by the Group Policy Number. A Group Sponsor's coverage under the Group Policy is described in the Statement Of Coverage provided by us to the Group Sponsor.

Group Sponsor means a School participating in the American Medical Association Group Insurance Trust for which coverage under the Group Policy is approved in writing by us. See **Coverage Features**.

Injury means an injury to the body.

LTD Benefit means the monthly benefit payable to you under the terms of the Group Sponsor's coverage under the Group Policy.

Maximum Benefit Period means the longest period for which LTD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No LTD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See **Coverage Features**.

Noncontributory means (a) insurance is nonelective and the Group Sponsor pays the entire premium for insurance; or (b) the Group Sponsor requires all eligible Members to have insurance and to pay all or part of the premium for insurance.

Physical Disease means a physical disease entity or process that produces structural or functional changes in the body as diagnosed by a Physician.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your Spouse, or the brother, sister, parent or child of either you or your Spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Group Sponsor's group long term disability insurance plan in effect on the day before the effective date of your Group Sponsor's coverage under the Group Policy and which is replaced by your Group Sponsor's coverage under the Group Policy.

School means a college or university which conducts a program of undergraduate medical education approved by the Council on Medical Education of the American Medical Association or by the American Osteopathic Association and is participating in the American Medical Association Group Insurance Trust for which coverage under the Group Policy is approved in writing by us.

Spouse means:

1. A person to whom you are legally married and from whom you are not legally separated;
2. Your civil union partner, as defined by applicable law; or
3. Your Domestic Partner. Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the Policyholder or the administrator of its insurance plan, and filed that affidavit for public record if required by law.

Statement Of Coverage means the statement we provide to a Group Sponsor describing the coverage under the Group Policy we have approved with respect to its Members and identified by the Group Number.

Student means a person who is enrolled full-time at and studying the curriculum of a School.

Work Earnings means your gross monthly earnings from work you perform while Disabled. Work Earnings includes earnings from any employer or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working. Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period.

TLT.DF



Wayne State University Genetic Counseling Graduate Program Required Criteria for Students with Clinical Placements

In compliance with the policies of Wayne State University School of Medicine, the Detroit Medical Center, and other commonly used internship sites, all students whose training requires placement in clinical settings must complete the following at their expense, unless otherwise specified:

1. **Immunizations** (see below for more information)
2. **TB testing.** TB testing must be performed annually. (see below for more information).
3. **Annual influenza vaccination.** Students are required to have the influenza (flu) vaccination annually as a condition of clinical placements. This annual requirement should be completed as soon as possible after the vaccine becomes available, but in any case, no later than November 30th each year.
4. **Respirator fit test.** In September, students will contact the DMC Occupational Health Services at 313-745-5123 to schedule a respiratory fit visit. There is a cost to the student (\$50) payable by cash or credit.
5. **Disability insurance.** There is a cost of approximately \$74 annually. Students will be provided with specific payment instructions and policy information.
6. **CPR Training.** All students will be required to undergo CPR certification training at the student's expense. If a student has current CPR certification, the program may require the student to renew this certification if it expires during training. (see below for more information)
7. **Criminal Background Check.** All students will be required to submit to a criminal background check at the student's expense. This will include a federal, state and local database search, and a sex offenders' national database search. The cost will vary depending on how many places an individual has lived but on average is estimated to be between \$50-60 with a maximum of \$100. The average price may be higher for international students. (see below for more information)
8. **Urine Drug Screen.** Depending on clinical placement, some students will be required to have a 10-panel urine drug screen performed. Students will be specifically notified if and when they need to complete this screening. (see below for more information)
9. **Health Insurance Coverage.** Wayne State University School of Medicine requires all students to have health insurance. Students must provide proof of insurance to the program. If there are any changes in coverage during training, the student is expected to provide documentation of new coverage within 2 weeks of the change.

The above information will be maintained in the Typhon online system (accessible by students, program directors and program administrative assistant). The Criminal Background Check and Urine Drug Screen will be maintained in confidential electronic student files with access limited to the Clinical Internship Coordinator. Clinical supervisors will not have access to any information through the Typhon online system. Therefore, if any of the above information is required by a clinical placement site, it will be the student's responsibility to provide the required information to the site per their instructions. The program will not release any of the above information to any clinical placement site without the student's permission.

Additional Information

Immunizations

Required documentation of vaccinations and evidence of immunity: (Please note, all antibody titers must be drawn within the last five years and copies of the actual laboratory reports must be uploaded to the Typhon online system for inclusion in the student's health file)

1. **Tdap** (Tetanus toxoid, reduced **d**iphtheria toxoid and **a**cellular **p**ertussis vaccine)—this is a somewhat different formulation than the DTaP or DPT vaccinations that most of our students received in infancy/early childhood and it is also different than the Td (commonly “Tetanus shot”) that many may have received as adolescents or adults for tetanus prophylaxis for wounds. The Tdap has the standard dose of tetanus toxoid, a reduced dose of diphtheria and an acellular booster for pertussis (“whooping cough”). With the resurgence and increasing incidence of pertussis, the CDC and other authorities have recommended that all healthcare providers who have not received a Tdap **as an adult (i.e. at age 16 or older)** should receive one, regardless of the time since their last Td vaccination. The hospitals in which our students participate in clinical rotations are requiring **explicit documentation of the adult pertussis vaccination** in order for students to be in their facilities.
2. **Measles and mumps**—documentation of **quantitative** measles and mumps antibody titers indicating immunity to these infections. Documentation of **two** doses of these vaccinations is also requested.
3. **Rubella**— documentation of **quantitative** rubella antibody titers indicating immunity to this infection. Documentation of **one** dose of this vaccination is also requested.
4. **Varicella**— documentation of **quantitative** varicella antibody titers indicating immunity to this infection. Documentation of **two** doses of these vaccinations is also requested. If a student has a history of having had the chicken pox they still need to have a varicella titer drawn to confirm their immunity. **A history of having “had the disease” is not adequate documentation of immunity to varicella.**
5. **Hepatitis B**—documentation of **three** doses of this vaccination is required **and a quantitative antibody titer (anti-HBs) documenting the individual's response to the immunizations is required** even with the documentation of the appropriate vaccinations having been completed.
6. **Covid-19**—Students are required to submit either (1) 2 doses of COVID-19

vaccination (Pfizer/Moderna/Novavax), (2) one dose of Johnson & Johnson and a booster, OR (3) one Bivalent booster.

TB Testing

The TB test documentation must include student name, MD name and date performed. For the Tuberculin Skin Test (TST), it must also include the date read and millimeters of induration read (“negative” or “positive” result only is not acceptable). Students known to have latent TB (as evidenced by a history of a past positive TST or Interferon-Gamma Release Assay [IGRA]) must provide proof of an IGRA blood test.

If there is a positive TB test result, students should obtain a chest x-ray, as per School of Medicine Policy, to ensure that there is not an active infection in the lungs. If the chest x-ray is clear and there are no symptoms, chances are there is a latent TB infection.

CPR Training

Students can have CPR certification training at any qualified site (Red Cross, local hospital, etc.) and should sign up for Basic Life Support (BLS) Training. For a convenient option, go to www.onlineaha.org. Their training consists of an online “cognitive” component and an in-person skills practice and testing session. The online portion costs \$36.00. The in-person skills session can be performed at any of the skills centers listed on the website and is sold separately.

Background Check

Students will initiate a background check through an online system with Certiphi Screening, Inc. Please follow the instructions below:

1. Access the online system using the following website:
<http://applicationstation.certiphi.com>
2. Enter the Code: **WAYNEGC-CBC** in the Application Station Code field.
3. Click the "SIGN UP NOW" button to create an account.
4. Follow the instructions on the Application Station web site.

If you have technical issues visiting the Application Station site, please contact Application Station Support at: 888-291-1369 x2006.

Once the background check is complete, the student will receive a copy of it for review. If there are any errors or discrepancies, it is the student’s responsibility to resolve them with the proper authorities. Once the report has been reviewed for accuracy, the student can release it to the program directly through the online system. The report will be automatically released to the program 10 days after the report is complete. If the offense prevents the student from being able to take part in clinical training, which is a required component of the program, s/he will not be able to obtain a degree in genetic counseling at Wayne State University.

Urine Drug Screening

Each student will be notified if a urine drug screen is required for placement at a rotation site. The urine drug screen required is a 10-substance panel test which includes amphetamines, cocaine metabolites, marijuana metabolites, opiates (morphine, codeine), phencyclidine, barbiturates, benzodiazepines, methadone and propoxyphene. Students can have this test performed at any medical facility. The student is responsible

for ensuring the rotation site receives the results no more than one month and no less than two weeks before the expected start date of the rotation.

If the program is unable to place a student in clinical internship sites because of a positive drug screen, this will/may prevent the student from completing the training requirements and hence, from obtaining a degree in genetic counseling from Wayne State University.

To have your urine drug screening performed through the WSU Campus Health Center, visit <https://health.wayne.edu> and click "schedule appointment" in the upper right-hand corner. You can also call the Campus Health office directly at 313-577-5041 for scheduling. The cost of the test is \$25 and is payable by credit/debit or cash. A copy of the test results is provided directly to the student same day and can also be accessed online through the Campus Health patient portal. These results will not be released to other individuals such as a program director.

Health Services

In addition to drug urine screening, the WSU Campus Health Center can provide a variety of healthcare services including physicals, titers, vaccinations, and TB testing. Additional information is available at <http://health.wayne.edu/>.

Adapted from Wayne State School of Medicine M.D. Handbook and Policies.

NSGC Code of Ethics

Adopted 1/92, revised 12/04, 1/06, 4/17

Preamble:

Genetic counselors are health professionals with specialized education, training, and experience in medical genetics and counseling. The National Society of Genetic Counselors (NSGC) is the leading voice, authority and advocate for the genetic counseling profession. Through this code of ethics, the NSGC affirms the ethical responsibilities of its members. NSGC members are expected to be aware of the ethical implications of their professional actions and work to uphold and adhere to the guidelines and principles set forth in this code.

Introduction

A code of ethics is a document that attempts to clarify and guide the conduct of a professional so that the goals and values of the profession are best served. The NSGC Code of Ethics is based upon the distinct relationships genetic counselors have with 1) themselves, 2) their clients, 3) their colleagues, and 4) society. Each section of this code begins with an explanation of the relevant relationship, along with the key values and characteristics of that relationship. These values are drawn from the ethical principles of autonomy, beneficence, non-maleficence and justice, and they include the professional principles of fidelity, veracity, integrity, dignity and accountability.

No set of guidelines can provide all the assistance needed in every situation, especially when different values appear to conflict. In certain areas, some ambiguity remains, allowing for the judgement of the genetic counselor(s) involved to determine how best to respond to difficult situations.

Section I: Genetic Counselors Themselves

Genetic counselors value professionalism, competence, integrity, objectivity, veracity, dignity, accountability and self-respect in themselves as well as in each other. Therefore, genetic counselors work to:

1. Seek out and acquire balanced, accurate and relevant information required for a given situation.
2. Continue their education and training to keep abreast of relevant guidelines, regulations, position statements, and standards of genetic counseling practice.
3. Work within their scope of professional practice and recognize the

- limits of their own knowledge, expertise, and competence.
4. Accurately represent their experience, competence, and credentials, including academic degrees, certification, licensure, and relevant training.
 5. Identify and adhere to institutional and professional conflict of interest guidelines and develop mechanisms for avoiding or managing real or perceived conflict of interest when it arises
 6. Acknowledge and disclose to relevant parties the circumstances that may interfere with or influence professional judgment or objectivity, or may otherwise result in a real or perceived conflict of interest.
 7. Assure that institutional or professional privilege is not used for personal gain.
 8. Be responsible for their own physical and emotional health as it impacts their professional judgment and performance, including seeking professional support, as needed.

Section II: Genetic Counselors and Their Clients

The counselor-client relationship is based on values of care and respect for the client's autonomy, individuality, welfare, and freedom in clinical and research interactions. Therefore, genetic counselors work to:

1. Provide genetic counseling services to their clients within their scope of practice regardless of personal interests or biases, and refer clients, as needed, to appropriately qualified professionals.
2. Clarify and define their professional role(s) and relationships with clients, disclose any real or perceived conflict of interest, and provide an accurate description of their services.
3. Provide genetic counseling services to their clients regardless of their clients' abilities, age, culture, religion, ethnicity, language, sexual orientation and gender identity.
4. Enable their clients to make informed decisions, free of coercion, by providing or illuminating the necessary facts, and clarifying the alternatives and anticipated consequences.
5. Respect their clients' beliefs, inclinations, circumstances, feelings, family relationships, sexual orientation, religion, gender identity, and cultural traditions.
6. Refer clients to an alternate genetic counselor or other qualified professional when situations arise in which a genetic counselor's personal values, attitudes and beliefs may impede his or her ability to counsel a client.
7. Maintain the privacy and security of their client's confidential information and individually identifiable health information, unless

released by the client or disclosure is required by law.

8. Avoid the exploitation of their clients for personal, professional, or institutional advantage, profit or interest.

Section III: Genetic Counselors and Their Colleagues

The genetic counselors' professional relationships with other genetic counselors, trainees, employees, employers and other professionals are based on mutual respect, caring, collaboration, fidelity, veracity and support. Therefore, genetic counselors work to:

1. Share their knowledge and provide mentorship and guidance for the professional development of other genetic counselors, employees, trainees and colleagues.
2. Respect and value the knowledge, perspectives, contributions, and areas of competence of colleagues, trainees and other professionals.
3. Encourage ethical behavior of colleagues.
4. Assure that individuals under their supervision undertake responsibilities that are commensurate with their knowledge, experience and training.
5. Maintain appropriate boundaries to avoid exploitation in their relationships with trainees, employees, employers and colleagues.
6. Take responsibility and credit only for work they have actually performed and to which they have contributed
7. Appropriately acknowledge the work and contributions of others.
8. Make employers aware of genetic counselors' ethical obligations as set forth in the NSGC Code of Ethics.

Section IV: Genetic Counselors and Society

The relationships of genetic counselors with society include interest and participation in activities that have the purpose of promoting the well-being of society and access to genetic services and health care. These relationships are based on the principles of veracity, objectivity and integrity. Therefore, genetic counselors, individually or through their professional organizations, work to:

1. Promote policies that aim to prevent genetic discrimination and oppose the use of genetic information as a basis for discrimination.
2. Serve as a source of reliable information and expert opinion on

genetic counseling to employers, policymakers, payers, and public officials. When speaking publically on such matters, a genetic counselor should be careful to separate their personal statements and opinions made as private individuals from statements made on behalf of their employers or professional societies.

3. Participate in educating the public about the development and application of technological and scientific advances in genetics and the potential societal impact of these advances.
4. Promote policies that assure ethically responsible research in the context of genetics.
5. Adhere to applicable laws and regulations. However, when such laws are in conflict with the principles of the profession, genetic counselors work toward change that will benefit the public interest.



Wayne State University School of Medicine Genetic Counseling Graduate Program Policy on Professional Impairment for Students

Introduction

The Genetic Counseling Graduate Program at Wayne State University recognizes its responsibility to provide education and training that will promote student attainment of the knowledge, skills and competencies necessary to function as competent health care professionals in genetic counseling. Attainment of knowledge, skills and competencies is a developmental process that occurs over time. Program faculty and clinical supervisors are committed to providing instruction, mentoring and feedback to students in a constructive atmosphere that allows students to meet the goals of the program.

The *Policy on Professional Impairment for Students* applies to rare situations in which a student experiences significant difficulty in attaining the knowledge, skills, and/or attitudes that will allow them to function as a competent genetic counseling professional. This policy is intended to be used with students who are not making adequate progress in the developmental process of becoming a genetic counselor. The problems described in this policy do not occur often and therefore it is rarely necessary to implement the full procedures described in the policy.

Program faculty, including clinical supervisors, have multiple responsibilities and loyalties – not only to their students but also to the profession and to the public.

- Program faculty and clinical supervisors have a responsibility to teach and supervise their students, which is typically done in the context of an amicable professional relationship.
- These individuals also have a responsibility to protect the public from incompetent professionals and to maintain the ethics and standards of the profession.
- Unfortunately, it is possible that not all students are capable of becoming competent professionals who will maintain the standards of the profession.
- In these cases, the program is obliged to act.

This policy is included in the Genetic Counseling Graduate Program Student Handbook. All students are provided with a copy of the policy. The program leadership review the policy at orientation, answer questions, and ask students to attest via signature that they understand the policy. A signed copy of this document is retained in the student's file.

Definition of Professional Impairment

Generally, professional impairment for a genetic counseling student can be defined as any combination of personal characteristics, emotional difficulties, situations and/or lack of competency (knowledge, skills, and/or attitudes) that interferes with a student's ability to function in a professional manner.

In determining whether a student is exhibiting professional impairment the following criteria are considered (adapted from Lamb, et al, 1987):

- The problem is not restricted to one area of professional functioning.
- The student has difficulty acknowledging, understanding and/or addressing the problem when it is identified.
- The problem is not merely a reflection of the normal progression in competency expected throughout training or specific deficits in knowledge or skills that can be rectified by academic or didactic training.
- The quality of clinical services delivered by the student is consistently negatively affected by the impairment/problem.
- The student's behavior does not change as a function of feedback, remediation efforts and/or time.

Documents that describe standards of professional practice include:

- Accreditation Council for Genetic Counseling (ACGC) Practice Based Competencies
- National Society of Genetic Counselors (NSGC) Code of Ethics
- NSGC Conflict of Interest resources
- Practice Standards and Guidelines published by professional organizations (e.g. National Society of Genetic Counselors, American College of Medical Genetics)
- Wayne State University School of Medicine Professionalism Policy

Documents that describe appropriate student conduct include:

- WSU Student Code of Conduct
- Wayne State University School of Medicine Professionalism Policy

Examples of behaviors, which may be evidence of professional impairment, include the following. The list contains examples, and is not intended to be definitive or all-inclusive.

- Violation of graduate student standards, professional standards or ethical codes including but not limited to plagiarism, cheating, falsification of research or clinical records, breach of confidentiality, and HIPAA violations. For further examples on what constitutes professional behavior and violations of such behavior, see the WSU School of Medicine/Genetic Counseling Program Professionalism Policy.
- Inability or unwillingness to acquire and demonstrate professional skills at an acceptable level of competency.

- Serious deficits in the areas of knowledge, skills, and application of professional standards.
- Behaviors that can reasonably be predictive of poor future professional functioning, such as extensive tardiness in attendance or in client record-keeping, poor compliance with supervisory requirements.
- Interpersonal behaviors and intrapersonal functioning that impair one's professional functioning, such as psychopathology, inability to exercise good judgment, poor interpersonal skills, and pervasive interpersonal problems.

Documentation of Professional Impairment

1. Evaluation by Program Directors and other pertinent faculty
 - a. Concerns will be communicated to student verbally and documented in writing.
 - b. Documentation of concerns must be signed by student, program faculty member who raises concern as well as program directors. These will be kept in confidential student file.
 - c. Written documentation should include specific recommendations/remediation plan.
2. Clinical internship evaluations
 - a. Clinical supervisors must communicate concerns to student and Program Faculty both verbally and in writing
 - b. The clinical supervisor, student and program staff must sign written documentation of concerns; these should be embedded in written evaluation forms and/or provided as separate documents. These will be kept in confidential student files.
 - c. Written documentation should include specific recommendations/remediation plan.

Possible Actions

This list contains examples and is not intended to be definitive. These actions are not hierarchal and need not be applied in all cases.

- A formal reprimand in the form of a written document signed by both the student and program faculty.
- An unsatisfactory or failing grade in a course or clinical internship with the requirement that the internship or the course be repeated, or that remediation, as outlined by the Program Directors and relevant faculty/clinical supervisors, be successfully completed.
- Requirement that the student complete additional supervised clinical internships or that their time in a particular internship be extended.
- Requirement that the student complete additional coursework targeted towards remediation of deficiencies.
- Requirement that the student have a psychological/psychiatric evaluation
- Leave of absence from the program or suspension from the clinical internship

- Encouragement to withdraw from program*
- Formal dismissal from the program*

**Students who are encouraged to withdraw or are formally dismissed from the genetic counseling program may have the option of transferring to the Master's program in Molecular Genetics and Genomics at the discretion of the director of that program.*

Due Process: Evaluation of Professional Impairment

1. There is a written policy on professional impairment with signature evidencing student review of policy.
2. All students routinely receive evaluations verbally and in writing, including written notification of problems through periodic meetings with Program Directors as well as clinical supervision evaluation meetings.
3. Students may also receive in writing descriptions of specific incidences that may evidence professional impairment.
4. The student evidencing professional impairment will usually be given an opportunity for remediation, with specific descriptions of problems, suggestions for remediation, time limits and consequences if remediation is not successful, all noted in writing. However, in egregious cases, immediate suspension or termination may be warranted.
5. When the student does not meet the requirements of remediation as previously specified, a judgment about whether the student may progress in the GC Program will be made by the Program Directors in consultation with relevant faculty (Student Evaluation Committee).
6. When a judgment is made that serious professional impairment exists and that the consequences to the student are significant, the student may request a hearing in which the student may present his or her view of the situation. The hearing will be convened by the Program Directors and will include any faculty member(s) or clinical supervisor(s) who are involved in making judgments of serious professional impairment (Student Evaluation Committee). The Associate Dean of Graduate Programs (or similar representative) may also be involved in the hearing. Attorneys are not permitted to attend or participate in the hearing.
7. Within one week of the hearing, the student will receive written notification of the outcome of the hearing that will include opportunities for revision, if any, of the initial decision, the basis of the decision, and the opportunity to appeal.
8. After receiving written notification, the student may request an appeal within 14 days to the Dean of the Graduate School. (See Graduate School Bulletin for details of the appeal process).

I understand the above stated policy on impairment.

Student signature

Date

Program Director signature

Date



Dean of Students Office (/)

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Student Code of Conduct

1.0 Preamble

- 1.1 The primary purposes of the Student Code of Conduct are to promote campus civility and academic integrity and to provide a framework for the imposition of discipline in the University setting. The code gives general notice of prohibited conduct and of the sanctions to be imposed if such conduct occurs. The code should be read broadly, and is not designed to define misconduct in exhaustive terms. The code specifies the rights of the student and the rights of other parties to the procedure.
- 1.2 As provided by the Board of Governors in WSUCA 2.31.01, Student Rights and Responsibilities, and as mandated by academic tradition, the students of Wayne State University possess specific rights and responsibilities. Students are expected to conduct themselves in a manner conducive to an environment that encourages the free exchange of ideas and information. As integral members of the academic community, students have the right to expect that their rights are protected from arbitrary, capricious and malicious acts on the part of other members of the academic community. This Student Code of Conduct is designed to assure that students who are alleged to have engaged in unacceptable conduct receive fair and impartial consideration as specified in this code.
- 1.3 Students are accountable both to civil authorities and to the University for acts which constitute violations of both the law and this code. In such cases disciplinary action at the University will normally proceed while civil or criminal proceedings are pending, and will not be subject to challenge on the grounds that civil or criminal charges involving the same incident have been invoked, dismissed or reduced.
- 1.4 Final authority in student disciplinary matters is vested in the President or his/her designee.
- 1.5 The Office of the Ombudsperson is available to advise students at any stage in the proceedings provided for in this code. To assure that students are aware of that availability, whenever charges are initiated against a student or student organization, the Student Conduct Officer will provide the student (or

representative of the student organization) with a copy of a memorandum prepared by the Ombudsperson explaining the Ombudspersons role.

2.0 Definitions

When used in this code:

- 2.1 Academic misconduct means any activity which tends to compromise the academic integrity of the institution or subvert the education process. Examples of academic misconduct include, but are not limited to: (1) cheating, as defined in Section 2.3; (2) fabrication, as defined in Section 2.5; (3) plagiarism, as defined in Section 2.8; (4) unauthorized reuse of work product, as defined in Section 2.11; (5) academic obstruction, as defined in Section 2.10; (6) enlisting the assistance of a substitute in the taking of examinations; (7) violation of course rules as contained in the course syllabus or other written information provided to the student.
- 2.2 Aggravated violation means a violation which resulted or foreseeably could have resulted in significant damage to persons or property, or which otherwise posed a substantial threat to normal University or University sponsored activities.
- 2.3 Cheating means intentionally using or attempting to use, or intentionally providing or attempting to provide, unauthorized materials, information or assistance in any academic exercise.
- 2.4 Distribution means sale or exchange with an intent to profit.
- 2.5 Fabrication means intentional and unauthorized falsification or invention of any information or citation.
- 2.6 Institution and University mean Wayne State University.
- 2.7 Organization means a number of persons who have complied with University requirements for recognition.
- 2.8 Plagiarism means to take and use anothers words or ideas as ones own.
- 2.9 Student means a person who has enrolled in or is auditing a course or courses, or who has enrolled in or is taking a special program sponsored by any unit of the University, or who has taken or audited a course or courses at the institution on either a full-time or part-time basis. A person who withdraws from the University after engaging in conduct which may have violated the Student Code of Conduct is considered a student for purposes of this Code.
- 2.10 Academic obstruction means any attempt to limit another students access to educational resources, or any attempt to alter equipment so as to lead to an incorrect answer for subsequent users.

- 2.11 "Unauthorized reuse of work product" means submission for academic credit, without the prior permission of the instructor, of substantial work previously submitted for credit in another course.
- 2.12 University premises means buildings or grounds owned, leased, operated, controlled, or supervised by Wayne State University or Wayne Housing Authority.
- 2.13 Weapon means any object or substance designed to cause injury, or incapacity, including, but not limited to, all firearms, pellet guns, switchblade knives, knives with blades three or more inches in length, and chemicals such as Mace or tear-gas.
- 2.14 University-sponsored activity means any activity on or off University premises, which is initiated, aided, authorized, or supervised by the University.
- 2.15 Technology resources means any and all technologies that produce, manipulate, store, communicate, or disseminate information. These resources include, but are not limited to, wired and wireless data, video and voice networks, computers for processing information, and other devices for storing and archiving information.
- 2.16 Unless otherwise noted, days means school days and days Wayne State University is open for business and not calendar days.
- 2.17 Faculty applies to full-time, fractional-time, part-time faculty as well as Graduate Teaching Assistants, adjuncts, and Academic Staff with teaching duties.
- 2.18 "Public spaces" includes all buildings and open spaces on Wayne State University's campus, including laboratories, classrooms, libraries, offices, and commercial and recreational areas. "Public spaces" also includes residence halls, cafeterias and dining facilities, as well as the student center, the fitness center, and the athletic complex. 'Public spaces' do not include students' personal residences. While dining areas are public spaces, students may remove facial coverings while dining.
- 2.19 "Interim Guidelines" means the Interim Guidelines for implementation of the Final Rule on Title IX, promulgated May 19, 2020 by the United States Department of Education (the Final Rule). Allegations filed as of the effective date of the Final Rule and for a period not to exceed six months thereafter, involving alleged violations of Title IX of the Education Amendments Act of 1972 shall be solely subject to the provisions of the Interim Guidelines, which shall be published in the Administrative Policies and Procedures Manual. Subsequently, such sexual misconduct shall be defined by and subject to the provisions of the Sexual Misconduct policy to be adopted by the Board of Governors.

3.0 Proscribed conduct standards and jurisdiction

- 3.1 The focus of inquiry in disciplinary proceedings is to determine if the student is in violation of the prohibited conduct outlined in the Student Code of Conduct. Formal rules of evidence are not applicable, nor will deviations from prescribed

procedures or deadlines invalidate the decision or proceeding, unless significant prejudice to a student or to the University results.

- 3.2 The Student Code of Conduct shall apply to conduct that occurs on University or Housing premises and at University or Housing sponsored activities that occur on or off-campus.
- 3.3 Each student shall be responsible for his/her conduct from the time she or he has notified the University that he/she will attend the University through the actual awarding of a degree, even though conduct may occur before classes begin or after classes end, as well as during the academic year and during periods between terms of actual enrollment and even if their conduct is not discovered until after a degree is awarded.
- 3.4 The Student Code of Conduct shall apply to a student's conduct even if the student withdraws from school while a disciplinary matter is pending.

4.0 Prohibited conduct

The following conduct is subject to disciplinary action when it occurs on University or Housing premises, or in connection with a University course or University documents, or at a University-sponsored activity.

- 4.1 All forms of academic misconduct.
- 4.2 Forgery, unauthorized alteration, or unauthorized use of any University document or instrument of identification.
- 4.3 Physical abuse of another person, or conduct which threatens or endangers another, or verbal or physical threats which cause reasonable apprehension of harm.
- 4.4 Unauthorized use, unauthorized possession, or unauthorized storage of a weapon.
- 4.5 Intentionally initiating a threat, or false report or false warning, of fire, explosion, or other emergency.
- 4.6 Disorderly behavior that interferes with activities authorized, sponsored, or permitted by the University such as teaching, research, administration, and including disorderly behavior that interferes with the freedom of expression of others.
- 4.7 Violation of the terms of any disciplinary sanction imposed in accordance with this code.
- 4.8 Illegal use, possession, manufacture or distribution of drugs.
- 4.9 Theft of property or services, or intentional or reckless damage to property, of the institution, or of a member of the institutional community, or of a visitor to the

University.

- 4.10 Knowingly possessing stolen property
- 4.11 Conduct that is a crime under the criminal law of the State of Michigan or the United States.
- 4.12 Unauthorized entrance into, or use of, institutional facilities, including computing and telecommunication facilities and systems.
- 4.13 Knowingly furnishing false information to the institution.
- 4.14 Intentional obstruction or disruption of institutional activities or functions.
- 4.15 Failure to comply with the direction of any authorized institutional representative, acting in the performance of his/her duties.
- 4.16 Maliciously initiating charges pursuant to this procedure when the initiator knows that the charges are baseless.
- 4.17 Misuse or intentional disruption of the University's technological resources.
- 4.18 Any form of sexual misconduct.
- 4.19 Failure to comply with published University regulations or policies. Such regulations or policies include but are not limited to:
 - a. University statutes prohibiting discrimination and sexual harassment;
 - b. Regulations relating to entry and use of University facilities;
 - c. Regulations relating to sale or consumption of alcoholic beverages;
 - d. Regulations relating to use of vehicles and electronic, amplifying equipment;
 - e. Regulations relating to campus demonstrations;
 - f. Regulations relating to misuse of identification or parking cards;
 - g. Regulations relating to residing in the University's residence halls and apartments.
- 4.20 Failure to comply with University instruction pertaining to the containment of the coronavirus virus or of COVID-19, including, but not limited to:
 - a. Completing the campus daily screener each day before coming onto campus;

- b. Following the direction of the Campus Health Center regarding a positive screen;
- c. Wearing, at minimum, a cloth facial covering at all times when in public indoor spaces on campus;
- d. Maintaining a minimum distance of not less than six feet from others when on campus
- e. Complying with signage regarding directional hallways, elevators, common spaces, and stairwells

4.21 Abuse of the Student Code of Conduct system, including but not limited to:

- a. Deliberate falsification or misrepresentation of information before a Hearing Committee Panel or before a dean in an informal conference;
- b. Disruption or interference with the orderly conduct of a Hearing Committee Panel proceeding.

5.0 Disciplinary sanctions

Students found to have committed an act, or acts of misconduct may be subject to one or more of the following sanctions, which shall take effect immediately upon imposition, unless otherwise stated in writing, except as provided in this code. More than one sanction may be imposed for any single violation.

- 5.1 Disciplinary Reprimand. Notification that the student has committed an act of misconduct, and warning that another offense may result in the imposition of a more serious sanction.
- 5.2 Disciplinary Probation. A disciplinary status which does not interfere with the students right to enroll in and attend classes, but which includes specified requirements or restrictions (as, for example, restrictions upon the students representing the University in any extracurricular activity, or running for or holding office in any student organization) for a specific period of time as determined in the particular case.
- 5.3 Loss of Privileges. Denial of specified privileges for a designated period of time, including, but not limited to, the privilege of participating in non-academic activities or student organizations on campus.
- 5.4 Discretionary Sanctions. Assignments, essays, service to the University, or other related discretionary assignments.
- 5.5 Residence Hall Suspension. Separation of the student from the residence halls for a definite period of time, or until the student demonstrates that she/he has satisfied conditions established for return determined at the time of suspension.

- 5.6 Residence Hall Expulsion. Permanent expulsion of the student from the residence halls.
- 5.7 Suspension. A denial of the privilege of continuing or enrolling as a student anywhere within the University, and denial of any and all rights and privileges conferred by student status, for a specified period of time. At the termination of the suspension the student will be entitled to resume his/her education without meeting any special academic entrance requirements.
- 5.8 Expulsion. A permanent denial of the privilege of continuing or enrolling as a student anywhere within the University, and permanent denial of any and all rights and privileges conferred by student status.
- 5.9 Restitution. The requirement that a student make payment to the University or to another person or group of persons, or to a student organization, for damage caused as a result of violation of this code.
- 5.10 Transcript Disciplinary Record. An entry onto the students transcript, permanently or for a specified period of time indicating that the student has been found to have engaged in prohibited conduct, pursuant to Section 4.0 of the Student Code of Conduct. The entry shall also designate the sanction imposed.
- 5.11 Other Sanctions. Other sanctions may be imposed instead of, or in addition to, those specified above.
- 5.12 Among the factors that will be considered in the determination of what sanction is appropriate is whether there have been repeated or aggravated violations. Among the factors that may be considered in mitigation are whether the student has been straightforward, and taken responsibility for his/her acts; the nature of the offense and the severity of any damage, injury, or harm resulting from it; and the lack of past disciplinary record of the offender. Because a primary purpose of this code is to protect the University community, a claim that a violation was committed as a matter of innocent fun shall not be viewed as a factor in mitigation.
- 5.13 Attempts to commit acts prohibited by this code shall also be punishable.
- 5.14 Students who have left the University, and who, after leaving the University, have used forged University transcripts or other University documents, or have used University transcripts or other University documents with unauthorized alterations, may be subject to one or more of the following sanctions:
- a. The refusal to provide any further transcripts or other documents;
 - b. The refusal to provide any further transcripts or other documents except directly to institutions or employers;
 - c. The denial of any further enrollment;

- d. An entry onto the students transcript, permanently or for a specified period of time.

6.0 Communication of notices to students: appeals and appearances by students

All notices to students which are provided for by this code shall be sent by email (not certified or registered) to the student's Wayne State University e-mail address. If the sender of the notice has actual knowledge that a student is no longer utilizing their University e-mail account, the sender shall also send notification to the student's physical address of record with the University. Although not required, verbal and written notification may be provided to the student in addition to the required email notification.

All appeals or requests for review must be signed and submitted by the student herself/himself (not by an advisor or an attorney). Sections 15.9 and 14.3 of this statute provide, respectively, that any party may bring an advisor or an attorney to a formal hearing held pursuant to Section 15 of the statute, and that a student, or the representative of an intra-college organization, may bring an advisor or attorney to an Informal Disciplinary Conference. These sections specify the role of the advisor or attorney at the hearing or conference. All appearances by the student except for Section 15 hearings and Section 14.3 conferences shall be by the student herself/himself except that the Student Conduct Officer may, in her/his discretion, permit the student to bring an advisor or attorney if, because of a language impediment, disability, or other special circumstance, the presence of an advisor or attorney would improve the quality of the fact-finding conference, and if the student notifies the Student Conduct Officer of the name of the advisor or attorney, and the reason the student desires the presence of an advisor or attorney, at least 48 hours prior to the conference. The Student Conduct Officer may revoke her/his permission for the presence of an advisor or attorney at any time if, in her/his judgment, it is not improving the quality of the conference.

7.0 Interim suspension

Whenever there is evidence that the continued presence of a student on University premises poses a substantial threat to that student or to others, or to the stability and continuance of normal University functions, the President, Provost or his/her designee, and after consultation with the Office of the General Counsel, may suspend the student for an interim period pursuant to these disciplinary procedures. In matters of academic misconduct, the Provosts designee will ordinarily be the students Academic Dean; in matters of nonacademic misconduct, the Dean of Students. Notice of the interim suspension shall be provided to the student. The interim suspension may be made immediately effective, without prior notice, and may provide for complete exclusion from University premises except for the appearance provided for in Section 7.1, which appearance may be scheduled to occur at the Public Safety headquarters.

- 7.1 A student suspended on an interim basis shall be given an opportunity to appear personally before the University officer who suspended the student, or before his/her designee, within five school days from the date of the interim suspension. Notice of the time and place of the appearance shall be included in the notice of

suspension. The University officer shall hear the student regarding the following issues only:

- a. The reliability of the information concerning the students conduct;
 - b. Whether the conduct and surrounding circumstances reasonably indicate that continued presence of the student on the campus poses a substantial threat to the student or to other individuals or to the stability and continuance of normal University functions.
- 7.2 Within two school days following the opportunity for an appearance provided for in Section 7.1, the suspending officer or his/her designee shall issue a written determination as to whether or not the suspension should continue, and whether a formal charge should be filed. The suspension may not be continued for more than ten school days after the determination unless a charge is filed within the ten school days.
- 7.3 The suspending officer or his/her designee shall, within the two school days referred to in Section 7.2, shall provide the student a copy of the determination concerning the suspension.

8.0 Hearing committee panels

- 8.1 Academic Misconduct Committee Panels: At the beginning of each academic year, each college of the University, including the Graduate School, shall establish two standing panels, one of students, and another of faculty from the college. Each panel shall contain a minimum of eight and a maximum of twenty-four members. The faculty panel shall be selected by the faculty governing body within the college and the student panel shall be selected by the student governing body within the college. The respective governing bodies shall determine how large a panel, within these limits, is desired. If either governing body fails to act by October 15, the Academic Dean shall determine the size of the panel and shall select the panelists. Vacancies occurring during the year which bring the size of the panel below eight shall be filled within one month of the vacancies occurring by the appropriate faculty body or student body, or, if they fail to act, by the Academic Dean.
- 8.2 Non-Academic Misconduct Committee Panels: The Academic Senate and the Student Council shall each establish a standing panel for the purpose of processing cases involving individual students or student organizations charged with non-academic misconduct. Each panel shall contain a minimum of eight and a maximum of twenty-four members. Appointees to the Committee Panel will normally serve for three years, unless the Academic Senate or the Student Council specifies a shorter term, except that student appointees will not continue to serve after they graduate. If the Student Council or Academic Senate fail to act by October 15, the Provost shall determine the size of the panel and shall select the panelists. A vacancy occurring during the year which brings the size of the panel below eight shall be filled within one month of the vacancy by the Student Council or the

Academic Senate. If the Student Council or Academic Senate fail to act, the Provost then shall fill the vacancy.

- 8.3 The Dean of each college or his/her designee and the presidents of the Academic Senate and Student Council shall report the names of the panelists to the Provost and the Student Conduct Officer no later than October 20 of each academic year, and shall report vacancies and replacements to the Provost and the Student Conduct Officer as soon as they occur.

9.0 Student Conduct Officer

The President of the University, or his/her designee, shall appoint an individual to act as Student Conduct Officer. The Student Conduct Officer shall direct and coordinate matters involving student discipline and shall be available to answer questions concerning the procedure to be followed in implementing this code. It is not the role of the Student Conduct Officer to be the proponent of any party.

The Student Conduct Officer shall maintain disciplinary files in the name of the student respondents. Except where litigation or administrative proceedings are pending regarding the matter, if a student is found not to be in violation of the charges his/her file shall be sealed, and after three years shall be destroyed. The files of students found in violation of any of the charges against them will be retained as a disciplinary record for the duration of time specified in the sanction, but no less than five years. If the sanction includes a Transcript Disciplinary Record pursuant to Section 5.10, disciplinary records shall be retained permanently if the transcript entry is permanent, or, if the entry is for a specified period of time, for five years after the end of that period. Disciplinary records may be retained for as long as litigation or administrative proceedings are pending regarding the matter.

The Student Conduct Officer shall keep a list of the hearing panels in all colleges and in the Academic Senate and Student Council, and shall report promptly to the Provost, and to the appropriate dean or president, any college or Academic Senate which does not have in place a current, complete panel.

The Student Conduct Officer shall prepare an annual report for the Board of Governors describing how this code has functioned during the year and, if the Student Conduct Officer believes changes are desirable, recommending those changes.

10.0 Preliminary procedure

Any person may initiate charges against one or more students or a student organization believed to have violated this code, by filing charges with, and by providing information pertinent to the case, to the Student Conduct Officer, both in writing. The charge must be made within a reasonable time after the alleged misconduct has occurred. The Student Conduct Officer will coordinate the adjudication of both academic and non-academic misconduct violations of the Student Code of Conduct.

10.1 Academic misconduct preliminary procedure

- a. When a faculty member is persuaded that academic misconduct has occurred, the faculty member may, without filing a charge, adjust the grade downward (including downgrading to a failing grade) for the test, paper, or other course-related activity in question, or for the entire course. In such instances, the faculty member shall notify the students in writing of the downgrading and the reason(s) for it, or provide the notice as provided in Section 6, with a copy to the department or unit head. The faculty member shall provide the student with a copy of Sections 10.1 and a copy of the memorandum prepared by the Ombudsperson, explaining the Ombudsperson's role, referred to in Section 1.5.

The student may appeal the action by filing with the department or unit head within ten school days of notification by the faculty member. The department or unit head shall give the student an opportunity for appearance personally within fifteen school days of receiving the student's appeal. The faculty member must likewise be given an opportunity to be heard in advance of any decision to modify a grade adjustment, and in the event of such a decision, must be provided with a written statement of specific reasons for the overriding of the faculty member's judgement. The student shall be entitled to review any documentation or evidence offered by the faculty member which was not included in the notice described in the preceding paragraph. The department or unit head shall notify the student of their decision, in writing, within ten school days of the opportunity for appearance. In a departmentalized college where the unit head is not the Academic Dean, the student may appeal to the Academic Dean, in writing, within ten school days of notification of the unit head's decision. The faculty member must be notified of the appeal, be given an opportunity to be heard in advance of any decision to modify a grade adjustment, and, in the event of such a decision, must be provided with a written statement of specific reasons for the overriding of the faculty member's judgement. The student shall be entitled to review any documentation or evidence offered by the faculty member which was not included in the notice described in the preceding paragraph.

Where the department or unit head is the faculty member, then, in a departmentalized college where the unit head is not the Academic Dean, the student may appeal directly to the Academic Dean, in writing, within ten school days of the oral notice or postmark of the written notice, from the faculty member.

The Academic Dean shall notify the student of his/her decision within ten school days of the postmark of the student's appeal. The Academic Dean's decision shall be final.

Where the Academic Dean is the faculty member, the student may

appeal directly to the Provost, in writing, within ten school days of the oral notice or postmark of the written notice from the faculty member.

- b. If the faculty member in whose course the alleged infraction occurred perceives it as warranting discipline in addition to that provided for in Section (a) the faculty member may also file academic misconduct charges with the Student Conduct Officer.

In the case of academic misconduct charges against a student, the Student Conduct Officer shall forward a copy of the charges to the Dean of the college in which the student is enrolled. In the case of graduate students, this will be the subject-area college, not the Graduate School, unless there is no subject-area college. If the student is not enrolled in a college, the Student Conduct Officer shall forward the copy of the charges to the Dean of the College of Liberal Arts and Sciences. If the Student Conduct Officer determines that another college has primary concern with the matter, in which case he/she shall assign the matter to that college, and forward the charges to the Dean of that college.

In the case of academic misconduct charges against related students, as defined in Section 13.2, if the students are enrolled in more than one college, the Student Conduct Officer shall determine which college has primary concern with the matter, shall assign the matter to that college, and shall forward the charges to the Dean of that college

- c. The Provost or his/her designee may approve expedited due process procedures applicable to students enrolled in short-term, non-credit access programs, up to and including removal from the subject program.
- d. On an annual basis, by May 31, each college shall report to the Provost or his/her designee:
 - i. whether any department or unit head has made any modifications to faculty-determined grade adjustments under paragraph (a) during the previous academic year, and if so, on how many occasions such modifications were made and a general description of the basis for the modification, and
 - ii. whether the Academic Dean made any modifications to faculty-determined grade adjustments under paragraph (a) during the previous year, and if so, on how many occasions such modifications were made and a general description of the basis for the modification. On an annual basis, by July 31, the Provost or his/her designees shall report to the Academic Senate Curriculum and instruction Committee, with a copy to the Student Conduct Officer, the total number of occasions in

all colleges that modifications were made to faculty-determined grade adjustments under paragraph (a) during the previous academic year along with a general description as to the basis for each such modification, which description shall not include any reference to personally identifiable information as defined in the federal Family Educational Rights and Privacy Act.

10.2 Non-academic misconduct preliminary procedure

- a. Charges of non-academic misconduct made against students or student organizations will be adjudicated in the Dean of Students Office.
- b. Charges for violations of the Sexual Misconduct Policy will be adjudicated pursuant to the Interim Guidelines so long as they are in effect, and then by the Procedures for Implementing the Sexual Misconduct Policy.

10.3 Non-academic misconduct Housing and Residence Life

Because of the special communal relationship of the residence hall living environment, University Housing may adjudicate and sanction students for minor policy infractions as proscribed in Housing handbooks, contracts, licenses, policies and regulations.

In order to maintain the consistency of Housings administrative hearing process, the Student Conduct Officer or his or her designee shall meet regularly with the Director of Housing or his or her designee to review nonacademic misconduct cases that occur within the Residence Halls /campus housing.

The Director of Housing, or his or her designee, may, initiate non-academic misconduct charges with the Student Conduct Officer at any time.

10.4 Withdrawal of charges

In all cases, the charge may be withdrawn only by the charging party. It may be withdrawn at any time prior to the notice provided for in Section 11.7, but may not be withdrawn thereafter.

11.0 Fact-finding procedures

- 11.1 Upon receipt of the charges, the Student Conduct Officer shall initiate an investigation, which must include an opportunity for the student(s), or representative(s) of the student organization, to participate in a fact-finding conference with the Student Conduct Officer, and may include a conference by the Student Conduct Officer with the person making the charges, in order to determine whether further proceedings are appropriate.

- 11.2 A notice shall be sent to the student(s) or to representative(s) of the student organization, with a copy to the Dean of Students or the Academic Dean, within ten school days of the Student Conduct Officers receipt of the charges, and at least five school days prior to the conference. The notice shall contain the following information:
- a. The alleged infraction;
 - b. The nature of the evidence submitted;
 - c. The time and place of the conference;
 - d. A copy of this code, with a statement that it is the governing policy and that the student should retain it for use throughout the proceeding.
- 11.3 Should the student(s) or representative of the student organization fail to appear at the fact-finding conference or fail to inform the Student Conduct Officer that he/she is waiving his/her right to the fact-finding conference, the Student Conduct Officer may take action as described in section 11.5.
- 11.4 Upon request, the student(s), or representative of the student organization, and the charging party, may review the documents, statements, or other material in the Student Conduct Officers case file.
- 11.5 Within ten school days following the fact-finding conference, the Student Conduct Officer shall decide:
- a. that no further action will be taken; or
 - b. in the case of academic misconduct, charges made against student(s) or against a student organization that the Student Conduct Officer has determined, pursuant to section 10.1(b), to be an intra-college student organization, that the matter will be referred to the Dean of the college in which the student is enrolled or the student organization is based; or
 - c. in the case of academic misconduct charges made against two or more students (called related students in this statute) where the students are enrolled in more than one college, that the matter will be referred to the Dean of the college with primary concern, as determined pursuant to section 10.1(b);
 - d. in the case of non-academic misconduct charges made against a student(s) or against a student organization that the matter will be referred to the Dean of Students.
- 11.6 The Student Conduct Officer will notify in writing the student or representative of the student organization, the Academic Dean or the Dean of Students and the person bringing the charge, of his/her determination, within the ten school days

specified in Section 11.5. If the Student Conduct Officer determines the case should be referred, the Student Conduct Officer shall, forward the original file to the appropriate Dean.

- a. If the Student Conduct officer concludes that there is a sufficient basis to forward a charge for further proceedings, the Student Conduct Officer may, but need not, concurrently propose to the charged party a recommended disposition of the charge. If the Student Conduct Officer does so, he/she will advise the charged party in writing of the recommendation, that he/she has the option to accept or decline the recommendation and the consequence of accepting the recommendation. The recommended disposition will not be forwarded to the Dean of Students, but only to the charged party.
- b. The charged party may accept or decline the recommended disposition. If the charged party elects to accept the recommended disposition, he/she must do so in writing within ten school days. If the charged party accepts the recommended disposition, then the Student Conduct Officer will notify the Dean of Students of the disposition, and no further proceedings will be had. If the charged party declines the recommended disposition, then the matter will proceed as if no recommendation had been made.

12.0 Procedure in non-academic misconduct cases

- a. The Dean of Students shall notify the student that he/she may either meet with him/her in an Informal Disciplinary Conference pursuant to Section 14.0 of the Student Code of Conduct or choose to have the decision and/or sanction of the Student Conduct Officer heard by a formal Hearing Committee convened by the Dean of Students pursuant to Section 15.0 of the Student Code of Conduct. If the Dean of Students is the charging party, the Provost or his or her designee shall notify the student that he or she may either meet with him/her in an Informal Disciplinary Conference or if the student chooses, convene the formal Hearing Committee to review the case.

13.0 Procedure in academic misconduct cases

- 13.1 If, after reviewing the information transmitted by the Student Conduct Officer, the Academic Dean decides that further action shall be taken, and that the charges are sufficiently serious that it is possible that the alleged misconduct might result in a permanent disciplinary record, suspension or expulsion pursuant to sections 5.7, 5.8, 5.10 of this code, he/she shall initiate the Hearing Procedure, pursuant to Section 15. All other cases shall be resolved by an Informal Disciplinary Conference, pursuant to Section 14.
- 13.2 Charges against two or more related students arising out of the same or substantially overlapping sets of facts shall be heard together by the same Committee, pursuant to Section 15, or in the same Informal Disciplinary

Conference procedure, pursuant to Section 14, unless the Academic Dean determines that separate hearings or procedures should be held.

- 13.3 If the Academic Dean has determined that further action shall be taken, he/she shall, in writing, so notify the student, or the intra-college student organization, within ten school days of receipt of the referral.

In cases where the Academic Dean has decided that the charges are sufficiently serious that the alleged misconduct might result in a permanent disciplinary record, or a suspension or expulsion pursuant to sections 5.7, 5.8, or 5.10 of this code, he/she shall notify the student (with a copy to the Student Conduct Officer) that the Hearing Procedure, pursuant to Section 15, has been initiated. In all other cases, the Academic Dean shall notify the student or the intra-college student organization (with a copy to the Student Conduct Officer) that the Informal Disciplinary Conference procedure has been initiated. In hearing procedure cases, the Academic Deans notice to the student shall include the statement that the student may elect instead to have the case resolved pursuant to the informal disciplinary conference provided for in Section 14, and that, in such cases, the full range of sanctions authorized by this code may be imposed, although the right of appeal specified in Section 18 shall not be applicable.

In the case of related students offered this choice, if any student desires a hearing procedure, all students will be afforded a hearing procedure in accordance with Section 15.

The Academic Dean shall advise the student to contact the Academic Deans office within ten school days of the postmark of the Academic Deans notice, in order to schedule the Informal Disciplinary Conference or the opportunity to strike names from the panels, as provided for in Section 15.2 (in hearing procedure cases). The Academic Dean shall forward the charges to the student and shall refer the student or organization to the copy of this code that has previously been provided.

- 13.4 If the student or a representative of the student organization does not respond to the Academic Dean within the time specified in Section 13.3, or if the student or representative fails to schedule the Informal Disciplinary Conference, or the opportunity to strike names from the panels, within fifteen school days of the postmark of the Academic Deans notice, the Dean may decide the matter on the basis of the information provided by the Student Conduct Officer. If the Academic Dean sustains the charges the Dean shall decide the appropriate sanctions as specified in Section 5. The Academic Dean may take note of previously imposed sanctions when making his/her decision regarding sanctions. The Academic Dean shall notify the student or representative, the charging party, and the Student Conduct Officer of the decision, in writing. The decision of the Academic Dean shall be final. In those cases, in which the nature of the sanction requires notice to the Registrar, the Student Conduct Officer shall forward the Academic Deans notice to the Registrar.

- 13.5 Students referred to the hearing procedure may elect instead to have their case resolved pursuant to the informal disciplinary conference provided for in Section 14. In such cases, the full range of sanctions authorized by this code may be imposed, although the right of appeal specified in Section 18 shall not be applicable.

14.0 Informal disciplinary conference

Alleged violation(s) involving sexual misconduct will be adjudicated pursuant to the Interim Guidelines so long as they remain in effect, and then by the Procedures for Implementing the Sexual Misconduct Policy. For all other cases, the following provisions apply:

Students or student organizations subject to, or electing to participate in, an Informal Disciplinary Conference before the Academic Dean or his/her designee or the Dean of Students shall be accorded the following procedure:

- 14.1 The student or representative of the student organization shall have access to the case file, prior to and during the conference.
- 14.2 The student or representative of the student organization shall have an opportunity to respond to the evidence and to call appropriate witnesses.
- 14.3 The student or representative shall have the right to be accompanied and assisted by an advisor or attorney only in the manner provided in Section 15.9 of this code.
- 14.4 In cases of academic misconduct arising under Section 14.2 (above), the charging faculty member shall be notified of the Informal Disciplinary Conference and be given an opportunity to be heard; provided that any documentation or evidence provided by the faculty member has not been previously reviewed by the student shall be subject to the procedure set forth in Section 14.2 (above). Upon resolution of the matter, the Dean shall provide the charging faculty member with a written statement of specific reasons for the decision. On an annual basis, by May 31, each college shall report to the Provost or his/her designees whether or not the Academic Dean has disposed of one or more cases on the basis of an Informal Disciplinary Conference during the previous academic year, and, if so, on how many occasions such dispositions were made and a general description of the basis for the decision. On an annual basis, by July 31, the Provost or his/her designee shall report to the Academic Senate Curriculum and Instruction Committee, with a copy to the Student Conduct Officer, the total number of dispositions on the basis of an Informal Disciplinary Conference in all colleges, along with a general description of the basis for each such disposition, which description shall not include any reference to personally identifiable information as defined in the federal Family Educational Rights and Privacy Act.
- 14.5 The Dean shall render a decision within ten school days. If the Dean sustains the charges, the Dean shall decide the appropriate sanctions as specified in Section 5. The Dean shall notify the student or representative, the charging party, and the

Student Conduct Officer of the decision, in writing, within ten school days. The decision of the Dean shall be final. The Dean shall, at this time, return the original file to the Student Conduct Officer. In those cases, in which the nature of the sanction requires notice to the Registrar, the Student Conduct Officer shall forward the Deans notice to the Registrar.

15.0 Hearing procedures

Alleged violation(s) of the Sexual Misconduct Policy will be adjudicated pursuant to the Interim Guidelines so long as they remain in effect. and then by the Procedures for Implementing the Sexual Misconduct Policy and the procedures applicable to allegations of Title IX violations.

- 15.1 In general hearing procedure cases the hearing committee shall be convened either by the Academic Dean or the Dean of the Students. The committee shall consist of three faculty members and two students.
- 15.2 The student or related students may strike a maximum of two names from each panel, before the committee is drawn from the panels. If related students fail to agree as to the names (if any) to be stricken, then no names shall be struck.
- 15.3 In the first case of the year, the Dean shall begin with the first person remaining on each list after the students opportunity to strike. Thereafter, the Dean shall begin with the first person who did not serve on the previous committee who remains on the lists after the opportunity to strike. The Dean shall proceed alphabetically through the lists until he/she has obtained three faculty and two student panelists who are able to serve. These five persons shall constitute the Committee. They shall elect the Committee Chairperson. The Dean shall brief the Committee regarding its responsibilities and regarding procedure under the statute. The Dean shall provide the Committee with necessary staff.
- 15.4 The Committee shall conduct a fair and impartial hearing.
- 15.5 The student shall be given notice of the hearing date at least five school days in advance of the hearing, and shall be accorded access to the case file, pursuant to Section 11.4, prior to and during the hearing.
- 15.6 The student and the charging party should be present at the hearing. If the student fails to appear, the hearing may proceed without him/her, and if the charging party fails to appear, the hearing may proceed without him/her.
- 15.7 Both the student and the charging party shall have the opportunity to be heard. The student may not be required to testify against herself/himself. Both the student and the charging party shall have the opportunity to question opposing witnesses.
- 15.8 The Dean may call witnesses upon the request of either party or on his/her own motion. University students and employees are expected to comply with

subpoenas issued pursuant to this procedure, unless compliance would result in significant and unavoidable personal hardship or substantial interference with normal University activities.

- 15.9 Any party may bring an advisor or an attorney to the Disciplinary Conference with the Dean or to the Hearing, provided that in order to be permitted to do so, the party must notify the Dean, in writing, of the name of the advisor or attorney at least 48 hours prior to the hearing. The role of the advisor or attorney during the hearing is solely to counsel and assist the party; the advisor or attorney may not participate actively in the conduct of the hearing.
- 15.10 The Chairperson may, in her/his discretion, permit participation by an interpreter or other assistant if, because of a language barrier, or impediment, or disability, or other special circumstance, such participation would improve the quality of the hearing. The Chairperson may revoke his/her permission of the participation by assist or interpreter at any time if, in his/her judgment, it is not improving the quality of the hearing. The party must notify the Academic Dean or the Dean of Students, in writing, of the request for an interpreter or assistant at least 48 hours prior to the hearing.
- 15.11 Hearings will be closed to the public, except that, in the discretion of the Chairperson, an open hearing may be held if requested by the student. In the case of related students, if any student in the group desires a closed hearing, the hearing shall be closed.
- 15.12 The Chairperson shall exercise control over the hearing to avoid needless consumption of time and to prevent the harassment or intimidation of witnesses. Any person, including the student, who disrupts a hearing or who fails to adhere to the rulings of the Chairperson may be excluded from the proceedings.
- 15.13 Hearings will normally be recorded. However, this code does not require that hearings be recorded, and the failure to record all or part of a hearing, or the technical inadequacy or loss of any recording made, does not invalidate the hearing or the procedure. Whether or not a recording is made, the decision must include a summary of the testimony, and shall be sufficiently detailed to permit review by the President or his/her designee.
- 15.14 The Chairperson may exclude witnesses other than the charging party and the charged party from the hearing during the testimony of other witnesses.
- 15.15 Formal rules of evidence shall not apply in disciplinary proceedings conducted pursuant to this code. The Chairperson shall admit all matters into evidence which reasonable persons would accept as having persuasive value in the conduct of their affairs. Unduly repetitious or irrelevant evidence may be excluded.
- 15.16 Affidavits shall not be admitted into evidence unless signed by the affiant and notarized, and shall not be admitted in any case unless the Chairperson finds that

there is good cause to accept an affidavit instead of actual testimony.

- 15.17 The Committee may be advised by a representative of the Office of the General Counsel, except that if the Office of the General Counsel shall have acted in the case as proponent of any party, then the Committee shall be advised by independent, outside counsel.
- 15.18 A decision by the Committee that the charges are sustained must be based upon a preponderance of the evidence at the hearing. (A preponderance of the evidence is that which is sufficient to convince the Committee that it is more probable than not that the students alleged misconduct occurred.)

16.0 Hearing by the committee

Alleged violation(s) of the Interim Guidelines or Sexual Misconduct Policy will be adjudicated pursuant to the Interim Guidelines or the Procedures for Implementing the Sexual Misconduct Policy.

For all other cases, the Academic Dean or his/her designee, or the Dean of Students shall convene the Committee within 15 school days of the students response provided for in Section 13.3, except where the academic calendar makes a longer interval appropriate. The Dean or designee shall be present at the hearing but shall not be present during the Committee deliberations. A simple majority of the Committee members shall be present for the hearing. If a majority of the members are not present, the student may decide to proceed with the hearing before those members who are present, or to reschedule the meeting. In the case of related students, if 50% or more of the students prefer to proceed, the hearing shall proceed.

- 16.1 Within ten school days of the hearing, the Committee shall prepare and send to the Dean its decision, including a summary of the hearing and of its decision-making process. If the Committee sustains the charges, it shall recommend a sanction or sanctions.
- 16.2 If the Committee sustains the charges, then, within five school days, the Dean shall decide appropriate sanctions as specified in Section 5. The Dean may adopt the sanctions recommended by the Committee or may impose sanctions more or less severe than those recommended by the Committee. The Dean shall notify the student, the charging party, and the Student Conduct Officer of the decision and the sanction(s), in writing, within the five-school-day period. The Dean shall return the original file to the Student Conduct Officer. In those cases, in which the nature of sanction(s) requires notice to the Registrar, the Student Conduct Officer shall forward the deans notice to the Registrar.

17.0 Student organizations

- 17.1 Any member of a group of related students can elect to have his or her charges heard separately from the rest of the group by making a written request to the Student Conduct Officer within five school days of receiving notice of the charges

filed against the group. If a request is not made within five school days, the ability to have the case heard separately is waived. This section does not apply in cases of charges filed against student organizations.

- 17.2 A student organization and its officers may be held collectively or individually responsible when violations of this code by those associated with the organization have received the tacit or overt consent or encouragement of the organization or of the organization's leaders, officers, or spokespersons.
- 17.3 As a part of the decision in the case, the officers or leaders or any identifiable spokespersons for a student organization may be directed to take appropriate action designed to prevent or end violations of this code by the organization or by any persons associated with the organization who can reasonably be said to be acting in the organizations behalf. Failure to make reasonable efforts to comply with such a directive shall be considered a violation of this code both by the officers, leaders or spokespersons for the organization and by the organization itself.
- 17.4 Sanctions for organization misconduct may include revocation or denial of recognition, as well as other appropriate sanctions pursuant to Section 5 of this code.

18.0 Appeal process

For cases involving alleged violation(s) of the Interim Guidelines or Sexual Misconduct Policy, the appeal process set forth in the Interim Guidelines or Procedures for Implementing the Sexual Misconduct Policy shall apply.

- 18.1 For all other cases, if a sanction is imposed as the result of a formal hearing process, the student or representative(s) of the organization may request the President or his/her designee to review the decision on the record. A written Request for Review must be signed and submitted by the student or representative himself/herself (not by an advisor or an attorney) to the Student Conduct Officer, with a copy to the Dean of the college, or the Dean of Students postmarked within twenty school days of the postmark of the colleges final decision. The Student Conduct Officer will forward the appeal, with the record, to the President or his/her designee. Appellate review of the colleges decision will proceed as soon as practicable after notification by the student of his/her wish to seek review.

The President or his/her designee may affirm, reverse or modify the decision or the sanction, or, in unusual circumstances, may send the matter back to the college. The President or his/her designee shall notify the student, the Dean, the charging party, and the Student Conduct Officer of the decision, in writing, within a reasonable time.

- 18.2 In individual cases (not organization cases), the student may also file with the President or his/her designee a Request for Postponement of the effect of the

Deans final decision. Such request must be postmarked within seven school days of the postmark of the Deans final decision, and a copy must be sent to the Dean.

Upon receipt of a Request for Postponement, the President or his/her designee will immediately contact the Dean. Unless the college or the Dean of Students demonstrates that the injury to the college or University or to third persons that would result from a postponement would outweigh the injury to the student from denying the postponement, the effect of the decision rendered by the Dean will be postponed until the date that the President or his/her designee issues a decision regarding the underlying Request for Appellate Review.

The President or his/her designee will inform the student and the Dean of his/her decision regarding the Request for Postponement within three school days after receiving the request.

Exceptions to this procedure may be granted by the President or his/her designee upon a showing of good and sufficient cause.

18.3 The decision of the President or his/her designee shall be final.

19.0 Inherent authority

The University reserves the right to take necessary and appropriate action to protect the safety and well-being of the campus community, including the right, in cases of a perceived threat of danger, to act to bar students from the campus without prior notice.

Amended by the Wayne State University Board of Governors, June 24, 2022.

Dean of Students Office

301 Student Center
Detroit, MI 48202
[313-577-1010](tel:313-577-1010)
[\(tel:3135771010\)](tel:3135771010)
doso@wayne.edu
[\(mailto:doso@wayne.edu\)](mailto:doso@wayne.edu)

Student Care, Support and Intervention

301 Student Center
5221 Gullen Mall
Detroit, MI 48202
[313-577-1010](tel:313-577-1010)
[\(tel:3135771010\)](tel:3135771010)

Student employment

[Work for us!](#)
[\(/contact/employment\)](/contact/employment)

Wayne State University Student Rights and Responsibilities Statutes

2.31.01 Student Rights and Responsibilities

2.31.01.010 Preamble

A student of this University is both a citizen and a member of an established academic community. His/Her years as a University student constitute a significant and unique phase of his/her intellectual growth and his/her social development.

The association of a student with a university brings with it certain rights and privileges and likewise imposes obligations and responsibilities. For instance, a student has the right to competent instruction, good counseling, and adequate facilities, and in all areas he/she has the right to expect the highest degree of excellence possible within the resources of the University. A student also has the right to protection from unreasonable and capricious actions by faculty, administration, and student organizations. He/She has the responsibility to devote himself/herself to the serious pursuit of learning and to respect the rights and opinions of others, including faculty, the administration, and his/her fellow students.

In addition to such general rights and responsibilities, the following specific student rights and responsibilities are held to be indispensable to the full achievement of the objectives of a university in a free society.

2.31.01.040 Student Rights

Each student has the right to be considered for admission, advancement, degrees, honors, and all academic and co-curricular activities and benefits without regard to ancestry, religious or political belief, or country of origin.

Each student has the right to know the rules by which he/she is governed--insofar as a written set of specific rules is possible--through the medium of a clear and precise written exposition of the rules, given proper publicity. Each student has the right to advocate changes in any rule by which he/she is governed.

Each student has the right to be advised in writing of charges that might lead to disciplinary action in nonacademic matters. Each student has the right to a fair hearing before final disciplinary action is taken.

Each student has the right to free inquiry and scholarly investigation, and the right to discuss, exchange, and publish any findings or recommendations, either individually or in association with others, provided he/she makes no claim to represent the University without due authorization.

Each student has the right to organize, join, and participate in recognized campus organizations, subject to the University rules governing such organizations.

Each student has the right to a voice in democratic student government within the University and its several schools, colleges, and divisions. Likewise, each student has the right to advocate any policy or change in existing policy in all matters affecting students.

- 2.31.01.100 Each student has the right to be secure in his/her rights as a citizen without prejudice to his/her standing in the University, provided 1 he/she makes no claim to represent the University without due authorization.
- 2.31.01.110 Student Responsibilities
Each student has the responsibility to comply with the rules governing students at the University.
- 2.31.01.120 Each student has the responsibility, when acting as a member of a student organization, to observe the University's rules governing such organizations.
- 2.31.01.130 Each student has the responsibility, when participating by word or act in any program, whether individually or in association with others, not to claim, without due authorization, that he/she is an official representative of the University.
- 2.31.01.140 Each student has the responsibility to support academic integrity.
- 2.31.01.150 Each student, as a member of society, has the responsibility to conduct himself/herself in accordance with generally accepted standards of conduct as embodied in society's laws and regulations.
- 2.31.01.160 Each student, as a member of the University community, has the responsibility to conduct himself/herself in a manner which sustains in all areas of University life the atmosphere necessary for the broad educational purposes of the University community.
- 2.31.01.170 Each student has the responsibility to respect innovation and individual differences and to conduct himself/herself so as not to violate the rights of other students and members of the administration and faculty.
- 2.31.01.180 Residual Rights and Responsibilities
The enumeration of these rights and responsibilities shall not be construed to alter other rights and responsibilities inherent in the basic educational philosophy of the University.

Legislative History

Adopted 7-0; Official Proceedings 11:1321 (1.19.1967)

Cross References

Sec. 2.31.02

<https://bog.wayne.edu/code/2-31-01>



Policies and Procedures

16-4 Family Educational Rights and Privacy

1.0 Policy

1.1 It is the policy of the University to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA). Generally, FERPA gives students and former students the following rights: (1) to inspect and review their education records, (2) to request that the institution correct education records that the student believes are inaccurate or misleading, and (3) to control the disclosure of the student's education records. This policy provides measures intended to protect these rights and to otherwise ensure compliance with FERPA.

2.0 Office of the Registrar

2.1 The Office of the Registrar shall be responsible for implementing this Policy. Any questions regarding an individual student's rights, the University's responsibilities, or any other matter under FERPA shall be addressed by the Office of the Registrar.

3.0 Requests to Inspect or Correct Education Records

3.1 Any request by a student or, if applicable, a student's parent, to review or correct the student's education records shall be submitted to the Office of the Registrar, which shall arrange for such inspection or correction as permitted by FERPA. The Office of the Registrar shall maintain appropriate records of all requests for inspection or correction of education records.

4.0 Confidentiality of Education Records

4.1 With some exceptions, FERPA prohibits the University from disclosing a student's personally identifiable education records to third parties without the student's written consent. A record is "personally identifiable" to a student if it expressly identifies the student on its face by name, address, ID number, or other such common identifier. A record is also "personally identifiable" if it includes "other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty."

4.2 Notwithstanding Section 4.1, the University may disclose "directory information" without the student's consent. Directory information is information in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Within those parameters, the Registrar, in consultation with the Chief Privacy Officer and the General Counsel, may select the specific facts about a student to be included in "directory information." A student shall be given the opportunity to "opt out" and block the release of their own directory information. A student who wishes to opt out must file the appropriate form with the Office of the Registrar.

4.3 All University faculty, staff and students have an obligation to protect the confidentiality of a student's personally identifiable education records as required by FERPA.

4.4 All faculty as well as all staff who have authorized and systematic access to education records in the course of performing their employment responsibilities must be committed to maintaining the confidentiality of personally identifiable education records. For that reason, all such persons are required to sign annually a statement affirming that they will comply with FERPA's non-disclosure requirements. The Office of the Registrar, in consultation with the General Counsel, shall approve the statement and shall otherwise implement this requirement as appropriate. The currently approved statement shall be made available on the Registrar's website.

5.0 Training

5.1 The University shall make available FERPA training materials to University personnel. Participation in FERPA training is strongly encouraged for all personnel, especially faculty and student advisors.

6.0 Duration and Effective Date

6.1 This University Policy is revocable at any time at the discretion of the President and without notice.

6.2 This University Policy is effective immediately.

Signed by President M. Roy Wilson December 21, 2016

1. What is FERPA?

The Family Educational Rights and Privacy Act of 1974, also known as the Buckley Amendment, helps protect the privacy of student records. The Act gives current and former students the right to inspect and review their educational records; the right to seek to amend those records; and the right to have some control over the disclosure of information from those records. The Act applies to all educational institutions that are recipients of federal funding.

2. Who is protected under FERPA?

Students enrolled in an institution of higher education, regardless of age. Under specifically defined conditions, parents of a student termed “dependent” for income tax purposes may have access to the student’s educational records. Students who have applied for admission but never attended an institution are not protected by FERPA.

3. What are educational records?

With specific exceptions, FERPA defines an educational record as *any* record-maintained by an institution or agent of the institution that “personally identifies” a student, including transcripts and other records obtained by the current institution from institutions where the student was previously enrolled. FERPA does not require that any particular types of records be kept, or that they be stored on any particular media; these specifics are matters of institutional policy and/or state regulation.

4. What is not considered to be an educational record?

- Sole possession records or private individual notes created by a school official which are *accessible only* to the individual who created them.
- Law enforcement or campus security records which are created and maintained solely for law enforcement purposes.
- Records relating to individuals who are employed by the institution (unless the employment is contingent upon enrollment and attendance, such as Work-Study Program employment).
- Records relating to treatment provided by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional and disclosed only to individuals providing treatment.
- Institutional records which are collected on an individual when he or she is no longer a student at the institution, such as alumni records.

5. What documents can be removed from an educational record before a student views the record?

- Any information that pertains to another student
- Financial records of the student’s parents
- Confidential letters and statements of recommendation where the student has waived the right to access (FERPA section 99.12).

6. What is “directory” information?

Institutions may disclose what has been defined as directory information on a student without violating FERPA. Wayne State University has defined directory information as:

- Student Name
- Address
- Age or Date of Birth
- Telephone number
- E-mail address
- Major field of study
- Degrees, honors and awards received
- Participation in sports and activities
- Weight and height of athletes

On an annual basis, Wayne State University is required to notify students of its directory information policy. Students wishing to restrict Wayne State from releasing their directory information may contact the Office of the Registrar at: 313.577.3550, or complete and return the Release of Directory Information Form available at <http://sdcl.wayne.edu/RegistrarWeb/Forms/Forms>.

7. Who is entitled to student information?

- The student
- Any party who has obtained the student’s written consent
- School officials who have “legitimate educational interests” as defined by the institution
- A lawfully issued judicial order or subpoena

Reasonable effort should be made to notify the student before complying with an information request. In the event of a federal grand jury subpoena or any other subpoena issued for a law enforcement purpose, the institution does not have to notify the student if specifically ordered not to do so in the subpoena.

8. When do you need consent to disclose personally identifiable information from an education record (including transcripts)?

Except for specific exceptions (listed in # 9 and #10), signed and dated consent must be obtained from the student before any disclosure is made. This written consent must:

- Specify the records that may be disclosed
- State the purpose of disclosure
- Identify the party or class of parties to whom the disclosure may be made

9. What is “personally identifiable” information?

- The student’s name
- Names of student’s parents and other family members
- Address of student or student’s family
- Personal identifier such as social security number or student identification number
- Any unique or personally identifiable characteristics (anything that might differentiate the student from the rest of a group such as a report population)

WAYNE STATE UNIVERSITY

10. When must an institution disclose information without a student's written consent?

An institution must disclose information to students requesting information from their own records upon verbal request once valid personal identification is shown.

11. When may an institution disclose information without a student's written consent?

- To school officials having legitimate educational interest, e.g., advisors
- To officials of other educational institutions where the student seeks to enroll (*the issuing institution must make a reasonable attempt to inform student of disclosure*)
- To federal, state and local authorities involved in an audit or evaluation of compliance with educational programs in connection with financial aid, or to organizations conducting studies for or on behalf of educational institutions
- To accrediting organizations
- To parents of a dependent student (as defined by the Internal Revenue Code)
- To comply with judicial order or subpoena
- In a health or safety emergency
- To those requesting directory information
- As a result of a disciplinary hearing relating to an alleged crime of violence
- To a court if legal action has been initiated by the student or the institution
- To parents of a student under 21 years of age regarding violation of any law or institutional policy governing the use of alcohol or a controlled substance
- To state and local authorities pursuant to a state law adopted prior to November 1974

Requests to disclose information should always be handled with caution and approached on a case-by-case basis.

12. What is the institution's responsibility for notification related to FERPA?

On an annual basis, Wayne State University ***must notify students in attendance*** of their rights under FERPA:

- Their right to inspect and review
- Their right to challenge the content of their record
- Their right to a hearing if the result of challenge is unsatisfactory
- Their right to include explanatory statement(s) in their record if the result of hearing is unsatisfactory
- Their right to prevent disclosure of personally identifiable information
- Their right to file a complaint with the U.S. Department of Education

Still have questions?

Please contact:

Office of the Registrar
Wayne State University
(313) 577-3550

registrar@wayne.edu
<http://reg.wayne.edu/ferpa>

Family Educational Rights and Privacy Act (FERPA)

Guidelines for
Wayne State University
Faculty, Students, and Staff

WAYNE STATE UNIVERSITY

Please Note: These guidelines are not intended to be legal advice. Please refer to your own legal counsel for specific legal guidance regarding FERPA.

Wayne State University School of Medicine Student Mistreatment Policy

Purpose

The purposes of this policy are to outline expectations of behaviors that promote a positive, supportive, learning environment for Wayne State University School of Medicine medical students and other learners and to identify grievance procedures to address alleged violations. This policy offers a definition of appropriate expectations, provides examples of unacceptable treatment of students, and describes the procedures available to report incidents of mistreatment in a safe and effective manner.

Wayne State University School of Medicine is committed to maintaining an educational and professional environment that is free of all forms of harassment and discrimination. The School of Medicine strives to create a safe and supportive learning environment that reflects the Institution's values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion and integrity. Mistreatment of medical students is unacceptable and will not be tolerated.

The policy applies to all members of the School of Medicine community including all students, administrators, faculty, staff, clinical teaching faculty, medical personnel, guest lecturers, and volunteers. All members of the School of Medicine community must adhere to this mistreatment policy and report violations. Mistreatment of students can occur by other students, university employees and non-university employees. All three types of mistreatment will be addressed in this policy.

Please note: When one party has any professional responsibility for another's academic or job performance or professional future, the university considers sexual relationships between the two individuals to be a basic violation of professional ethics and responsibility; this includes but is not limited to sexual relationship between faculty and student or between supervisor and student, even if deemed to be mutually consenting relationships. Because of the asymmetry of these relationships, "consent" may be difficult to assess, may be deemed not possible, and may be construed as coercive.

Distribution by Genetic Counseling Program

This policy is available in the "Genetic Counseling Student Handbook," and online at <https://med-wayne-student.policystat.com/policy/14527554/latest/>. An online reporting form is available at

https://cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=29,.

Students are made aware of the policy at orientation. Students also receive information about the University Student Code of Conduct Policy.

Examples of Mistreatment

Students should use this Mistreatment Policy to address discriminatory, unfair, arbitrary or capricious treatment by faculty, staff, students, clinical teaching faculty and medical personnel. The school adheres to the professional standards of behavior established by the Association of American Medical Colleges and the Wayne State University Nondiscrimination Policy. Students are expected to report behavior which interferes with the learning process. Students should consider the conditions, circumstances and environment surrounding the behavior. Examples of discriminatory, unfair, arbitrary or capricious treatment include, but are not limited to: *

A. Physical

- a. Physically mistreated causing pain or potential injury
- b. Pushed/slapped hand ("get out of the way communication")
- c. Other forms of physical mistreatment used to express frustration, make a point or get attention

B. Verbal

- a. Accused
- b. Threatened/intimidated
- c. Yelled at/snapped at
- d. Degraded/ridiculed/humiliated/sworn at/scolded/berated
- e. Exposed to inappropriate conversation/comments (of nonsexual and nonracial nature)

C. Sexual harassment

- a. Making sexual comments, innuendo, jokes, or taunting remarks about a person's protected status as defined in the University's Nondiscrimination Policy Statement. <https://bog.wayne.edu/code/2-28-01>
- b. Making sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature as per the University Sexual Harassment Policy, <https://bog.wayne.edu/code/2-28-06>
- c. Ignored because of gender
- d. Stalking of a sexual nature; i.e. persistent and unwanted contact of any form whether physical, electronic or by any other means.

D. Ethnic

- a. Exposed to racial or religious slurs/jokes as defined in the University's Nondiscrimination Policy Statement.
- b. Stereotyped
- c. Neglected/ignored (because of student's ethnicity)

E. Power

- a. Dehumanized/demeaned/humiliated (nonverbally)

- b. Intimidated/threatened with evaluation or grade consequences
- c. Asked to do inappropriate tasks/scut work
- d. Forced to adhere to inappropriate work schedules
- e. Neglect/ignored

*list adapted from Fried et. al, Academic Medicine, Sept 2012

Reporting Student Mistreatment

Medical or graduate students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. Those who believe they have experienced mistreatment, sexual harassment or discrimination by an administrator, faculty, staff member, student or a teaching hospital or clinic employee can pursue one or more avenues for resolution. Suggested options for genetic counseling students include:

A. Discuss it with the Wayne State University Genetic Counseling Program Directors, Graduate Officer (Russ Finley, PhD), Chair of the Center for Molecular Genetics and Genomics, or the Office of Ombuds on main campus. These staff will meet with the student and hear the details of the alleged incident. Students are encouraged but not required to try to resolve the matter by involving the Genetic Counseling Program faculty.

B. All incidents of mistreatment must be filed using the online WSUSOM report form available at

https://cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=29

Also, notify the genetic counseling program leadership, unless the incident involves the leadership.

C. If appropriate, a formal report may additionally be made:

i. If the event involves severe mistreatment by another student, the Office of Student Affairs at the School of Medicine will assist the student in filing charges under the University Student Code of Conduct Process

<http://dos0.wayne.edu/conduct/student> as per University Policy.

ii. If the event involves a WSU administrator, faculty or staff, and involves sexual harassment or discrimination, the student must also report the incident to the Office of Equal Opportunity, who will investigate and respond accordingly at

<https://generalcounsel.wayne.edu/reportsexualmisconduct> Refer to University Policy 2005-03 Discrimination and Harassment Complaint Process.

iii. If the event involves a WSU administrator, faculty or staff, and does not involve sexual harassment or discrimination the student may also report the incident to the Office of Equal Opportunity.

iv. If the event involves clinical faculty/medical personnel (non-university employee) at a clinical campus, the student may also report the event to the Human Resources Department of that Hospital.

All complaints should be filed within 30 business days of the event. A School of Medicine Care Report includes the following:

- Your name (optional)
- Your email (optional)
- Your phone number (optional)
- Date of the event
- Time of the event
- Location
- Statement and description of the alleged event
- Name(s) of person(s) involved
- Witnesses, if any
- Other facts considered to be relevant

Process for Student Mistreatment Complaints

All complaints will be considered thoroughly and promptly. Every effort will be made to resolve complaints in an expeditious, discreet and effective manner. The University, including the School of Medicine, will attempt to maintain confidentiality to the extent possible within legitimate conduct of an investigation and/or as required by law. Every effort will be made to avoid negative repercussions as a result of discussing an alleged offense and/or filing a complaint.

If a student reports mistreatment through the School of Medicine Mistreatment Reporting link, the Associate Dean of Student Affairs and Career Development will automatically be provided with written notice of reported concerns of mistreatment and will conduct an initial inquiry into the circumstances of the alleged mistreatment. The Associate Dean of Student Affairs and Career Development will assist the student in filing a report with the appropriate office. When another student is involved and the Student Code of Conduct Policy has been activated, the University Student Conduct Officer will render a corrective action plan after discussion and collaboration with the Chair of the Professionalism Committee and/or the SOM Assistant Dean of Student Affairs.

Aggregate and de-identified data on reports of mistreatment of Medical Students will be shared with the Vice Dean for Medical Education, The Student Senate, and the WSUSOM Curriculum Committee on an annual basis.

Rights of the Accuser and Accused

- To confidentiality
- To have the allegations investigated in a thorough and timely manner
- To be informed of the outcome of the process
- To modify a schedule as indicated

If the student is not satisfied with the outcome of their complaint, the student should meet and discuss the issue with the School of Medicine Associate Dean of Graduate Programs within 10 days of being notified of the outcome.

Students requesting complete anonymity should be made aware that doing so may interfere with the University's ability to investigate the concern and their ability to receive information about the follow up investigation.

No Retaliation

Retaliation is strictly prohibited against persons who in good faith report, complain of, or provide information in a mistreatment investigation proceeding. Retaliation includes behavior on the part of the accused or the accuser and other related persons, including, but not limited to, acquaintances, friends and family members. Individuals who believe they are experiencing retaliation should immediately contact the Assistant Dean of Student Affairs or a WSUSOM counselor so that prompt remedial action can be taken.

REFERENCES

- University Policy 2005-03 Discrimination and Harassment Complaint Process <https://policies.wayne.edu/academics/05-03-discrimination-harassment>
- University Nondiscrimination/Affirmative Action Policy <https://bog.wayne.edu/code/2-28-01>
- University Sexual Harassment <https://bog.wayne.edu/code/2-28-06>
- University Student Code of Conduct Policy <https://bog.wayne.edu/code/2-31-02>

The above has been adapted from the School of Medicine Student Mistreatment Policy available in the Wayne State School of Medicine, M.D. Handbook and Policies Academic Year 2024-2025. The Genetic Counseling Graduate Program supports this policy. If a student is subjected to mistreatment by a member of the School of Medicine

community (as defined above), they should contact a program director, the others listed above or follow the Wayne State University Discrimination and Harassment Complaint Process available at: <https://policies.wayne.edu/academics/05-03-discrimination-harassment>



Origination	5/3/2021	Area	Student Affairs
Last Approved	10/10/2023	Applicability	MD Student Handbook
Effective	10/10/2023	Standards	LCME 3.6
Last Revision	10/10/2023		
Next Review	10/9/2024		

Mistreatment Policy & Procedure

Wayne State University and the School of Medicine reserve the right to make changes and revisions in the applicable regulations, procedures, policies, requirements, and other information contained on the website at any time without notice. Every effort will be made to inform all parties of significant changes to any document. No unit of the University may adopt or maintain a policy that is inconsistent with, conflicts with, appears to or otherwise expand the obligations of the university beyond those set forth in official university policies.

Mistreatment Policy and Procedure

Purpose

The purpose of this policy is to outline expectations of behaviors that promote a positive, and supportive learning environment for Wayne State University School of Medicine (WSUSOM) medical students and other learners and to identify grievance procedures to address alleged violations. This policy offers a definition of appropriate expectations, provides examples of unacceptable treatment of medical students, and describes the procedures available to report incidents of mistreatment in a safe and effective manner.

The basis for these policies is the mutual commitment to mutual respect. Members should be sensitive to the needs of others as well as, but not limited to, differences in gender, race, sexual orientation, religion, age or disability. Belittlement, intimidation and humiliation are considered counterproductive to the learning process and serve to undermine the learning environment.

Physicians, as leaders, must have the words and communication skills to interact, interpret, and navigate these uncomfortable, and potentially distressing situations where they feel disrespected or discriminated against.

Scope/Audience

School of Medicine

Definition(s)

Complainant - The person expressing allegation of mistreatment.

LCME - Liaison Committee on Medical Education

Mistreatment - Intentional or unintentional behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process. This may include:

- Public embarrassment or humiliation
- Threat of or actual physical harm
- Sexual harassment or assault
- Discrimination or harassment based on race, color, religion, national or ethnic origin, sex, sexual orientation, gender identity, gender expression, disability, age, or status as a veteran
- Psychological punishment
- Use of grading and other forms of assessment in a punitive, harassing, or discriminatory manner
- Microaggressions

Respondent - The person who is the subject of the allegations

Types of Mistreatment	Examples
Physical	<ul style="list-style-type: none">• Physically mistreated causing pain or potential injury• Pushed/slapped hand• Other forms of physical mistreatment used to express frustration, make a point or get attention
Verbal	<ul style="list-style-type: none">• Accused• Threatened or intimidated• Yelled at/snapped at• Degraded, ridiculed, humiliated, sworn at, scolded, berated• Exposed to inappropriate conversation or comments of nonsexual and nonracial nature
Sexual Harassment	<ul style="list-style-type: none">• Making sexual comments, innuendo, jokes, or taunting remarks about a person's protected status as defined in the University's Nondiscrimination Policy Statement• Making sexual advances, requests for sexual favors, and other

Types of Mistreatment	Examples
	<p>verbal or physical conduct or communication of a sexual nature as per the University Sexual Harassment Policy</p> <ul style="list-style-type: none"> • Stalking of a sexual nature, i.e. persistent and unwanted contact of any form whether physical, electronic or by any other means
Ethnic	<ul style="list-style-type: none"> • Exposed to racial or religious slurs/jokes as defined in the University's Nondiscrimination Policy Statement • Stereotyped • Neglected/ignored (because of student's ethnicity)
Power	<ul style="list-style-type: none"> • Dehumanized/demeaned/humiliated (nonverbally) • Intimidated/threatened with evaluation or grade consequences • Asked to do inappropriate tasks/scut work • Forced to adhere to work schedules which undermine or violate WSUSOM work hour restriction policy for learners • Neglect/ignored
Microaggressions	<p>Examples</p> <ul style="list-style-type: none"> • Microinsults: These are subtle or unintentional acts of discrimination that can be insulting or demeaning. For example, assuming someone cannot do something because of race or gender. • Microinvalidations: These are acts that invalidate someone's experiences or feelings, such as dismissing someone's concerns about discrimination or racism. • Microinequities: These are subtle acts of unfairness or inequality, such as interrupting someone or failing to give them credit for their ideas. • Environmental microaggressions are subtle cues or signals that someone does not belong or is not welcome in a particular environment, such as displaying only pictures of white people in a workplace or school.

Policy

Wayne State University School of Medicine (WSUSOM) is committed to maintaining an educational and professional environment that is free of all forms of harassment and discrimination. The School of Medicine strives to create a safe and supportive learning environment that reflects the Institution's values: professionalism, respect for individual rights,

appreciation of diversity and differences, altruism, compassion, and integrity. Mistreatment of medical students is unacceptable and will not be tolerated.

Nothing in this policy is intended to be inconsistent with present or future University policies or regulations that have been duly issued, or any applicable law or regulation. Where there may be an inconsistency between this policy and present University policies or regulations or policies that have been duly issued, or any applicable law or regulation, the latter shall prevail.

Education

Students

- A. Students are educated annually on this policy during each segment and at orientation.
- B. Students also receive quarterly emails reminding them of the policy.
- C. Students are educated on the [University Student Code of Conduct Policy](#) as well as the LCME standards as it pertains to student mistreatment.

Staff and Faculty

- A. Residents, faculty (full time, part-time, volunteer) and staff receive training annually.
 - 1. The Associate Dean of Pre-Clerkship Education (or their designee) provides education to Segment 1 and Segment 2 faculty and staff through the Course Directors.
 - 2. The Associate Dean of Clinical Education (or their designee) provides education to Segment 3 and Segment 4 residents, faculty and staff through Clerkship Directors and clinical campus Medical Education Directors.
- B. All clinical campus affiliates also provide education for their faculty and staff through online prevention training of both sexual harassment and workplace violence.
 - 1. All employees of all participating hospitals must complete these educational modules as a requirement of their employment.

Rights Pertaining to Reporting of Mistreatment

- Right to confidentiality (to the extent possible within legitimate conduct of an investigation and/or as required by law)
- Right to have the allegations investigated in a thorough and timely manner
- Right to be informed of the outcome of the process
- Consideration of schedule adjustments as deemed appropriate in consultation with Segment Directors and the Associate Dean of Clinical Education

Complaint Filing

All complaints should be filed within a timely manner of the event. The University encourages prompt reporting of mistreatment or other forms of prohibited conduct so that the University can respond promptly and equitably; however, the University does not limit the timeframe for reporting.

If the Respondent is no longer subject to the University's jurisdiction and/or significant time has passed, the ability to investigate, respond, and provide remedies may be more limited or impossible. A WSUSOM Mistreatment Report includes the following:

- Your name (optional)
- Your email (optional)
- Your phone number (optional)
- Date of the event
- Time of the event
- Location of event
- Statement and description of the alleged event
- Name(s) of person(s) involved
- Witnesses, if any
- Other facts considered to be relevant

Retaliation

Retaliation is strictly prohibited against persons who in good faith report, complain of, or provide information in a mistreatment investigation proceeding. Retaliation includes behavior on the part of the complainant or respondent, and other related persons, including, but not limited to acquaintances, friends and family members.

Individuals who believe they are experiencing retaliation should immediately contact the Associate Dean of Student Affairs and Career Development or a WSUSOM counselor so that prompt remedial action can be taken.

Procedure

Reporting Student Mistreatment

1. Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action.
2. Those who believe they have experienced mistreatment, sexual harassment or discrimination by an administrator, faculty, staff member, student or a teaching hospital or clinic employee can pursue one or more avenues for resolution. Suggested steps for medical students include:
 - I. **DISCUSS** it with a WSUSOM Counselor in the Office of Student Affairs, the Associate Dean of Student Affairs and Career Development, the Associate Dean of Pre-Clerkship Education, the Associate Dean of Clinical Education, the WSUSOM Clerkship/Course Director, hospital system clinical campus Director of Medical Education, the Office for Diversity, Equity and Inclusion, or Ombuds Services as part of the Dean of Students Office on main campus.
 - a. These staff will meet with the student and hear the details of the

- alleged incident.
- b. Students are encouraged but not required to try to resolve the matter by involving a WSUSOM counselor and the Associate Dean of Student Affairs and Career Development.
 3. In order to conduct an investigation, incidents must be documented using the [WSUSOM Mistreatment Report Form](#).
 - I. Completion of the form will notify the Associate Dean of Student Affairs and Career Development, the Assistant Dean of Student Affairs, and the Director of Counseling.
 - II. You may choose to remain anonymous when you file this report. All information is treated as confidential.
 4. If appropriate, a formal report may additionally be made with the following departments in coordination with the Office of Student Affairs:
 - I. If the event involves severe mistreatment by another student:
 - A. File charges under the [University Student Code of Conduct process](#), per University Policy.
 - II. If the event involves a WSU administrator, faculty or staff, **and involves** sexual harassment or discrimination:
 - A. The incident must also be reported to the [Office of Equal Opportunity/Title IX Office](#), who will investigate and respond accordingly.
 - B. Refer to *University Policy 2005-03 Discrimination and Harassment Complaint Process*.
 - III. If the event involves a WSU administrator, faculty or staff, and **does not involve** sexual harassment or discrimination: a report of the incident may be filed with [Wayne State University Dean of Student Office](#).
 - IV. If the event involves clinical faculty/medical personnel (non-university employee) at a clinical campus, the student may also report the event to the Human Resources Department of that Hospital.

Reponse to Filed Complaints

1. All complaints will be considered thoroughly and promptly. Every effort will be made to resolve complaints in an expeditious, discreet and effective manner.
2. The University, including the School of Medicine, will attempt to maintain confidentiality to the extent possible within legitimate conduct of an investigation and/or as required by law. Every effort will be made to avoid negative repercussions as a result of discussing an alleged offense and/or filing a complaint.
3. If a student reports mistreatment through the School of Medicine Mistreatment Reporting Link:

- I. The Associate Dean of Student Affairs and Career Development, the Assistant Dean of Student Affairs, and the Director of Counseling will automatically be provided with written notice of reported concerns of mistreatment and will conduct an initial inquiry into the circumstances of the alleged mistreatment.
 - II. Depending on the nature of the content, submitted reports may also be shared with the other departments or clinical sites for review, input, and co-management. This is at the discretion of the Associate Dean of Student Affairs and Career Development.
 - III. The Associate Dean of Student Affairs and Career Development will assist the student in filing a report with the appropriate University office as indicated.
4. When another student is involved and the Student Code of Conduct Policy has been activated, the University Student Conduct Officer will render a corrective action plan after discussion and collaboration with the Chair of the Professionalism Committee and/or the WSUSOM Associate Dean of Student Affairs and Career Development.

Data Reporting

1. Aggregate and de-identified data on reports of mistreatment of Medical Students will be shared with the Vice Dean of Medical Education, the Student Senate, and the WSUSOM Curriculum Committee on an annual basis.

Authorized Individuals and Governing Bodies

- Associate Dean of Student Affairs and Career Development
- Assistant Dean of Student Affairs
- Director of Counseling

Related Documents

WSUSOM - [Professionalism](#)

WSU - [Policy 2005-03 Discrimination and Harassment Complaint Process](#)

WSU - [Non-Discrimination/Affirmative Action](#)

WSU - [Sexual Harassment Policy](#)

WSU - [Student Code of Conduct Policy](#)

References/External Regulations

- LCME Element 3.6
- Education Amendments Act of 1972, 20 U.S.C. §§1681 - 1688 (2018)

All Revision Dates

10/10/2023, 5/3/2021

Approval Signatures

Step Description	Approver	Date
Dean/Designee	Richard Baker: Vice Dean of Medical Education [AG]	10/10/2023
OAACQI	Ashley Gregory: Compliance & Org Effect Manager	10/10/2023

Applicability

MD Student Handbook

COPY

Wayne State University School of Medicine Social Media Policy

Adapted from Wayne State School of Medicine, M.D. Handbook and Policies Academic Year 2024-2025. <https://med-wayne-student.policystat.com/policy/9989649/latest/>

Preamble

The use of social media has increased in all industries including health care and biomedical research. This policy is intended to be used as a guide to encourage School of Medicine (SOM) medical and graduate students who use social media to protect themselves from the unintended consequences of such practices and to maintain public trust. The term “social media” should be broadly understood for purposes of this policy to include but not be limited to blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, and social networking sites. The SOM is a principled organization, and as such, has an interest in its medical and graduate students being above reproach in the eyes of their peers and the public. This document is crafted to help the medical and graduate students navigate the continually changing world of social media.

Participating thoughtfully in social networking and other similar Internet opportunities can support personal expression, enable individuals to have a professional presence online, foster collegiality and camaraderie within the healthcare and biomedical research professions, and provide opportunity to widely disseminate public health messages, scientific observations, and related communications. However, social networks, blogs, and other forms of communication online also create new challenges to interpersonal relationships. Medical professionals, including those still in training, should weigh a number of considerations when maintaining a presence online:

Policies:

Privacy and Confidentiality

1. SOM medical and graduate students must be cognizant of, and adhere to, standards of patient privacy and confidentiality in all environments, including online, and must refrain from posting potentially identifiable patient information on personal accounts or websites, when valid, written permission was not given by the patient. Posting any patient information, photos, commentary, content or images may be a breach in confidentiality that could be harmful to the patient and may be a violation of federal privacy laws, including but not limited to provisions within the Health Insurance Portability and Accountability Act

(HIPAA). Furthermore, while HIPAA is a United States federal law, the ethical principles that underlie it extend to patients seen outside the country as well.

2. Sensitive information such as medical records or proprietary information is never to be transmitted by social media.

Professionalism

1. Professional conduct (see Professionalism document) must be adhered to at all times, including during the use of social media. The public holds health care professionals and biomedical research scientists to a high standard of professional conduct.
2. When writing online as representatives of the SOM about experiences as health professionals, biomedical researchers, or associates of the SOM – medical and graduate students must reveal any existing conflicts of interest and be honest about their credentials.
3. SOM medical and graduate students may not use their professional position to develop personal relationships with patients, whether online or in person. SOM medical and graduate students are discouraged from interacting with current or past patients on personal social networking sites such as Facebook.
4. SOM medical and graduate students who do not maintain the school's professional code of conduct are subject to disciplinary action. The SOM reserves the right to ask SOM medical and graduate students to edit, modify, review or delete any posting that violates the school's professional code of conduct. SOM medical and graduate students assume all risks related to the security, privacy and confidentiality of their posts.

Copyright

1. Wayne State University or SOM logos, trademarks, images, or related representations may not be used publicly unless granted permission in writing from the Executive Director, Office of Marketing and Publications, Wayne State University. Furthermore, original or modified lecture/laboratory material may not be shared outside of the Wayne State University SOM community.

Guidelines:

1. SOM medical and graduate students should recognize that actions online and content posted may negatively affect their reputations and those of their colleagues at the SOM among patients and colleagues, may have consequences for their medical, teaching, and/or research careers, and could undermine public trust in the medical and biomedical research professions. One should always

remember that he or she is representing the medical and biomedical research communities.

2. To maintain appropriate professional boundaries, SOM medical and graduate students should consider separating personal and professional content online. For professional use, SOM medical and graduate students are strongly encouraged to use their wayne.edu email addresses. The wayne.edu email address is required for all communication with the SOM.
3. When using the Internet for social networking, SOM medical and graduate students should use the maximum privacy settings to safeguard personal information and content, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, SOM medical and graduate students should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and content posted about them by others is accurate and appropriate. One should assume that everything he or she writes, exchanges or receives on a social media site is public.
4. SOM medical and graduate students acting in a public capacity are an ambassador of the SOM while in that capacity. Controversial subjects should be discussed thoughtfully, respectfully, and in a professional manner.
5. SOM medical and graduate students should take caution not to post information that is ambiguous or that could be misconstrued or taken out of context.
6. SOM medical and graduate students should be aware that content posted in any format (*g.*, video, song, and etc.) may be taken out of context by others and used for an unintended purpose. Posting online is public and permanent and can be used by anyone without prior request to the original posters. Always consider how people outside of your target group will review the content.
7. SOM medical and graduate students are encouraged to avoid posting material on school group sites that could be seen as marginalizing to any individual or group; for example, regarding gender, race, religion, social background or sexual orientation.
8. SOM medical and graduate students are encouraged to avoid posting comments about the health, weight, attitude, or lifestyle choices of SOM faculty members, trainees, academic staff members, and medical and graduate students.
9. When SOM medical and graduate students see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If, in the opinion of the observer, the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the observer should report the matter to the Vice Dean of Medical Education.

10. SOM medical and graduate students should familiarize themselves with relevant Federal, state, and local laws governing online activities. Any issue of concern on social media (including threats, violence, suicide, slander, cyberbullying, etc.) should be reported immediately to the Wayne State University Police Department (phone #:313 577-2222) and/or SOM administration. When uncertain whether these laws are followed, please refer to a school administrator before posting.

**Adapted from the AMA Policy on Social Media, Opinion 9.124 – Professionalism in the Use of Social Media and “Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice” Federation of State Medical Boards [2012] Retrieved 2015, January 28 from http://library.fsmb.org/grpol_policydocs.html*

Modified 1.7. 2016



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Wayne State University School of Medicine Professionalism

Adapted from Wayne State School of Medicine, M.D. Handbook and Policies Academic Year 2024-2025. <https://med-wayne-student.policystat.com/policy/10048506/latest/>

The following document is adapted from the School of Medicine's (SOM) professionalism document for medical students and from other resources. Many of the same values, attitudes, skills, and behaviors the SOM tries to instill in medical students throughout the course of their training are relevant to other health professions trainees like genetic counseling students. As such, this document has relevance to you. The National Society of Genetic Counselors' Code of Ethics and Conflict of Interest resources are other documents you will learn about that provide guidance regarding professionalism in genetic counseling.

Overview

The development of professional values, attitudes, skills, and behaviors during the passage from student to practicing professional involves a number of processes that begin on the first day of graduate school and continue throughout a person's career. The processes which shape genetic counseling student's professional growth are numerous. Some are explicit, and others implicit. Specific contributing factors include both positive and negative role models, classroom learning, clinical training, and interactions with faculty, clinical supervisors, patients, patients' families, health care professionals, clerical personnel, other healthcare trainees, and peers. All these factors influence students who enter graduate school with diverse personal experiences and identities. Although these multiple influences are complex, programs must attempt to manage them so as to positively direct the graduate students' professional development.

Wayne State University School of Medicine works to create an environment which fosters the professional development of all its students. Appropriate professional behavior is taught and modeled. Students are expected to demonstrate professional behavior throughout training, both on and off campus. On those rare occasions Wayne State student violates professionalism standards and/or the code of conduct, they will be referred to the Genetic Counseling Program Student Evaluation Committee.

Professional Values and Attributes. Appropriate, law-abiding behavior is expected, as is adherence to the general policies regarding behavior and conduct enumerated elsewhere by Wayne State University policies. Listed here are the values and attributes that are at the core of Professionalism at the School of Medicine and within the genetic counseling program:

Professional Behavior Standards

The following is a list of professional behaviors that are expected from students in the School of Medicine, including genetic counseling graduate student.

1. **Commitment to Life-long Learning** – Medical knowledge has been expanding exponentially. Students must make a commitment from their first day to be responsible for their learning and maintaining the necessary skills that are required to provide quality care to patients.
2. **Conscientiousness:** Students are expected to be thorough and dependable, and to commit the time and effort required to meet his or her responsibilities. Students should not require continual reminders about responsibilities to patients, to the institution, other health care professionals and to administrative staff. Responding in a timely and appropriate fashion to phone calls, pages, notices and emails from faculty, health care team members, and administrative staff is a responsibility that must be honored by students.
3. **Nondiscrimination:** It is unethical for a student to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, sexual preference, national origin, ancestry or physical handicap. Students must show respect for patients and families as well as everyone involved in their care. This includes physicians, nurses, other students, residents, fellows and administrative staff.
4. **Professional Demeanor:** The student should be thoughtful and professional when interacting with patients, families, peers and co-workers. Inappropriate behavior includes but is not limited to the use of offensive language, gestures, or remarks with sexual overtones, extreme lack of interest and/or dishonesty.

Additionally, students should maintain a neat and clean appearance and adhere to the dress code policy.

5. **Teaching:** It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine/genetic counseling. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.
6. **Confidentiality:** All students are required to undergo training in the Health Insurance Portability and Accountability Act (HIPAA) and must adhere to this

policy. A patient's right to the confidentiality of their medical record is fundamental to medical care. Discussing medical problems or diagnoses in public (including social media) violates patient confidentiality and is unethical.

7. **Conflicts of Interest:** Recognition, avoidance and management of conflicts of interest represent a core issue of professionalism. Any student with a proprietary or other interest in any material he or she is presenting or discussing must properly disclose that conflict of interest. When a conflict of interest arises, the welfare of the patient must at all times be paramount.
8. **Sexual Misconduct:** Students must not engage in romantic, sexual, or other nonprofessional relationships with a patient while involved in the patient's care, even at the apparent request of a patient (sexual misconduct). In addition, students must not engage in romantic, sexual or other non-professional relationships with mentees, tutees or others for whom the student is in a position of authority. Students are not expected to tolerate inappropriate sexual behavior on the part of patients, their families or other health professionals. Students must adhere to all relevant university, clinical and community site policies regarding sexual misconduct.

Wayne State University has a strict policy regarding sexual assault and harassment. More information and resources can be viewed here:
<https://warriorlife.wayne.edu/sexualhealth/misconduct-resources>

9. **Disclosure:** Students must understand the ethics of full disclosure. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision-making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient's authorized representative. Students who participate in disclosing information to patients must do so only with the guidance of the supervising genetic counselor or other appropriate healthcare professional. Students must adhere to all clinical and community site policies regarding disclosure.
10. **Informed Consent:** Students must understand the obligation to obtain informed consent from patients, but it is ultimately the supervising healthcare professional's responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient's medical condition, the objectives of proposed treatment alternatives, and risks involved. Presentation of information should be understandable and unbiased. The patient's or surrogate's concurrence must be obtained without coercion. Students who participate in

obtaining informed consent must only do so with the guidance of the supervising genetic counselor or other appropriate healthcare professional.

11. **Representation of Level of Training and Knowledge:** A student should accurately represent themselves to others and never introduce themselves using a title (such as “doctor” or “genetic counselor”) that could misrepresent the student’s position, knowledge and authority. A student should never provide care beyond what is appropriate for their level of training. The student must seek consultation and supervision whenever their care of patient may be inadequate because of lack of knowledge and/or experience.
12. **Honesty:** Students are expected to demonstrate honesty and integrity in all aspects of their education and interactions with patients, staff, faculty, colleagues, and the community. They may not cheat, like, steal, or assist others in the commission of these acts. Students must not commit fraud or misuse funds intended for professional activities.

Students must assure accuracy and completeness of their parts of the medical record and must make good-faith efforts to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead or promote themselves at the patient’s expense. The student is bound to know, understand, and preserve professional ethics and has a duty to report any breach of these ethics by other students or healthcare providers through the appropriate channels.

Plagiarism is a serious offense and is consider Academic Misconduct under the University’s Academic Misconduct policy. Please review the misconduct policy here: <https://doso.wayne.edu/conduct/academic-misconduct>

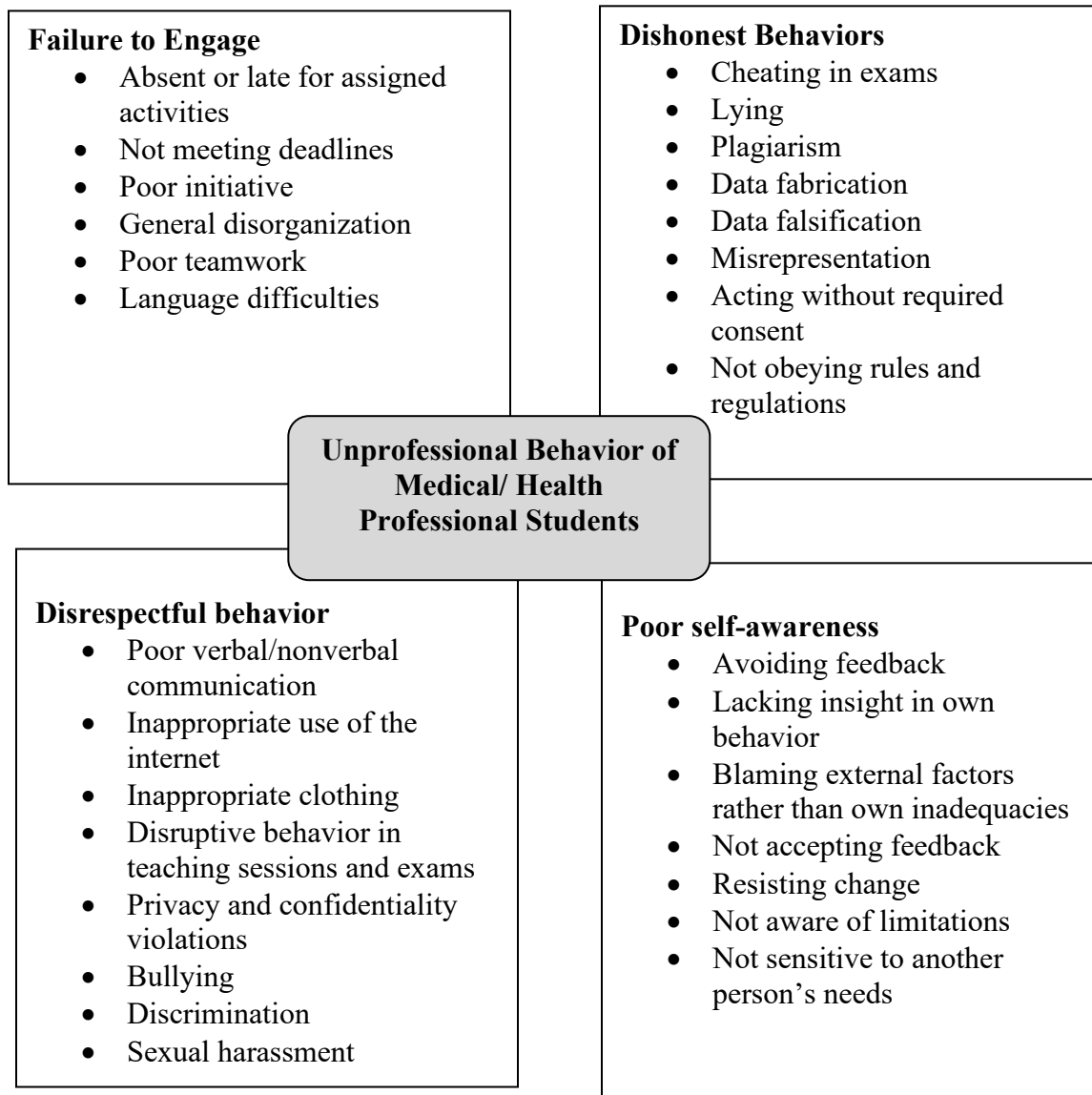
13. **Research:** The foundation of research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into pre-conceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be acquainted with the work of their coworkers that they can personally vouch for the integrity of the study, validity of the findings, and must have been active in the research, or writing, itself. Additionally, research and presentation of finding must be conducted with the full knowledge of pertinent faculty, staff, peers, and genetic counseling program directors.

14. **Impairment:** The student will not use alcohol or drugs in a manner that could compromise patient care or bring harm to themselves or others. It is the responsibility of every student to protect the public and to get the appropriate help for him or herself and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report members of the health care team whose behavior exhibits impairment or lack of professional conduct or competence.
15. **Arrogance:** Arrogance means an offensive display of superiority and self-importance and will not be tolerated. Arrogance denotes haughtiness, vanity, insolence and disdain. All of these qualities run counter to the demeanor of the professional.
16. **Behavior towards Colleagues:** The student will deal with professionals, staff, and peers in a cooperative and considerate manner, including their mentors and teachers. Professional relations among all members of the medical community should be marked with civility and each person should recognize and facilitate the contributions of others to the community. Under no circumstances will the student exhibit prejudice in words, action or deed towards a colleague based on ethnicity, race, religion, gender identity, age, sexual orientation, or physical disabilities. It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge, qualifications or services of a colleague. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.
17. **Evaluation:** Becoming a healthcare provider requires continuous personal growth and improvement. Students should seek feedback and are expected to respond to feedback and constructive criticism by appropriate modification of their behavior. Resistance or defensiveness in accepting criticism or in receiving feedback, remaining unaware of one's own inadequacies and not accepting responsibility for errors or failure are examples of a poor professional attitude.

Students should actively participate in the process of evaluating their teachers, including clinical supervisors. When evaluating their performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

Domains of Unprofessional Behavior

Although there is no literature specifically evaluating professionalism in genetic counseling graduate students, there have been a number of studies looking at professional behavior in medical students. A recent systematic review by Mak-Van Der Vossen, et al (2017) summarized what types of unprofessional behavior have been identified in medical students, categorizing them into four domains of unprofessional behavior. The figure below outlines the four domains and provides examples of unprofessional behaviors in each.



Adapted from Mak-Van Der Vossen M, et al. Descriptors for unprofessional behaviours of medical students: a systematic review and categorisation. BMC Med Educ. 2017;17(1):164.

Closing Thoughts

Becoming a healthcare professional requires recognizing what constitutes professional and non-professional behavior and striving to adhere to the highest standards in professionalism. The genetic counseling program integrates training in professionalism across the curriculum to prepare students for professional practice with this aim in mind. But each student must take personal responsibility for developing, demonstrating, and embracing professional behaviors while in the program and throughout their professional careers.

Appendix

Unprofessional behaviors of medical/health professional students, list of themes, descriptors, and behaviors. From Descriptors for Unprofessional Behaviors of Medical Students: A Systematic Review and Categorisation, Mak-van der Vossen et al. BMC Medical Education (2017) 17:164 DOI 10.1186/s12909-017-0997-x

Themes	Descriptors	Behaviors
Failure to engage	Late or absent for assigned activities	Lack of timeliness [28-30,37] Unexplained/unauthorised absence [26,27,29-32,42,43]
	Not meeting deadlines	Failure to follow the timetable and/or get assignments signed off [26,32]
	Poor initiative	Lack of initiative [32,37,38,70] Excessively shy, non-assertive [27,28,66] Avoids patient contact [26,27,37] Inattention, non-participating [26,33,36,66] Disinterested [27,37] Lacks motivation [31] Negative attitude [31,36] General lack of commitment to teaching & learning activities and/or tutor meetings [26] Failure to engage with research project [26] Lack of engagement with clinical teams [26] Casual behaviour [26,27]
	General disorganization	General disorganisation [26,27] Poor note-keeping [26] Illegible writing [26]
	Cutting corners	Poor reliability and responsibility [25,31,33,34,37,38,42,70] Inadequate personal commitment to patients [25] Accepts/seeks minimally acceptable level of performance [25] Reluctance in pursuing clinically appropriate diagnostic and therapeutic steps, including avoiding admission, pressing for premature discharge, or otherwise cutting corners [39] Lack of conscientiousness [35] Avoids work [27,32] Leaving the hospital during a shift [41]
	Poor teamwork	Does not function /interact appropriately within groups [25] Escaping teamwork [40] Cannot work with peers [34] Disruptive with team [37]

		<p>Inappropriate behaviour in small groups with peers and with faculty [34]</p> <p>Gives no feedback to others [30]</p> <p>Claiming collaborative work as one's individual effort [43,46]</p>
	Language difficulties	English language difficulties [37]
Dishonest behaviours	Cheating in exams	<p>Cheating in exams [32,40,45,50,53,55]</p> <p>Gaining illegal access to examination questions [40,43-48,51,53,54]</p> <p>Paying someone to change a grade [41,45,48]</p> <p>Let someone else sit for your exams or taking a test or a part of a test for someone else [46,47,51,52,54]</p> <p>Observing a student copying from another student during an examination and doing nothing with the information [46]</p> <p>Changing a response after a quiz was graded and returned, then reporting that there had been a mistake and requesting credit from the altered response [46]</p> <p>Influencing the teacher to get more marks [43-45]</p> <p>Getting technical help during practical exam [44]</p> <p>Exchanging answers during an exam [40,43,44,46,47,49,52,54]</p> <p>Moving labels or altering slides during an exam [54]</p> <p>Passing an exam by using help from acquaintances [43,48,50]</p> <p>Altering his or her grades in the official record [54]</p> <p>Using crib notes [43,44,46-49,51,52,54]</p> <p>Using mobile phone to exchange answers during an exam [43,45,48]</p> <p>Arranging with administrative personnel to be assigned to a lenient examiner [48]</p> <p>Paying a fellow student, or being paid by a fellow student for completion of coursework [43]</p>
	Lying	<p>Unsatisfactory honesty/integrity [33]</p> <p>Collusion [42]</p> <p>Falsifies actions/information [25,37]</p> <p>Giving false excuses when absent [40,43,44,46]</p> <p>Lying about having ordered tests [41,53]</p> <p>Giving false identification when challenged [26]</p>
	Data fabrication	<p>Data fabrication [40]</p> <p>Fabricating the whole or part of a patient's history [40,41,45]</p> <p>Altering or manipulating data (e.g., adjusting the data to obtain a significant result) [43,51]</p> <p>Reporting a lab test or X-ray as "normal" during rounds when in actual ordered or knew it had not been [46,52]</p> <p>Writing fake examination findings without performing it [41,44-46,49,52,55]</p> <p>using auto-inserted data for vital signs [58]</p> <p>using auto-inserted data for lab results [58]</p>

		using auto-inserted data for the medication list [58] using templates for the entire note [58] using templates for the physical or mental status exam [58] using auto-inserted data for the problem list [58]
	Data falsification	Data falsification [31,32,40,52] Forging prescriptions [32] Recording tasks that were not performed [53] Falsifying references or a biography [52,55] Falsifying lab data [46,53,55] Writing clinical exam "normal" when you didn't perform [40,51,55] Documenting while signed in under an attending's name [58] Documenting while signed in under a resident's name [58] Forging signatures [26,40,42-45,48,49] Using other people's medical stamps [40] Intentionally falsifying the test results or treatment records in order to disguise mistakes [43] Falsifying references or grades on curriculum vitae [43] Altering grades in official record [43] Presenting work with the name of someone who did not participate in it [41]
	Misrepresentation	Misrepresentation [25,35,57,59] Being introduced as "doctor" to patients [29] Not correcting someone who mistakes you for a physician [30]
	Acting without patients' consent	No consent for clinical examination of a patient [56,57]
	Plagiarism	Copying text without appropriate attribution [26,40,42,43,47,60] Copying elements of my own previous notes [43,58] Turning in work done by someone else [43,46-49,51-54] Allowing others to copy your work [35,51] Copying and pasting elements of another provider's notes in the electronic health record documentation (EHRD) [58] Failing to correctly acknowledge a source (e.g., copying the text directly but only including the source in reference list) [43] Citing sources that have not in fact been read in full [43]
	Not obeying rules and regulations	Failing to obey rules & regulations [26] Removing an assigned reference from the reserved shelf in the library, thereby preventing other students from gaining access to the information [43,46,52] Acceptance of gifts [35,49] Buying or selling hospital shifts [40,41]

		<p>Taking food that is not meant for students [29,30]</p> <p>Eating or drinking in patient corridors [29]</p> <p>Failing to follow proper infection control procedures [43,57]</p> <p>Use of phones in restricted areas [61]</p> <p>Asking someone to include you in the assistance list [41]</p> <p>Inebriation at school events [26,30]</p> <p>Arrest or criminal offence [26]</p> <p>Significant misconduct [42]</p> <p>Stealing or breaking things [62]</p> <p>Committing a felony [32]</p>
Disrespectful behaviour	Poor verbal/nonverbal communication	<p>Unsatisfactory respect [26,31,33]</p> <p>Poor verbal communication [25,28,32]</p> <p>Poor nonverbal communication [26,28]</p> <p>Disrespectful communication by email [32]</p> <p>Verbally expressed hostility, e.g. posing provocative questions in a challenging manner [66]</p> <p>Fails to establish rapport [31]</p> <p>Inadequate rapport with patients/families [25,37,56]</p> <p>Speaking too casually in examination [28]</p> <p>Threatening or verbally abusing a university employee or fellow student [43]</p> <p>Showing outright hostility, malice or rudeness [39]</p> <p>Hostile [27]</p> <p>Rude [27]</p> <p>Arrogant [37]</p> <p>Manipulative, aggressive, and badgering of faculty [36]</p> <p>Doesn't respond to written requests to discuss low grades [36]</p> <p>Failing to listen to patients' opinion [26]</p> <p>Rude or aggressive to fellow students or to staff, with confrontational, intimidating or arrogant behaviour [26]</p> <p>Ignoring emails or other contacts from teaching or administrative staff [26]</p> <p>Rudeness to colleague in presence of simulated patient [26]</p> <p>Compromising ethical principles [35]</p> <p>Belligerence [66]</p>
	Inappropriate clothing	<p>Poor condition of white coats [29,30]</p> <p>Untidy dress [29]</p> <p>Wear white coats/scrubs out of the hospital [29]</p> <p>Failure to maintain professional appearance and attire [25,28,30,37,42]</p>

	Disruptive behaviour in teaching sessions and exams	<p>Negative responses in a sex education seminar [66]</p> <p>Whispering animatedly about material that was obviously not of general educational value [66]</p> <p>Negative responses in a sex education seminar [66]</p> <p>Inappropriate behaviour in lecture [36]</p> <p>Unnecessary interruption in class [34]</p> <p>Dismissive or arrogant behaviour to other individuals during teaching [26]</p> <p>Using offensive language during teaching sessions [26]</p> <p>Failure to show respect for the examination process [28]</p> <p>Writing rude/inappropriate comments on exam script [26]</p>
	Privacy and confidentiality violations	<p>Fails to respect patient confidentiality [25,35,56]</p> <p>Discussing patients in public spaces, including Facebook [29,30,63-65]</p>
	Inappropriate use of internet	<p>Inappropriate use of social media [32]</p> <p>Use Facebook or Google to research patients [67]</p> <p>Discussing a clinical site in a negative light [64]</p> <p>Discussing university in a negative light [64]</p> <p>Discussing another health care worker in a negative light [64]</p> <p>On line posting sexual-relational content, i.e. posting sexually suggestive/ explicit content or posting sexually provocative photographs of students, requesting inappropriate friendships with patients on Facebook, sexually suggestive comments [63,65]</p> <p>On line posting negative content related to experiences in medical school, i.e. using profanity or other disparaging or discriminatory language in reference to specific faculty, courses or rotations, classmates, or medical school [63]</p> <p>On line posting content like comments, photos and videos suggesting intoxication or illicit substance use [63,65]</p>
	Bullying	<p>Verbal abuse [68,69]</p> <p>Written abuse [68]</p> <p>Physical abuse [43,68,69]</p> <p>Behavioural abuse [68,69]</p> <p>Subgroup formation [66]</p> <p>Ignoring and excluding a peer student [62,68]</p> <p>Deliberately damaging another students' work [43]</p> <p>Threatening others [62]</p> <p>Spreading rumours [62]</p> <p>Profanity [62]</p> <p>Insulting [62]</p>
	Discrimination	Cultural and religious insensitivity [35]

		Bias [35] Discrimination [33]
	Sexual harassment	Sexual harassment [35,43]
Poor self-awareness	Avoiding feedback	Unclear expectations or insufficient feedback by faculty or residents [30]
	Lacking insight in own behaviour	Poor insight [28] Lack of self-awareness [32,33] Denying own performance [28] Student failing to appreciate the effects of poor health on performance and seek support [26] Work or attendance affected by health disorders such as depression [26] Seems to feel put upon when asked to do authority [36] Lack of insight into behaviour [26] “Con artist” (manipulative behaviour) [27]
	Blaming external factors rather than own inadequacies	Blaming external factors rather than skill deficiencies for bad exam results [28] Challenges everything [27] Argumentative [31,37]
	Not accepting feedback	Fails to accept responsibility for actions [25] Resistant to accepting feedback [25,32,34,37,70] Inability to incorporate feedback [31]
	Resisting change	Diminished capacity for self-improvement [32,38,70] Resistant to change [37] Lack of effort towards self-improvement [37]
	Not aware of limitations	Lack of awareness of one’s limitations [25,32,37] Placing own learning above patient safety [57] Acting beyond level of competence [30,43,56,57] Discussing with patients information beyond your level of knowledge [29,30] Inappropriate advice to a patient [26] Giving other students inappropriate advice about clinical care [26] Not respecting professional boundaries (deciding to visit a patient at home) [26] Arrogant and overconfident [27,31,35,38] Arrogant or abusive during stress [25] Abuses student privileges [25] Endorsed more than one unprofessional behaviour [49]

	Not sensitive to another person's needs	<p>Lack of empathy [25-28,31,33,37]</p> <p>Fail to elicit the patient's perspective [26,28,30]</p> <p>Abrupt and non-empathetic manner with patients [26]</p> <p>Making derogatory comments about patients [30,39,56,57]</p> <p>Putting own learning needs ahead of patient care, and thereby causing the patient discomfort [26,56,57]</p> <p>Treat simulation patients as symptoms and diagnoses rather than as people with feelings and concerns [28]</p> <p>Making fun of patients, peers, or physicians [26,29,30]</p> <p>Inappropriate comments made to a patient in front of others [26]</p> <p>Reporting an impaired colleague to faculty before approaching the individual [29]</p> <p>Displays inappropriate interpersonal skills [27,31]</p>
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Wayne State University School of Medicine Clinical Student Dress and Grooming Standards

Adapted from Wayne State School of Medicine, M.D. Handbook and Policies Academic Year 2024-2025. <https://med-wayne-student.policystat.com/policy/10041297/latest/>

The WSUSOM does not have an explicit dress code for classroom activities. A student is expected to have an appearance that inspires confidence in one's self and one's medical school when interacting with patients and the public.

On the other hand, a set of dress and grooming standards have been developed for students while in clinical settings. All students are expected to maintain personal appearance standards that are consistent with the image of a health care professional, and comply with all infection control, legal, and safety requirements.

Objective

To promote a neat, clean, professional, and business-like appearance consistent with preserving and enhancing the image of the Wayne State University School of Medicine, while assuring that attire is not hazardous or offensive to patients and employees.

Scope

All Wayne State University School of Medicine students assigned to inpatient or outpatient (including ambulatory sites, private offices, etc.) patient care areas.

Policy

All students shall maintain personal appearance standards that are consistent with the image of a health care professional, and comply with all infection control, legal, and safety requirements.

Universal Personal Appearance Standards

1. Clothing should be of appropriate size and fit permitting freedom of movement. All personal clothing should be clean, neat, and of appropriate length with finished hems. Thighs, breasts and cleavage must be covered. Tucking pant legs into socks is not permitted.
2. Undergarments must be worn at all times, and color and/or design must not be visible through clothing. Socks or hosiery must be worn. Bare legs and feet are not acceptable.
3. Hair is to be neat and clean. Long hair must be so styled and/or restrained so as not to interfere with work performance, safety and infection control. Hair may

not obscure vision or come in contact with patient or other surfaces. Head coverings mandated by religious beliefs are acceptable. Mustaches and beards must be clean and neatly trimmed.

4. Fingernails must be kept short (i.e., not to exceed 1/4 inch past the fingertip) and clean. Chipped nail polish or enhancements such as jewels may not be worn. Nail enhancements of any kind (e.g., wraps, acrylics, gels and stones) may not be worn in the Operating Rooms, Same Day Surgery, Intensive Care Units (for example, ICU, BMT, Burn unit, NICU, PICU, pheresis), step-down ICU units, or other areas where invasive procedures are routinely performed or when procedures require a surgical scrub. (CDC Guideline for Hand Hygiene in Health-Care Settings. MMWR 51(RR16); 1-44: 2002).
5. Jewelry must not create a hazard to self or others, and should be kept to a minimum. Visible adornment with tattoos or body paint is not acceptable. No visible ornamental piercing except for ears. No bracelets are to be worn by students while engaged in patient care activities.
6. School of Medicine and/or appropriate Hospital Identification (Badges) must be worn at all times, on the upper chest or shoulder area, while on duty. Full name and photo must be visible. Badge holders/lanyards must not interfere with patient care activities and be worn above waist level.
7. Shoe covers, where required, must be removed when leaving the patient care area.
8. Makeup should be appropriate for office daytime wear. Perfume and scented after-shave lotion must not be worn due to the health risk to others.
9. Personal headphones or personal cell phones are not to be used or worn while on duty in direct care of patients. Personal beepers may be worn, but must be on vibrating (non-audible) mode and must not be visible.
10. Non-Direct Care Activities: Unless otherwise directed, casual business wear may be worn while in orientation, or at other educational offerings. This includes appropriate shoes/hose. However, if a portion of the day is spent in the clinical area, the above guidelines regarding dress and grooming then apply.
11. Off-Site Functions: Wayne State University School of Medicine Clinical Student Dress and Grooming Standards must be adhered to when employees or contract employees represent the DMC at any outside conferences, community outreach functions, and other professional/educational events.
12. The following types of clothing are not permitted:
 - Jeans or clothing of denim-like material
 - T-shirts (without hospital approved design or logos)

- Sweatshirts, sweatpants, or jogging suits
Exception: Staff may wear sweatshirts with hospital approved logo-site specific. Personal Trainers at RIM wear RIM Logowear warm-up suits.
- Shorts or Capris
- Tank or tube tops
- Military fatigues
- Stretch pants, spandex, stirrup pants
- See-through or revealing clothing
Exercise apparel
- Mini-skirts or mini-dresses (mid-thigh) or slit above mid-thigh
- Leather
- Excessive or inappropriate jewelry
- Sunglasses
- Open toe shoes or sandals

Specialty Areas

1. Approved hospital-provided and laundered scrubs are to be worn in designated areas only. These include, but are not limited to, the Burn Center (DRH), Labor and Delivery, LDRP, Dialysis and Perioperative areas.
2. Refer to site or department policy for students assigned to the Rehabilitation Institute of Michigan, and Psychiatric or Chemical Dependency areas.

When Standards Are Not Met

1. Each student is responsible for maintaining an appearance consistent with this policy. It is the responsibility of School of Medicine Administration, in conjunction with resident and attending faculty along with administration of all assigned health care institutions, to assure compliance with these guidelines.
2. Clinical supervisors, faculty, and/or program directors from are expected to counsel students who wear inappropriate or unsafe clothing.
3. Students repeatedly arriving to clinic in apparel deemed unacceptable or unprofessional will be sent home for more appropriate attire. Students may then be required to make up time missed from clinical activities.
4. If the student does not respond to counseling, he or she may be suspended from clinical activities until which time the student demonstrates a change in behavior. Faculty/clinical supervisors to whom students are assigned may make exceptions to the above policy for specific purposes and events.

Wayne State Non-Discrimination/Affirmative Action Policy

- 2.28.01 Non-Discrimination/Affirmative Action Policy
- 2.28.01.010 Wayne State University is committed to a policy of non-discrimination and equal opportunity in all of its operations, employment opportunities, educational programs and related activities.
- 2.28.01.020 This policy embraces all persons regardless of race, color, sex (including gender identity), national origin, religion, age, sexual orientation, familial status, marital status, height, weight, disability, or veteran status and expressly forbids sexual harassment and discrimination in hiring, terms of employment, tenure, promotion, placement and discharge of employees, admission, training and treatment of students, extracurricular activities, the use of University services, facilities, and the awarding of contracts. This policy also forbids retaliation and/or any form of harassment against an individual as a result of filing a complaint of discrimination or harassment, or participating in an investigation of a complaint of discrimination or harassment. It shall not preclude the University from implementing those affirmative action measures which are designed to achieve full equity for minorities and women.
- 2.28.01.030 The University, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. In furtherance of this policy, the University is also committed to institutional diversity to achieve full equity in all areas of University life and service and in those private clubs and accommodations that are used by University personnel. No off-campus activities sponsored by or on behalf of Wayne State University shall be held in private club facilities or accommodations which operate from an established policy barring membership or participation on the basis of race, color, sex (including gender identity), national origin, religion, age, sexual orientation, familial status, marital status, height, weight, disability, or veteran status. Affirmative action procedures, measures, and programs may be used to the extent permitted by law to establish, monitor and implement affirmative action plans for all budgetary units and the University as a whole.
- 2.28.01.040 The affirmative action plans and programs of the University may include the participation of minority- and female-owned businesses, institutions and firms in the awarding of contracts for consulting, management, construction projects, maintenance, and vendor services.
- 2.28.01.050 Implementation of the University's non-discrimination/ affirmative action policy shall include, but is not limited to, the following:
- 2.28.01.060 a) Review by the President or his/her designee of all proposed academic and non-academic appointments for compliance with this statute;
- 2.28.01.070 b) Review by the President or his/her designee of all proposed contractual commitments by the University with external construction contractors, vendors, consulting, and professional service firms and organizations, for compliance with this statute;
- 2.28.01.080 c) Maintenance of University Affirmative Action plans consistent with existing law and this statute;
- 2.28.01.090 d) The posting of job openings as provided by University Policy 99-5;

- 2.28.01.100 e) Procedures for the investigation and timely resolution of complaints alleging sexual harassment or discrimination due to race, color, sex (including gender identity), national origin, religion, age, sexual orientation, familial status, marital status, height, weight, disability, or veteran status;
- 2.28.01.110 f) Development of recruitment programs, designed to attract minority and female job applicants and students;
- 2.28.01.120 g) Annual reports to the Board of Governors describing the status of minorities and women, areas of non-compliance or weak performance, and the University's progress in achieving established goals.
- 2.28.01.130 Overall responsibility for implementation of the non-discrimination/affirmative action policy, as declared herein, and University compliance with all applicable federal, state and local laws and regulations rests with the President. Day-to-day administrative responsibility shall be carried by other executive officers as assigned by the President. Such officers shall provide periodic reports to the Board of Governors on the status of the University's Affirmative Action Program, and its record of compliance under this policy.

Legislative History

Adopted(1) 6-o Official Proceedings 30:4094 (14 February 1986); Revised 24 March 2010; Prior Acts(2) Official Proceedings 3:578-9 Official Proceedings 14:1764-65 Official Proceedings 17:2171-72 Official Proceedings 21:2840-41 Official Proceedings 23:3174 Official Proceedings 28:3880-81

Cross References

Sec. 2.81.03

<https://bog.wayne.edu/code/2-28-01>

Wayne State University Statute- Sexual Harassment

Available at <https://bog.wayne.edu/code/2-28-06>

2.28.06 Sexual Harassment

- 2.28.06.010 It is the policy of Wayne State University that no member of the University community may sexually harass another. Any employee or student will be subject to disciplinary action for violation of this policy.
- 2.28.06.020 The law of the State of Michigan prohibits discrimination in employment and in education and provides that:
- 2.28.06.030 Discrimination because of sex includes sexual harassment which means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature when:
- 2.28.06.040 (i) Submission to such conduct or communication is made a term or condition either explicitly or implicitly to obtain employment, public accommodations or public services, education, or housing.
- 2.28.06.050 (ii) Submission to or rejection of such conduct or communication by an individual is used as a factor in decisions affecting such individual's employment, public accommodations or public services, education, or housing.
- 2.28.06.060 (iii) Such conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations or public services, education, or housing, or creating an intimidating, hostile, or offensive employment, public accommodations, public services, educational, or housing environment. MCLA 37.2103(h).
- 2.28.06.070 In the area of speech, what the law and this policy prohibit is speech as action: that is, sexual communication which is either directly coercive as demanding favors, or indirectly coercive, as rising to that level of offensiveness which interferes substantially with the victim's education or employment. The determination of what level of offensiveness is actually coercive, and therefore unlawful and prohibited by this policy, will in some cases be difficult. A significant element in the determination is provided by the fact that an unequal power relationship underlies sexual harassment. The more unequal the relationship, the more the risk is of substantial interference with the victim's education or employment.
- 2.28.06.080 In the area of physical contact, physical contact which is unwelcome is so gravely offensive that it always has the effect of substantially interfering with the victim's employment or educational environment. Employees



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and students should not take for granted that they are welcome to touch other employees or students, since if their contact is in fact unwelcome, they will be in violation of the law and of this policy.

2.28.06.090 Deans, directors and department heads are directed to take appropriate steps to disseminate this policy statement and to inform students and employees of complaint procedures.

Legislative History

Adopted 8-0; Official Proceedings 27:3829 (7.15.1983)



Policies and Procedures

05-3 Discrimination And Harassment Complaint Process

1.0 Purpose

- 1.1 It is the purpose of this University Policy to set forth the respective roles and responsibilities of the Office of Equal Opportunity and the executive officers of the University in the investigation and resolution of complaints filed internally alleging violations of the University's policies against unlawful discrimination and harassment.
- 1.2 It is also the purpose of this University Policy to implement the University's complaint procedures as referenced in the WSU Board Statutes Annotated 2.28.01 – Non-Discrimination Policy and WSU Board Statutes 2.28.06 – Sexual Harassment Statute.

2.0 Delegation and Authority

- 2.1 The responsibility for receiving, investigating and recommending disposition of discrimination complaints is delegated to the Director of the Office of Equal Opportunity (hereafter "the Director"). Persons alleging violation of the University's non-discrimination and harassment policies may file a complaint with the Office of Equal Opportunity.
- 2.2 The Equal Opportunity Office shall perform an initial assessment of all complaints to determine whether the allegations fall within the scope and jurisdiction of the non-discrimination and harassment policies.
- 2.3 After the initial assessment has been completed, and if the Equal Opportunity Office determines that the allegations fall within the scope of the non-discrimination or harassment policies, the Equal Opportunity Office will so advise the Complainant and the Respondent. If the Equal Opportunity Office determines that the allegations do not fall within the scope of the non-discrimination or harassment policies, the Equal Opportunity Office will refer the Complainant to the proper forum to address his or her concerns.

3.0 Inquiry

- 3.1 If the Equal Opportunity Office determines that the allegations fall within the non-discrimination or harassment policies, the Equal Opportunity Office will conduct an inquiry.
- 3.2 In an inquiry, the Equal Opportunity Office will review the concerns raised and obtain information from appropriate University personnel or other persons. If the Equal Opportunity Office concludes that the initial inquiry has merit and should be resolved, it will suggest steps to resolve the concerns of all of the relevant parties.
- 3.3 If the Complainant or the Respondent do not concur with the proposed resolution, or if the Equal Opportunity Office determines that the allegations, if sustained, would be reasonably likely to result in the need for prompt remedial measures potentially involving disciplinary action, a formal complaint will

be initiated.

4.0 Formal Investigation

- 4.1 A formal complaint is a written expression alleging violation of the University's policies on Non-Discrimination or Sexual Harassment. A formal complaint must be signed and dated by the complaining individual(s) ("the complainant"). The filing of a formal complaint requires a full investigation by the Equal Opportunity Office and the development of findings of fact and formal recommendations regarding disposition of the complaint.
- 4.2 The Equal Opportunity Office will provide the person or unit who is accused of violation of the university policies prohibiting discrimination / harassment ("the respondent") a copy of the formal complaint and provide the respondent with an opportunity to provide a written response within the time limits set by the Equal Opportunity Office.
- 4.3 The Director of the Equal Opportunity Office will, within ten working days of the filing of the formal complaint, notify the vice president or dean (hereafter "executive officer") in the division or unit in which the complaint originated, that a formal complaint has been filed. The notification should include the name of the complainant and the nature of the complaint. The Equal Opportunity Office will also maintain regular communication with the complainant and the respondent to advise them of the status of the investigation and disposition of the complaint.
- 4.4 The Director of the Equal Opportunity Office will be responsible for preparing a Notice of Disposition for each formal complaint. The Notice of Disposition will include: (a) a summary of complaint, (b) a statement of findings, (c) conclusion and (d) recommendations, if any. The report will be signed and dated by the Director.
- 4.5 The Notice of Disposition shall be completed no more than 90 calendar days after the date of filing the formal complaint. If the Notice of Disposition cannot be completed within 90 calendar days, the Director of the Equal Opportunity Office must notify the parties of the approximate date on which the Notice of Disposition will be issued.
- 4.6 The Notice of Disposition either will include a finding that there is insufficient cause to conclude that the Respondent engaged in conduct in violation of the university's policies on discrimination or harassment, or that there is probable cause that the respondent engaged in such conduct.
- 4.7 If the Notice of Disposition includes a finding of probable cause and calls for prompt remedial action, the Director of the Equal Opportunity Office shall notify the executive officer responsible for implementing the prompt remedial measures of the finding of probable cause prior to the Notice of Disposition being issued in final form. In cases involving represented employees, the Director of Equal Opportunity should consult with the Director of Labor Relations to ensure that the remedial measure is not constrained by an existing collective bargaining agreement. The executive officer responsible for implementing the prompt remedial action must respond to the Director of the Equal Opportunity Office within 10 working days as to concurrence or non-concurrence with the recommendations.
 - 4.7.1 If the executive officer concurs, he/she shall include a proposed time schedule for implementing the prompt remedial measures.
 - 4.7.2 If the executive officer does not concur, he/she shall explain the reasons for non-concurrence with the recommendation.
 - 4.7.3 If the executive officer concurs with the finding but takes issue with the recommended remedial action, the executive officer shall offer alternative remedial actions along with an implementation time schedule.

5.0 Appeals

- 5.1 If the complainant, respondent or executive officer is dissatisfied with the Notice of Disposition, he/she may file an appeal to the Chief of Staff within 14 days after the final Notice of Disposition has been issued.
- 5.2 The appeal may only be filed on the basis that:
 - 5.2.1 The investigation failed to include evidence that was available and should have been taken into consideration prior to the final disposition.
 - 5.2.2 The investigation failed to comply with the process and procedures that must be followed during the investigation process.
 - 5.2.3 Taking the evidence in the light most favorable to the prevailing party, the outcome is not consistent with the non-discrimination or harassment policy.
 - 5.2.4 The proposed remedial measure is inconsistent with other University policy or collective bargaining agreements.
- 5.3 The Chief of Staff will independently review the appeal. The Chief of Staff may receive additional information if at his or her discretion such information is necessary to the review.
- 5.4 The Chief of Staff's decision on the recommendation of the Equal Opportunity Office will be final.
- 5.5 The individual parties retain the right to appeal discipline, if any, under existing collective bargaining agreements or other applicable University disciplinary policies.

6.0 Other Provisions

- 6.1 Retaliation against any person for filing a complaint or for participating in an inquiry or an investigation of a complaint is strictly prohibited. Such retaliation constitutes a separate basis for complaint under this University Policy.
- 6.2 If a recurring pattern of sustained complaints is identified in a unit of the university that falls under this policy, the Director of the Equal Opportunity Office will consult with the executive officer responsible for that unit.
- 6.3 The Director will provide recommendations and assistance to the executive officer, who will be expected to take prompt remedial measures necessary to correct these breaches of university policy. The Director shall provide the President with a copy of any report to an executive officer made under this subsection.
- 6.4 The Equal Opportunity Office shall maintain a record of all inquiries and formal complaints filed for a period of not more than (3) three-year.
- 6.5 The Equal Opportunity Office is the primary contact and liaison for the University for inquiries, formal complaints, and charges from the Michigan Department of Civil Rights, the Equal Employment Opportunities Commission, the Office for Civil Rights (Department of Education) and the Office for Federal Contracts and Compliance Programs (OFCCP).
- 6.6 The Equal Opportunity Office may consult with the Office of the General Counsel during any stage of the discrimination and harassment complaint process.
- 6.7 The Chief of Staff may designate an entity other than the Equal Opportunity Office to perform any function delegated to the Equal Opportunity Office when circumstances are such that the Director or any employee of the Equal Opportunity Office may be considered a witness in a charge, or under other appropriate circumstances.

7.0 Duration

7.1 This University Policy may be revoked or amended at any time, at the discretion of the President without notice.

8.0 Effective Date

8.1 This executive order is effective upon the date of issuance.

8.2 Executive Order 84-1 is hereby revoked, effective immediately.

Signed by President Irvin D. Reid June 13, 2005.

Wayne State University Drug and Alcohol Statute

2.20.04 Drug and Alcohol Abuse on Campus

2.20.04.010 Wayne State University is committed to providing a drug-free environment for its faculty, staff, and students. The unlawful possession, use, distribution, dispensation, sale or manufacture of drugs or alcohol is prohibited on University premises, at University activities and at University worksites.

2.20.04.020 Any student or employee who is convicted of a criminal drug offense occurring at the workplace or is convicted of the unlawful possession, use, distribution, dispensation, sale or manufacture of drugs or alcohol on University premises or at any University activity, shall be subject to discipline consistent with applicable University policies and contracts and may be required to participate in an appropriate drug or alcohol treatment program as a condition of further employment or enrollment.

2.20.04.030 The University encourages employees and students who may have problems with the use of illicit drugs, or with the abuse of alcohol, to seek professional advice and treatment. The Board of Governors encourages the administration to explore additional ways to ensure that members of the University community are aware of the dangers inherent in the abuse of drugs and alcohol, and to assist those who suffer from alcohol or drug abuse in obtaining access to necessary rehabilitation and treatment.

2.20.04.040 All faculty, staff, and students must abide by the terms of this policy as a condition of employment or enrollment at the University. Any faculty or staff who is directly engaged in the performance of a federal grant or contract, and who is convicted of a criminal drug-related offense that occurred at the workplace, must notify his or her supervisor within five days of the conviction.

2.20.04.050 This policy is adopted in accordance with the Drug-Free Schools and Communities Act Amendments of 1989 and the Drug-Free Workplace Act of 1988, and incorporates and supersedes the policy adopted by the Board of Governors in June, 1989, in accordance with the Drug-Free Workplace Act of 1988.

Legislative History

Adopted 7-0; Official Proceedings 34:4606 (9.14.1990) Prior Acts: Official Proceedings 33:4458

<https://bog.wayne.edu/code/2-20-04>

Acceptable use of information technology resources

University Policy 00-1 Policy-Making by the President

1.0 Purpose

This policy is designed to guide students, faculty and staff in the acceptable use of computer systems, networks, and other information technology resources at Wayne State University.

2.0 Guiding principles

- **2.1** The University community is encouraged to make innovative and creative use of information technologies in support of educational, scholarly, and administrative purposes. Wayne State University supports access to information representing a multitude of views for the interest, information and enlightenment of students, faculty and staff. Consistent with this policy, Wayne State University supports the use of information technology resources in a manner that recognizes both the rights and the obligations of academic freedom.
- **2.2** Wayne State University recognizes the importance of copyright and other protections afforded to the creators of intellectual property. Users are responsible for making use of software and other information technology resources in accordance with copyright and licensing restrictions and applicable University policies. Using information technology resources in a manner violating these protections, or furthering the unauthorized use or sale of protected intellectual property, is prohibited.
- **2.3** Wayne State University cannot protect individuals against the receipt of potentially offensive material. Those who use electronic communications occasionally may receive material that they might find offensive. Those who make personal information available about themselves through the Internet or other electronic media may expose themselves to potential invasions of privacy.
- **2.4** Information technology resources are provided to support the University's scholarly, educational, and administrative activities. Information technology resources are limited, and should be used wisely and with consideration for the rights and needs of others.

3.0 User responsibilities

- **3.1** Users are expected to use computer and network resources in a responsible manner. Users should take appropriate precautions to ensure the security of their passwords and prevent others from obtaining access to their computer resources. Convenience of file or printer sharing is not a sufficient reason for sharing computer accounts.
- **3.2** Users may not encroach on others' use of computer resources. Such actions include, but are not limited to, tying up computer resources with trivial applications or excessive

game playing, sending frivolous or excessive messages, including chain letters, junk mail, and other similar types of broadcast messages, or using excessive amounts of storage.

- **3.3** The following behaviors are prohibited while using University information technology resources, including computers and networks owned or operated by Wayne State University, or to which Wayne State University is connected:
 - Modifying system or network facilities, or attempting to crash systems or networks;
 - Using, duplicating or transmitting copyrighted material without first obtaining the owner's permission, in any way that may reasonably be expected to constitute an infringement, or that exceeds the scope of a license, or violates other contracts;
 - Tampering with software protections or restrictions placed on computer applications or files;
 - Using University information technology resources for personal for-profit purposes;
 - Sending messages that are malicious or that a reasonable person would find to be harassing;
 - Subverting restrictions associated with computer accounts;
 - Using information technology resources to obtain unauthorized access to records, data, and other forms of information owned, used, possessed by, or pertaining to the University or individuals;
 - Accessing another person's computer account without permission. Users may not supply false or misleading data, or improperly obtain another's password to gain access to computers or network systems, data or information. Obtaining access to an account name or password through the negligence or naivete of another is considered to be a specifically prohibited use;
 - Intentionally introducing computer viruses, worms, Trojan Horses, or other rogue programs into information technology resources that belong to, are licensed to, or are leased by Wayne State University or others;
 - Physically damaging information technology resources;
 - Using, or encouraging others to use, information technology resources in any manner that would violate this or other University policies or any applicable state or federal law; and
 - Falsely reporting or accusing another of conduct that violates this policy, without a good faith basis for such an accusation.
- **3.4** Users should remember that information distributed through the University's information technology resources may be considered a form of publication. Although Wayne State University does not take responsibility for material issued by individuals, users must recognize that third parties may perceive anything generated at Wayne State University as in some manner having been produced under Wayne State University auspices. Accordingly, users are reminded to exercise appropriate language, behavior, and style in their use of information technology resources.

4.0 Policy administration

- **4.1** The University encourages all members of its community to use electronic resources in a manner that is respectful of others. While respecting users' privacy to the fullest extent possible, the University reserves the right to examine any computer files. The University reserves this right for bona fide purposes, including, but not limited to:
 - Enforcing policies against harassment and threats to the safety of individuals;
 - Protecting against or limiting damage to University information technology resources;
 - Complying with a court order, subpoena or other legally enforceable discovery request;
 - Investigating and preventing the posting of proprietary software or electronic copies of texts, data, media or images in disregard of copyright, licenses, or other contractual or legal obligations or in violation of law;
 - Safeguarding the integrity of computers, networks, software and data;
 - Preserving information and data;
 - Upgrading or maintaining information technology resources;
 - Protecting the University or its employees and representatives against liability or other potentially adverse consequences.
 - No action under this section may be taken by university officers without the approval of the President or his/her designee.
- **4.2** The University may restrict the use of its computers and network systems when presented with evidence of violation of University policies, or federal or state laws, or when it is necessary to do so to protect the University against potential legal liability. The University reserves the right to limit access to its information technology resources, and to remove or limit access to material stored on University information technology resources.
- **4.3** All users are expected to conduct themselves consistent with these responsibilities. Abuse of computing privileges may subject the user to disciplinary action as established by applicable University policies.
 - Students who violate this policy may be subject to discipline pursuant to the Student Due Process Policy, Wayne State University Code Annotated.
 - Represented employees may be subject to discipline in accordance with the applicable collective bargaining agreement.
 - Non-represented employees may be subject to discipline in accordance with the Handbook for Non-represented Employees.
- **4.4** The University and users must recognize that all members of the University community are bound by federal and state laws pertaining to civil rights, harassment, copyright, security and other statutes governing use of electronic media. This policy does not preclude enforcement under such laws.
- **4.5** This policy is for all units of the University. Schools, colleges, and divisions may adopt policies governing the Acceptable Use of Information Technology Resources that incorporate the University Policy. School, college and division policies must be approved by the Vice President for Information Technology.

5.0 Reporting violations

- **5.1** Allegations of conduct that is believed to violate this Acceptable Use policy should be reported in writing to the Computing and Information Technology Information Security Office. To ensure the fairness of any proceedings that may follow a reported violation, the individual filing the report should not discuss or provide copies of the allegations to others.
- **5.2** Nothing in the section shall be interpreted to prohibit an individual from pursuing such other administrative or legal rights as he or she may have. While the University's primary responsibility to investigate violations of this policy rests with Computing and Information Technology. Exceptional cases should be reported to the President or his/her designee.

6.0 Duration

- This University Policy is revocable by the President at any time and without notice.

7.0 Effective date

- **7.1** This University Policy is effective upon issuance.
- **7.2** Executive Order 97-1 is revoked immediately.

Signed by Former President Irvin D. Reid, May 12, 2000

<https://wayne.edu/policies/acceptable-use/>



2023 Annual Security and Fire Safety Report

A MESSAGE FROM OUR PRESIDENT

This is a joint publication of the Wayne State University Police Department and the Office of the General Counsel.

OUR CAMPUS

Wayne State's main campus covers approximately 200 acres in the heart of Midtown Detroit. The university boasts one of the nation's most diverse student bodies. While some students reside in the seven residence halls and apartment complexes on campus*, others commute from within the city as well as the larger metropolitan area. WSU has three** satellite campuses: Advanced Technology Education Center in Warren, Schoolcraft Center in Livonia and Macomb University Center in Clinton Township. The School of Medicine campus is south of the main campus and adjacent to the Detroit Medical Center, and the Mike Ilitch School of Business is located in The District Detroit, south of the main campus. TechTown, a 12-block, three-acre research and technology park, is just north of the main campus.***

**Chatsworth Apartments was temporarily vacated on May 13, 2019, for renovations, and was reopened on Aug. 19, 2020. It is now a residence hall and has been renamed Chatsworth Suites. There were no students residing in the Leon H. Atchison Hall in 2022.*

***In prior years, there were six satellite campuses (which would encompass the years relevant to this report). In addition to those listed as the current satellite campuses, there was also OCC Orchard Ridge in Farmington Hills and Macomb Education Center in Clinton Township, which are both now closed as of March 22, 2022. The last in-person classes at each were held in winter 2020. The Jackson Extension Center opened in January 2020 and closed on May 31, 2023. No in-person classes were ever held at the Jackson Extension Center.*

****For purposes of reporting crime statistics, the School of Medicine, Mike Ilitch School of Business and TechTown are all included in the geographical location that constitutes main campus.*

As part of its mission, Wayne State University continually strives to reach the highest standards of excellence in ensuring the safety of the entire university community. Our law enforcement professionals work around the clock to ensure a pleasant, safe and welcoming campus for our students, faculty, staff and visitors.

Whether in patrol cars, on mountain bikes or behind desks, the dedicated professionals of the Wayne State University Police Department (WSUPD) handle all police, criminal and safety matters on campus. The department's members seek to enforce the law with uncompromised integrity and provide community-oriented services with efficiency, professionalism and courtesy. Our full-service department is available to the university community 24 hours a day, seven days a week, 365 days a year.

Although safety is our top priority, we cannot accomplish it alone. At Wayne State, our strong partnerships with other law enforcement agencies and our collaborations and initiatives within the community have led to Wayne State being recognized as one of the safest college campuses in America. This team-based approach to policing enables us to do the best job possible of protecting our people and property.

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, commonly known as the Clery Act, the university publishes this report on an annual basis to provide its students, faculty and staff with an overview of our crime statistics, public safety resources, policies and procedures. This report is intended to fulfill that requirement and is divided into two sections: Section A.) Annual Security Report, and Section B.) Annual Fire Safety Report.

This document is posted on the WSUPD website, police.wayne.edu; on the Dean of Students Office website, doso.wayne.edu; on the Office of the General Counsel website, generalcounsel.wayne.edu; on the university's safety website, wayne.edu/safety; and on the university's Title IX website, titleix.wayne.edu. A hard copy may be downloaded from any of these websites. Hard copies are also available upon request from the Office of Undergraduate Admissions and University Human Resources.

The university also reports the annual crime statistics contained in this report to the U.S. Department of Education. A searchable database containing these statistics can be found at ope.ed.gov/campusafety/#/institution/search.

Campus crime statistics included in this report are gathered from a variety of sources, including campus and local law enforcement agencies and campus officials with significant responsibility for student and campus activities.

Please take time to read this report carefully. It provides information on how you can take an active role in preventing crime and increasing your safety and security while on campus.

Kimberly Andrews Espy, Ph.D.
President

A. ANNUAL SECURITY REPORT

The Annual Security Report is divided into the following areas:

- A question-and-answer section on safety and security issues, where to report incidents, timely warnings, emergency notifications, and available safety programs.
- A summary of Michigan laws as they pertain to drug and alcohol abuse.
- The Wayne State University policy on drugs and alcohol.
- Suspension of eligibility for financial aid for drug-related offenses.
- The Wayne State University policies on sexual harassment, sexual assault and non-discrimination, and where to report incidents.
- A summary of victim support services.
- A summary of student resources for reporting sexual harassment, sexual assault, domestic violence, dating violence and stalking. This includes the procedures Wayne State will follow in response to such reports.
- A summary of Wayne State University's crime statistics for the years 2022, 2021 and 2020.
- A summary of Wayne State University's emergency response and evacuation procedures.
- A summary of Wayne State University's missing student notification policy.

QUESTIONS AND ANSWERS ON SAFETY AND SECURITY ISSUES

1. Does Wayne State have its own police force?

Yes. Since its establishment in 1966, the Wayne State University Police Department (WSUPD) has endeavored to provide a safe and secure environment for the entire university community. The department provides a full range of professional police services to both the main and medical center campuses, as well as the surrounding neighborhoods. We have sworn officers who are responsible for patrolling campus and the surrounding areas 365 days a year. Civilian cadets act as eyes and ears for our police officers by way of conducting uniformed foot patrols in and around our main campus.

Every officer has a bachelor's degree, and many have advanced degrees. Nearly half of our police officers are Wayne State graduates. Every officer also completes an intensive training course at a state-certified police academy, followed by a demanding 13-week program at Wayne State. Refresher courses and additional training also keep officers current with the latest practices in their profession.

All WSU police officers are fully licensed through the Michigan Commission on Law Enforcement Standards (MCOLES). All officers are sworn peace officers commissioned under state law, and each has been commissioned as a police officer in the city of Detroit. Officers are empowered to enforce all federal and state laws, including the Michigan Motor Vehicle Code and City of Detroit ordinances, both on and off campus. As sworn police officers, they are authorized to investigate, arrest or take any other necessary action to address any criminal or other public infraction in the vicinity of the Wayne State campus. Incidents that occur off campus and involve official WSU-recognized student organizations that are engaged in activities sponsored by Wayne State are monitored and recorded by WSUPD. While there is no formal memorandum of understanding, WSU police officers work closely with the Detroit Police Department, Wayne County Sheriff's Office, Michigan State Police and federal law enforcement authorities to ensure that all such incidents are monitored and recorded, even in cases where another law enforcement agency is first to respond.

2. What should I do if I'm the victim of a crime or if I witness a crime? Who do I contact in an emergency?

Criminal activity or any significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees occurring on campus should be reported to the WSUPD immediately by calling **313-577-2222**. Our police dispatch center is fully equipped to handle all emergencies and is prepared to seek appropriate assistance from other university officials, such as Environmental Health and Safety, as well as outside organizations such as the National Response Center and the Campus Health Center, depending on the type of emergency involved.

When responding to reports of criminal activity or any emergency or dangerous situation, WSUPD begins by documenting and investigating the situation; apprehending perpetrators when possible; and arranging for emergency responses from other agencies, such as the fire department or an emergency medical service. University faculty and staff will help students notify WSUPD if a student requests assistance. WSUPD will also assist students who wish to report criminal activity to outside law enforcement agencies.

Wayne State encourages individuals to promptly report incidents of sexual misconduct — including sexual assault, sexual harassment, sex discrimination, domestic and dating violence, stalking, and retaliation — to the Title IX coordinator at **313-577-9999** or titleix@wayne.edu. In addition, individuals are encouraged to report sexual misconduct that may also violate criminal law to the Wayne State police at **313-577-2222**. These processes are not mutually exclusive. WSU expects that all complaints will be filed in good faith.

The university does not have an institutional policy or procedure that allows victims or witnesses to report crimes on a voluntary, confidential basis for inclusion in this report; however, WSUPD allows for confidential and anonymous crime reporting through its website, police.wayne.edu/contact/tip-line. In addition, the Office of Internal Audit maintains an anonymous tip hotline where individuals may report suspicious

activity such as fraud, misuse and misappropriation, or a Title IX matter. The anonymous tip hotline is **313-577-5138**. Any reports related to human research subjects may be reported anonymously to the WSU Human Research Protection Program at **313-577-0895**.

The university will complete publicly available record keeping, including Clery Act reporting and disclosures, without the inclusion of personally identifying information about the victim.

The university does not have policies or procedures that encourage pastoral counselors and professional counselors to inform persons they are counseling to report crimes on a voluntary, confidential basis for inclusion in the Annual Security Report.

If you do not have access to a telephone, there are illuminated blue-light emergency phones located around campus, its perimeter and inside parking facilities. The phones are mounted on kiosks or attached to building walls. Once the receiver is picked up, the blue light begins flashing, enabling WSU police officers to see it from two to three blocks away. The phones also allow police communication personnel to immediately pinpoint the caller's location. They are programmed to dial directly to WSUPD with the touch of a single button. The communication center is staffed 24 hours a day, seven days a week, to receive both emergency and non-emergency requests for service.

Please do not call 911 for on-campus threats and emergencies because calls to 911 go directly to the Detroit Police Department, Detroit Fire Department and Emergency Medical Services, whose responders are not intimately familiar with the campus. WSU police officers are well acquainted with campus and can respond much more quickly to campus-related emergencies. Contact WSUPD at **313-577-2222**.

3. How does WSU notify students about crime alerts and other types of emergencies?

The university sends emergency notifications to the campus upon confirmation of a significant emergency or dangerous situation occurring on campus that involves an immediate threat to the health or safety of individuals. These notifications ensure that students and staff

QUESTIONS AND ANSWERS ON SAFETY AND SECURITY ISSUES

receive warning of emergency situations, such as an active attacker, a bomb threat, gas leak, a tornado or similar situations.

The chief of police, with the advice and assistance of members of the WSU Crisis Management Team, determines when an emergency notification should be issued. In making this determination, the chief considers the safety of the campus community and what information should be released about the situation. Emergency notifications are sent by email and text to students, faculty and staff. The only reason the university would not immediately issue a notification for a confirmed emergency or dangerous situation is if doing so would compromise efforts to assist a victim, contain the emergency, respond to the emergency or otherwise heighten the emergency.

The university also issues timely warnings when certain crimes occur that pose a continuing risk to the safety of the campus community. The university refers to these timely warnings as “special crime alerts.” For purposes of this report, these alerts will hereinafter be referred to as “timely warnings.” Timely warnings are sent to students, faculty and staff as soon as reasonably possible after the occurrence of the crime. They alert recipients to the potential that similar crimes could subsequently occur and enable members of the campus community to better protect themselves. Timely warnings are sent to students, faculty and staff in the same manner as emergency notifications, including by email and text.

The WSUPD, under the direction of the chief of police, is responsible for issuing timely warnings. The decision to issue a timely warning is made by the WSUPD on a case-by-case basis in light of all facts surrounding a crime, including factors such as the nature of the crime, the continuing danger to the campus community, the accuracy of reported information and the possible risk of compromising law enforcement efforts. Every attempt is made to ensure these notices are substantively accurate and specific enough to be helpful.

In addition to email and text notifications, emergency notifications are posted at wayne.edu during the event. The WSUPD will also provide periodic updates to emergency notifications and timely

warnings as necessary. Each notice provides crime prevention tips and other useful information.

The university's crime statistics are published each fall in the Annual Security and Fire Safety Report. These statistics are compiled by the WSUPD and reflect information reported to the police and by Campus Security Authorities (CSAs) in and immediately around campus. CSAs are employees with significant responsibility for student and campus activities.

The statistics for the past three years are reflected in the chart on page 4.

4. How are campus facilities, including university apartments and residence halls, kept safe and secure? Who has access to these buildings?

In general, university buildings — such as classrooms and office buildings — are open during normal business hours and class times and locked and closed at the end of the day. Laboratories and research facilities, which require greater security, have intrusion alarms and card-access systems. Police officers and cadets patrol university buildings and facilities during and after business hours and regularly make building checks.

Wayne State has taken many steps to ensure the safety of its residential student population. As of Sept. 11, 2023, the fall 2023 census day, there were 2,738 students living in apartment facilities and residence halls on campus. All residential buildings are locked 24 hours a day and require a card or key for entry. All such facilities have a 24-hour staffed reception desk. In addition, a key is required for admittance to individual rooms and apartments. Each day, on-call staff members walk through the buildings and are available to respond to issues and resident concerns. University police also routinely walk through all housing facilities.

Visitors to the residence halls and apartments must submit a Wayne State OneCard, driver's license or state identification card to receive a guest pass with a barcode. Once they leave the premises, they are removed from

an internal tracking system that enables housing personnel to determine who is in the building.

Each year, the university publishes the Community Living Guide for the residence halls and apartments. The guide contains detailed information about residence hall and apartment policies; services and amenities; check-in and check-out procedures; safety, security and emergency procedures; personal emergency planning; and policies, procedures and general information. The guide also contains a list of important phone numbers. It may be accessed at housing.wayne.edu/pdf/community-living-guide.pdf.

5. What about lighting and maintenance issues that affect campus safety?

Outside lighting and landscaping is designed for pedestrian safety and security. Sidewalks provide well-lit routes from parking areas to buildings and from building to building. Areas across campus are routinely surveyed to ensure that they are well lit and that burned-out lights are promptly replaced. University community members are encouraged to call WSUPD (313-577-2222) if they see an area in need of additional or replacement lighting. Landscape personnel regularly trim shrubbery around sidewalks and building entrances to maximize visibility and eliminate areas where someone could hide. In terms of building security, exterior doors are locked electronically by university personnel. WSUPD routinely checks exterior doors to make sure they are locked.

Campus surface parking is designed and constructed to allow easy observation by those using the lots and structures, as well as maximum visibility for police officers and parking office personnel. Parking structures are routinely patrolled during normal hours of operation and staffed by parking office personnel.

QUESTIONS AND ANSWERS ON SAFETY AND SECURITY ISSUES

Clery Act Reportable Crime Statistics for 2020, 2021 and 2022

	Main Campus 2020 2021 2022			Student Housing 2020 2021 2022			Non-Campus Property 2020 2021 2022			Public Property 2020 2021 2022			Satellite Campuses 2020 2021 2022		
Criminal Offenses															
Murder/ Non-negligent manslaughter	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Manslaughter by negligence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rape	4	3	2	3	3	2	0	0	2	0	0	1	0	0	0
Fondling	0	1	7	0	0	3	0	1	0	0	0	5	1	0	0
Incest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Statutory rape	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Robbery	1	0	1	0	0	0	0	0	1	0	1	6	0	0	0
Aggravated assault	1	3	1	1	0	0	0	1	3	0	1	4	0	1	0
Burglary	1	2	8	0	0	1	0	0	11	0	0	0	0	0	0
Motor vehicle theft	1	2	3	0	0	0	0	1	13	0	5	6	1	1	0
Arson	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
VAWA Offenses															
Domestic violence	3	1	1	2	0	0	0	0	1	0	0	0	0	0	0
Dating violence	4	6	6	3	3	5	0	0	0	0	0	3	0	0	0
Stalking	7	1	5	6	0	2	0	0	0	0	0	1	0	1	0
Arrests for Liquor, Drug and Weapons Law Violations															
Weapons law violations (carrying, possessing, etc.)	0	1	3	0	0	2	0	0	7	3	0	0	0	0	0
Drug abuse violations	2	0	3	1	0	3	0	0	0	0	1	4	0	0	2
Liquor law violations	2	9	1	1	8	1	0	1	3	25	23	40	0	0	2
Disciplinary Referrals for Liquor, Drug and Weapons Law Violations															
Weapons law violations (carrying, possessing, etc.)	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
Drug abuse violations	99	90	80	98	89	78	0	0	0	0	0	0	0*	0	0
Liquor law violations	70	34	58	70	32**	57	0	0	0	0	0	0	0	0	0
Hate Crimes															
No hate crimes were reported in 2020, 2021 or 2022.															
Unfounded Crimes															
No crimes were unfounded in 2020 or 2022. One crime was unfounded in 2021.															

*Drug law violations on public property at satellite campus in 2020 is 3, all of which occurred on public property surrounding the Macomb Extension Center (consisting of the Advanced Technology Center, the Macomb Educational Center and the Macomb University Center).

**The number of liquor violations dropped from 2020 to 2021 due to fewer residents staying in our dorms and the minor in possession's first charge becoming a civil infraction instead of a misdemeanor in the state of Michigan for the first offense (Michigan Compiled Law (MCL) Section 436.1703).

QUESTIONS AND ANSWERS ON SAFETY AND SECURITY ISSUES

6. Are there any programs offered specifically for students and employees to help them understand campus security procedures and learn how to protect themselves and prevent crime?

WSUPD provides a wide array of presentations and programs designed to educate students and employees about security procedures and crime prevention strategies to help keep them safe. At the beginning of each semester, the WSUPD's Crime Prevention Section sends an email to students, staff and faculty about campus and ways to stay safe. This email discusses the following programs:

Safewalk: If a student or an employee feels uneasy about walking alone on campus, they may call WSUPD at **313-577-2222** at any time and for any reason to request the Safewalk service. The police will dispatch a uniformed and radio-equipped cadet or patrol officer to walk with the individual to their destination.

Personal safety and self-defense courses: The WSUPD offers several personal safety and self-defense classes for students, staff and faculty, including six Rape Aggression Defense (RAD) courses. WSUPD provides the following courses to the university community on a monthly basis and throughout the academic year, depending on instructor availability. Courses are also available during the spring and summer.

RAD courses

RAD for Women – Basic: The Rape Aggression Defense system is a 13-hour women's self-defense course that is internationally recognized as an effective and easy-to-learn personal safety tool. Each class consists of four separate sessions that cover a variety of topics, including personal safety and safety awareness, physical defense techniques, and aggressive defense measures to be used as options available to the woman who is attacked.

Rape Aggression Defense – Advanced: This 25-hour advanced RAD class, which takes place over four sessions, builds on techniques and strategies from the Basic RAD class. This program

also covers more prone defense strategies, multiple subject encounters, and low and diffused light simulation exercises.

RAD Weapons Defense Course for Women: This course teaches participants real-life, hands-on defensive strategies against an assailant armed with an edged weapon or firearm.

RAD Aerosol Defense Options: During this four-hour course, participants learn the most realistic methods for accessing, deploying and assisting the aerosol defense option; in the event it fails to work, they learn proven backup strategies needed for successful escape. This is a one-day class. Participants must have previously completed the Basic Physical Defense program.

RAD Keychain Defense Options for Women: This is one of the only realistic and court-defensible impact weapons programs available to the general public, and it combines proven RAD physical defense strategies with impact weapons defense techniques. The program revolves around use of the Kubaton keychain in conjunction with weapon-enhanced physical skills.

RAD for Men: This course is aimed at raising participants' awareness of aggressive behavior and how it impacts their lives, as well as steps to avoid it. Participants consider how they can be part of reducing aggression and violence, and they practice hands-on self-defense skills to resist and escape aggressive behavior directed toward them.

Emergency Preparedness – Active Attackers Program: This program is geared toward those interested in learning skills to stay safe and properly respond in the event of an active attacker situation. This training is available upon request.

Street Smarts – How to Avoid Being a Victim: Through these seminars, the WSUPD provides easy-to-use personal safety tips for a wide variety of real-world situations. This training is available upon request.

Club steering wheel and bike/utility lock: WSUPD will provide to any student, staff or faculty member a steering wheel lock at

the discounted price of \$15 and/or a Club utility/bike lock at the discounted price of \$18. These may be obtained at the WSUPD Records Section during regular business hours.

Orientation: WSUPD provides awareness and action programs each year at orientation for first-year students and their families, transfer students, incoming international students, and new employees.

Other university programs: In addition to programs offered through WSUPD, Wayne State also provides the following programs and additional resources for students, faculty and staff:

Child Safety Training Program: This program is designed to increase employees' awareness about common signs of physical and sexual abuse and bullying of minors. There is significant emphasis on who to call if one suspects child abuse and/or bullying. This program is administered by the Office of Internal Audit and targets individuals who may be in contact with minors on campus.

Title IX, sexual harassment, and sexual assault awareness and prevention:

Training for students: The university offers sexual harassment and sexual assault awareness training at all orientation sessions for first-year students and their families, transfer students, and incoming international students. These presentations include contact information for the Title IX coordinator, deputy Title IX coordinators and the WSUPD, as well as information on reporting options and where to obtain support and resources. Students are also encouraged to participate in an interactive online education program called "Voices for Change." This online training module provides valuable information to students regarding sexual violence, prevention strategies, practical methods for bystander intervention, and reporting and support options for victims and survivors in our campus community. Anyone with a WSU AccessID may access this training program.

Bystander intervention training: At the start of the fall 2023 semester, the university hosted "Can We Talk?" with communication and consent expert Lori Bednarchik. Emphasizing setting and respecting personal boundaries and the

QUESTIONS AND ANSWERS ON SAFETY AND SECURITY ISSUES

boundaries of others, this interactive program provided Warriors with practical communication and conflict resolution strategies that will lead to healthier relationships.

In addition to the training provided by the university, the following are tips on how to be an active bystander and steps that may reduce your risk of being the victim of a crime:

Active bystanders:

- Can intervene before sexual assault occurs.
- Can address sexist attitudes and beliefs to combat behavior that supports sexual violence.
- Are pro-social and intervene in ways that impact the outcome positively.
- Influence their peer group and community.

In order to create a safer community, everyone can take steps to be an active bystander:

- Consider whether the situation demands some action.
- Decide whether you feel a responsibility to act.
- Choose what form of assistance you can use to intervene.
- Listen and be open to a victim seeking help.
- Ask yourself, "If I were in this situation, would I want someone to help me?"
- Even small interventions can make a big difference in a questionable situation.
- Simply distracting someone, saying something or checking in can stop the momentum of something bad happening: *Hey, we're all trying to have a good time. Is everything okay here?*
- Call WSUPD at **313-577-2222** (or 911 if off campus).

Risk reduction:

If you become the victim of a crime, it is not your fault. Perpetrators, not victims, are responsible for dating violence, domestic violence, sexual assault, stalking and other crimes. There are some actions that may increase your sense of safety and decrease the chances you will be targeted or victimized:

- Trust your instincts. Listen to your inner voice and act on it.
- You can't tell if someone has the potential to rape based on how they look or because they have been non-violent in the past.
- Ask yourself, "Am I able to say 'no'?" and, "Am I comfortable with what is happening?" If not, leave. Know and set your boundaries.
- Remember, you can reject what someone is doing without rejecting them.
- Get out of the situation as soon as you sense danger or feel afraid.
- Take assertiveness training and self-defense courses.
- Remember that no ALWAYS means no. Ask your partner if you are uncertain about what they want you to do. Be clear and straightforward in your communication.
- Set limits for yourself and your partner (e.g., "I will be home by midnight," or, "Keep your hands above my waist.")
- Know that you have the right to say no at any point in any sexual act regardless of whether you have had sex with that person before.
- Have a safety plan. Use the on-campus escort program (Safewalk).
- Avoid walking alone at night.
- Don't leave your drink unattended. Rape-facilitated drugs are tasteless, colorless and odorless. Victims don't know they have ingested drugs until the effects are well underway.
- Attend and leave parties with friends you know and trust.
- Look out for each other. If you see someone who could be in trouble, speak up or call authorities.
- At the first sign of danger, call WSUPD at **313-577-2222** (or 911 if off campus).
- Be alert and aware of your surroundings at all times.

Training for faculty and staff: Wayne State regularly offers live training programs for faculty and staff regarding the various types of prohibited sexual misconduct, mandatory reporting

requirements, available supportive measures and resources, and where to find additional information on these critical topics. University employees are also encouraged to complete an interactive online training course, which addresses Title IX and mandatory reporting for faculty and staff.

7. What does WSU do to make its students aware of resources for keeping themselves safe?

At the beginning of each school year, the dean of students sends the following information by email to all students:

- Wayne State Alerts, Wayne State's emergency notification system, is used to send text and email alerts to stakeholders during a campus emergency (including emergency notifications and timely warnings). Students, faculty and staff automatically receive these alerts; external community members without an AccessID, such as parents or our community partners, can opt in by texting **WAYNESTATEALERT** to **77295**.
- Notices that the university has canceled classes are posted on the university's main webpage at wayne.edu in addition to text and email notifications. Local television and radio broadcasts also provide information on university closures.
- WSUPD, **313-577-2222**, is available 24 hours a day, 7 days a week, 365 days a year for any emergency, including fire and health emergencies. Students are encouraged to program the WSUPD number into their phones.
- Students are encouraged to draft personal preparedness plans. Information about these plans — including instructions and a checklist — is available at <https://housing.wayne.edu/pdf/community-living-guide.pdf>.
- Students living in university housing are subject to the Missing Student Notification Policy, discussed in detail on page 21 of this report. Those students should complete a confidential contact form. Forms are available at the front desk of every WSU residence hall and apartment building.

QUESTIONS AND ANSWERS ON SAFETY AND SECURITY ISSUES

- Students are informed that, in emergency situations, the university's Crisis Management Team will convene and respond to the situation. The team will disseminate timely information to the campus community. Wayne State has a rigorous crisis plan, which is continually updated and revised. The university also conducts drills and simulations to prepare for crisis.
- Counseling and Psychological Services (CAPS) is part of Student Services and is dedicated to providing counseling and psychological services to Wayne State students. If students experience stress or feel they need other assistance, they are encouraged to contact CAPS at [313-577-3398](tel:313-577-3398). For assistance after normal hours of operation, including nights, weekends and university closures, students may call [313-577-9982](tel:313-577-9982).
- Students are provided with information regarding the National Suicide and Crisis Lifeline, which may be reached by call or text at [988](tel:988).

In addition to the foregoing, the WSUPD website, police.wayne.edu, contains tips for campus safety, commuting safety, fraud prevention, home safety, personal safety, auto crime prevention and travel safety.

Information on registered sex offenders in the state of Michigan is available through the Michigan Public Sex Offender Registry website at communitynotification.com.

The Behavioral Intervention Team (BIT) serves as the university's behavioral threat assessment and early intervention team to address student behavioral issues. BIT also provides guidance to members of the university community to achieve consistency in handling student issues and ensure compliance with the Student Code of Conduct, housing policies, and other student-related policies and practices.

Any person who is concerned about student behavior should contact the Dean of Students Office at [313-577-1010](tel:313-577-1010), by email at doso@wayne.edu or through a Student Care Report, available at cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=2.

MICHIGAN AND FEDERAL LAWS

Summary of the law governing drug and alcohol abuse, possession and sale

Under Michigan law, the manufacture, delivery or dispensation of a controlled substance or possession of a controlled substance with the intent to manufacture or deliver the controlled substance is a crime. See Mich. Comp. Laws § 333.7401, et seq. The penalties for this crime vary depending on the amount and nature of the drug. Penalties range from fines and brief jail time up to the possibility of life imprisonment. Additional penalties can be imposed for the delivery of drugs to a minor, and multiple offenses will result in harsher punishments. In addition, property used to transport controlled substances may be confiscated and forfeited to the state. See Mich. Comp. Laws § 333.7522.

Operating a motor vehicle while intoxicated is prohibited under Michigan law. See Mich. Comp. Laws § 257.625(1). Penalties for violating this prohibition include service to the community for a period of not more than 360 hours; imprisonment for not more than 93 days; and/or a fine of not less than \$100 or more than \$500, in addition to suspension of one's driver's license. Subsequent offenses and/or extenuating circumstances, such as a higher blood alcohol content or injury to/death of another person, carry additional fines and lengthier terms of imprisonment, as well as forfeiture of the right to drive.

Michigan law prohibits public intoxication that causes one to act in a manner that endangers the safety of another person or property or that causes a public disturbance. See Mich. Comp. Laws § 750.167

Michigan law prohibits the carrying, possession, use or discharge of a firearm while an individual is under the influence of alcohol or controlled substances. See Mich. Comp. Laws § 750.237. Violation of this prohibition will result in forfeiture of the weapon to the state, among other possible penalties. See Mich. Comp. Laws § 750.239.

The federal government determines whether and how a drug should be controlled. Psychoactive (mind-altering) chemicals are categorized according to Schedules I through V. These schedules

determine if a drug can be prescribed by a physician and under what conditions. Penalties for the illegal sale or distribution of a drug are established using the designations of Schedule I through V.

Schedule I drugs have a high potential for abuse with no currently accepted medical uses. Production of these drugs is controlled. Examples include GHB, heroin, methaqualone, marijuana, ecstasy, peyote and MDMA.

Schedule II drugs are considered dangerous and have a high potential for abuse but have some medical uses. Production of these drugs is controlled. Examples include opium, morphine, codeine, other narcotics, barbiturates, cocaine, amphetamines, PCP and OxyContin.

Federal criminal penalties for selling Schedule I and II drugs vary with the quantity of the drug and whether the individual has the drug for personal use or for sale. Criminal penalties are more severe if sale or use of the drug results in death, if drug use is tied to sexual assault, or for repeat offenses.

Federal penalties for Schedule I, II, III, IV and V (except marijuana) are set forth in the attached **Schedule A**. Federal penalties for marijuana, hashish and hashish oil, and Schedule I substances are set forth in the attached **Schedule B**.

Schedule III, IV and V drugs include those most citizens would categorize as "prescription drugs." Schedule III drugs have some potential for abuse but less than those on Schedules I and II. The potential for abuse of Schedule IV drugs is less than those on Schedule III, and the potential for abuse of Schedule V drugs is less than those on Schedule IV. All Schedule III to V drugs have medical uses, and their production is not controlled. Examples of these drugs include some narcotics, barbiturates, depressants, amphetamines and other stimulants. Penalties for sale of these drugs depend on whether it is a first offense or repeated offense. See **Schedule A**.

Health risks and medical consequences of alcohol and drug abuse

For the user, abuse of alcohol and illegal drugs presents significant health risks and medical consequences:

- Addiction to alcohol or other drugs is a progressive disease, which — if untreated — can be fatal.
- Alcohol abuse can result in liver damage and disease, gastrointestinal problems, and brain damage.
- Abuse of alcohol and marijuana during puberty can cause imbalance of sex hormones, resulting in reduced muscle mass and shrinkage of testicles in males and menstrual difficulties and infertility in females.
- Marijuana is psychologically addictive and can contribute to short-term memory problems.
- Long-term use of stimulants ("uppers," including speed, crack, methyl, crystal, etc.) may cause permanent damage to the brain, heart, lungs and other organs.
- The use of cocaine and amphetamines can result in heart attacks; people who lack an enzyme called pseudocholinesterase in their bodies can die from a single minute dose of cocaine.
- Inhalants (poppers, rush, laughing gas, sniffing of glue or paint thinner, etc.) may cause mental confusion, mood swings, delusions or hallucinations.
- The use of hallucinogens — especially PCP (angel dust) — can result in an irreversible drug-induced psychotic state and/or delusions of omnipotence, which can trigger life-threatening behavior.
- Depressants ("downers," including ludes, reds, 714s, barbs) greatly increase the risk of automobile accidents because they affect vision, judgment, coordination and other physical skills.

Intravenous drug users (users of heroin and other opiates) risk infection by diseases such as hepatitis and acquired immune deficiency syndrome (AIDS) from sharing needles.



University policy on drugs and alcohol

The university has developed and implemented a comprehensive drug and alcohol prevention program (hereinafter referred to as the "DAAPP") for students and employees. The DAAPP consists of the following four elements: standards of conduct, treatment resources, education and a biennial review of the DAAPP. These standards of conduct are set forth below. The intent of the DAAPP is to deter students and employees from using illicit drugs and from abusing alcohol on university property and in connection with university-sponsored activities. Additional information regarding the DAAPP may be found at wayne.edu/pdf/daapp-procedures.pdf.

With respect to the university's drug policies below, it is important to note that while the State of Michigan has legalized the use of recreational marijuana, the state law changes have no effect on federal law.

The use, possession or sale of marijuana remains a crime under federal law. Likewise, the university complies with both federal and state laws and remains bound to the commitments that it has made to the federal government. Accordingly, the use, distribution, dispensation, sale or manufacture of marijuana remains prohibited on university premises, at university activities and at university worksites, and marijuana is encompassed in the university's drug policies.

Under Michigan law, it is not legal to: a) publicly consume marijuana, b) drive under the influence of marijuana, or c) provide marijuana to anyone under the age of 21. The law also does not prevent an employer from disciplining an employee for violating a workplace drug policy or for working under the influence. A landlord may bar marijuana growing and smoking from their property.

Wayne State University [Statute 2.20.04, Drug and Alcohol Abuse on Campus](#), provides:

Wayne State University is committed to providing a drug-free environment for its faculty, staff and students. The unlawful possession, use, distribution, dispensation, sale or manufacture of drugs or alcohol is prohibited on university premises, at university activities and at university worksites.

Any student or employee who is convicted of a criminal drug offense occurring at the workplace or is convicted of the unlawful possession, use, distribution, dispensation, sale or manufacture of drugs or alcohol on university premises or at any university activity shall be subject to discipline consistent with applicable university policies and contracts and may be required to participate in an appropriate drug or alcohol treatment program as a condition of further employment or enrollment.

The university encourages employees and students who may have problems with the use of illicit drugs or with the abuse of alcohol to seek professional advice and treatment. The Board of Governors encourages the administration to explore additional ways to ensure that members of the university community are aware of the dangers inherent in the abuse of drugs and alcohol and to assist those who suffer from alcohol or drug abuse in obtaining access to necessary rehabilitation and treatment.

All faculty, staff and students must abide by the terms of this policy as a condition of employment or enrollment at the university. Any faculty or staff member who is directly engaged in the performance of a federal grant or contract and who is convicted of a criminal drug-related offense that occurred at the workplace must notify their supervisor within five days of the conviction.

This policy is adopted in accordance with the Drug-Free Schools and Communities Act Amendments of 1989 and the Drug-Free Workplace Act of 1988, and incorporates and supersedes the policy adopted by the Board of Governors in June 1989, in accordance with the Drug-Free Workplace Act of 1988.

The university is required by law to notify federal grantor agencies of such convictions within 10 days after it receives such notice. For purposes of this policy, a

SUSPENSION OF ELIGIBILITY FOR FINANCIAL AID FOR DRUG-RELATED OFFENSES*

Federal law provides that a student who has been convicted of an offense under any federal or state law involving the possession or sale of a controlled substance for conduct that occurred during a period of enrollment for which the student was receiving financial aid shall not be eligible to receive any grant, loan or work assistance during the period beginning on the date of such conviction and ending after the interval specified in the following table:

Possession of a Controlled Substance	Ineligibility Period
First offense	1 year
Second offense	2 years
Third offense	Indefinite
Sale of a Controlled Substance	Ineligibility Period
First offense	2 years
Second offense	Indefinite

A student whose eligibility has been suspended based on a conviction for possession or sale of a controlled substance may resume eligibility before the end of the ineligibility period if:

- The student satisfactorily completes a drug rehabilitation program that:
 - Complies with the criteria prescribed in the federal regulations.
 - Includes two unannounced drug tests.
- The student successfully passes two unannounced drug tests conducted by a drug rehabilitation program that complies with the criteria prescribed in the federal regulations
- The conviction is reversed, set aside or otherwise rendered nugatory.

* Effective June 17, 2021, drug-related convictions no longer affect eligibility to receive federal financial aid.



conviction includes a plea of guilty or of nolo contendere.

Wayne State University [Statute 2.85.06, Alcoholic Beverages](#), Use on Campus, provides:

The use or possession of alcoholic beverages is expressly prohibited in classrooms, lecture halls, laboratories, the libraries, the chapel and within buildings or arenas where athletic events, lectures, and concerts are held.

The use of alcoholic beverages is expressly prohibited in all public areas of campus buildings except as indicated in the following two paragraphs:

The use of alcoholic beverages, subject to state law, is permitted in areas designated by, and with the approval of, the Office of the President.

The use of alcoholic beverages at student social events, subject to state law, is permitted in areas designated by, and with the approval of, the Office of the President.

The standards of conduct are reinforced by the WSU Student Code of Conduct, which prohibits the illegal use, possession, manufacture or distribution of drugs and requires compliance with university regulations pertaining to the sale and consumption of alcohol. Potential sanctions range from a reprimand to expulsion. Additionally, the official housing regulations, found in the Community Living Guide, restrict the possession, use and distribution of alcohol in student housing to those over the age of 21; prohibit drugs and drug paraphernalia; provide for sanctions; and further reinforce the above standards of conduct. More detailed housing regulations may be found at [housing.wayne.edu/pdf/community-living-guide.pdf](#).

The university encourages employees and students who may have substance abuse problems to seek professional advice and treatment. Wayne State University employees may obtain confidential assistance through the Wayne State University Employee Assistance Program at Ulliance, [800-448-8326](#); [lifeadvisor@eap.com](#). Students may seek confidential assistance by contacting Counseling and Psychological Services (CAPS) at [313-577-](#)

[3398](#). Students may also seek treatment at the Campus Health Center, located at 5285 Anthony Wayne Drive, [313-577-5041](#).

University policies prohibiting sex discrimination, sexual harassment and sexual assault

Wayne State is committed to providing an education environment and workplace that is free from all forms of sexual misconduct, harassment, discrimination and retaliation. Wayne State is subject to Title IX of the Education Amendments of 1972, a federal law that prohibits discrimination on the basis of sex in any federally funded education program or activity. Conduct that violates Title IX includes sexual harassment, sexual assault, domestic violence, dating violence, stalking, sex discrimination and retaliation. When an allegation of sexual misconduct is reported, the allegation is subject to resolution under the Wayne State Interim Title IX Sexual Misconduct Policy and Procedures ([policies.wayne.edu/appm/10-13-interim-title-ix-sexual-misconduct](#)) or the WSU Non-Discrimination/Affirmative Action Policy ([oeo.wayne.edu/pdf/affrm_actn_policy.pdf](#)) and related Wayne State University Policy 2005-03 Discrimination and Harassment Complaint Process, as determined by the Title IX coordinator, and as detailed in these procedures. All proceedings will be conducted by officials who, at a minimum, receive annual training on the issues related to dating violence, domestic violence, sexual assault and stalking, and how to conduct an investigation and hearing process that protects the safety of victims and promotes accountability. When jurisdiction does not fall within the Interim Title IX Sexual Misconduct Policy as determined by the Title IX coordinator, the WSU Non-Discrimination/Affirmative Action Policy and the Discrimination and Harassment Complaint Process 2005-03 ([policies.wayne.edu/academics/05-03-discrimination-harassment](#)) may be applied. Questions regarding university policies and procedures applicable to all forms of sexual misconduct should be directed to the Title IX coordinator.

Criminal and WSU definitions

The State of Michigan does not define consent in regard to criminal sexual activity. However, Michigan courts, through jury instructions, have identified the term consent as "...a person consents to a sexual act by agreeing to it freely and willingly." Wayne State University defines "consent" within its Interim Title IX Sexual Misconduct Policy and Procedures as, "the knowing, voluntary and clear permission by word or action to engage in sexual activity." Since individuals may have the same interaction in different ways, it is the responsibility of each party to determine that the other has consented before engaging in the activity. Consent cannot be given if force, coercion or incapacitation are present.

Force is the use of physical strength or action (no matter how slight), violence, threats of violence, or intimidation (implied threats of violence) as a means to engage in sexual activity. A person who is the object of actual or threatened force is not required to physically, verbally or otherwise resist the aggressor.

Coercion is unreasonable pressure for sexual activity. Coercive conduct differs from seductive conduct based on factors such as the type and/or extent of the pressure used to obtain consent. When someone makes it clear that they do not want to engage in certain sexual activity, that they want to stop or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

Incapacitation is such that a person is unable to understand what is happening or is disoriented, helpless, asleep or unconscious, for any reason, including by alcohol or other drugs. Incapacitation is determined through consideration of all relevant indicators of an individual's state and is not synonymous with intoxication, impairment, blackout and/or being drunk.

Sexual assault: Wayne State's sexual assault policy defines sexual assault as including, but not necessarily limited to:

1. Any intentional, unconsented, unwelcome physical contact or threat of unwelcome physical contact or attempt thereof, of: (a) an intimate body part of another person, such as a sexual organ



- (b) any body part of another person with one's sexual organs, or (c) any part of another person's body with the intent of accomplishing a sexual act; or unwanted, inappropriate disrobing of another person's purposeful exposure of one's genitals to another without the other's consent; or
- Unwanted, inappropriate disrobing of another person, or purposeful exposure of one's genitals to another without the other's consent; or
 - Forcing, or attempting to force, any other person to engage in sexual activity of any kind without his or her consent; or
 - Any behavior that is proscribed as "criminal sexual conduct" under the Michigan Penal Code, notwithstanding whether criminal charges have been brought against the individual alleged to have engaged in such behavior.

The State of Michigan identifies sexual assault as Criminal Sexual Conduct (CSC). There are four degrees of CSC: first and third degrees require sexual penetration; second and fourth degrees require sexual contact.

Dating violence: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim, and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- the length of the relationship;
- the type of relationship; and
- the frequency of interaction between the persons involved in the relationship.

State of Michigan definition: "Dating relationship" means frequent, intimate associations primarily characterized by the expectation of affectional involvement. This term does not include a casual relationship or an ordinary fraternization between two individuals in a business or social context. (Michigan Code of Criminal Procedure, Act 175 of 1927, 768.27b)

Domestic violence: Felony or misdemeanor crimes of violence committed:

- By a current or former spouse or intimate partner of the victim.
- By a person with whom the victim shares a child in common.

- By a person who is cohabitating with, or who has cohabitated with, the victim as a spouse or intimate partner.
- By a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.
- By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime occurred.

State of Michigan definition: "Domestic violence" or "offense involving domestic violence" means an occurrence of one or more of the following acts by a person that is not an act of self-defense:

- Causing or attempting to cause physical or mental harm to a family or household member.
- Placing a family or household member in fear of physical or mental harm.
- Causing or attempting to cause a family or household member to engage in involuntary sexual activity by force, threat of force or duress.
- Engaging in activity toward a family or household member that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed or molested.

"Family or household member" means any of the following:

- A spouse or former spouse.
- An individual with whom the person resides or has resided.
- An individual with whom the person has or has had a child in common.
- An individual with whom the person has or has had a dating relationship. Refer to the above State of Michigan definition of "dating relationship."

(Michigan Code of Criminal Procedure, Act 175 of 1927, 768.27b)

Stalking: Engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- Fear for their safety or the safety of others; or
- Suffer substantial emotional distress.

State of Michigan definition: "Stalking" means a willful course of conduct involving repeated or continuing harassment of another individual that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed or molested, and that actually causes the victim to feel terrorized, frightened, intimidated, threatened, harassed or molested.

- "Course of conduct" means a pattern of conduct composed of a series of two or more separate non-continuous acts evidencing a continuity of purpose.
- "Emotional distress" means significant mental suffering or distress that may, but does not necessarily, require medical or other professional treatment or counseling.
- "Harassment" means conduct directed toward a victim that includes, but is not limited to, repeated or continuing unwanted contact that would cause a reasonable individual to suffer emotional distress and that actually causes the victim to suffer emotional distress. Harassment does not include constitutionally protected activity or conduct that serves a legitimate purpose.
- "Unconsented contact" means any contact with another individual that is initiated or continued without that individual's consent or in disregard of that individual's expressed desire that the contact be avoided or discontinued. (Examples of unconsented contact are included in the Act.)

(Michigan Penal Code, Act 328 of 1931, Sec 750.411h)

General university policies and statutes WSU statutes and policies prohibit sex discrimination — which includes sexual assault, sexual harassment, domestic and dating violence, stalking, and retaliation — in accord with the requirements of Title IX. These statutes and policies apply to faculty, staff and students and are available online. Any employee or student who violates these policies will be subject to disciplinary action.

UNIVERSITY POLICIES



WSU Statute Prohibiting Sexual Harassment (policies.wayne.edu/appm/3-0-4-sexual-harassment)

Consistent with Michigan law, Wayne State's sexual harassment policy prohibits unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature when:

1. Submission to such conduct or communication is made a term or condition either explicitly or implicitly to obtain employment, public accommodations or public services, education, or housing.
2. Submission to or rejection of such conduct or communication by an individual is used as a factor in decisions affecting such individual's employment, public accommodations or public services, education, or housing.
3. Such conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations or public services, education, or housing, or creating an intimidating, hostile or offensive employment, public accommodations, public services, educational or housing environment.

Investigations of complaints of sexual harassment will be conducted by the appropriate office consistent with the policies and procedures set forth below.

WSU Policy Prohibiting Sexual Assault (policies.wayne.edu/administrative/01-5-sexual-assault)

Sexual assault as defined above is specifically prohibited by Wayne State University Statute 01-5 Sexual Assault. Sexual assault also violates the standards of conduct expected of every member of the university community and is strictly prohibited. Any employee or student found to have engaged in sexual assault against another member of the university community will be subject to disciplinary action as set forth below.

Disciplinary action by the university is not intended as a substitute for civil or criminal processes. Members of the university community are accountable both to civil authorities and to the university for acts that constitute violations of law and university policy. Disciplinary action for violation of this policy shall not be subject

to challenge on the grounds that civil or criminal proceedings are pending, or that civil or criminal charges involving the same incident have been invoked, dismissed or reduced.

Investigations of complaints of sexual harassment will be conducted by the appropriate office consistent with the policies and procedures set forth below.

Reporting sexual misconduct

Sexual misconduct encompasses all types of misconduct referred to in this section, including sexual assault, sexual harassment, sex discrimination, domestic and dating violence, stalking, and retaliation.

Any individual who has experienced sexual misconduct by another student, a faculty member or a staff member of the university has the option to report the matter to the university, to law enforcement, to both or to neither, as the individual may choose. In addition, any person — whether the alleged victim, or a parent, friend or bystander — has the right to report sexual misconduct including sex discrimination, sexual harassment and retaliation as set forth below. Per the mandatory reporting requirements below, certain individuals are required to report when they learn of sexual misconduct.

- **Title IX coordinator**

All reports of sexual misconduct, including sex discrimination, sexual harassment and retaliation, may be made to the university's Title IX coordinator:

Brandy Banks, Title IX coordinator
Faculty/Administration Building
656 W. Kirby, Suite 4324
Detroit, MI 48202
Phone: **313-577-9999**
Email: titleix@wayne.edu
Website: titleix.wayne.edu
Form link: cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=3

In addition to reporting to the Title IX coordinator, individuals are encouraged to report sexual misconduct that may also violate criminal law to the Wayne State police at **313-577-2222**. These reporting processes are not mutually exclusive.

- **Deputy Title IX coordinators**

The university has also appointed

deputy Title IX coordinators that are available to assist individuals with reporting sexual harassment, seeking supportive measures and filing a formal complaint.

Amy Stirling Lammers, associate vice president for equal opportunity
Office of Equal Opportunity
Faculty/Administration Building
656 W. Kirby, Suite 4324
Detroit, MI 48202
313-577-2280
oeo@wayne.edu

Nikolina Dmitruchina, assistant dean of students
Student Center Building
5221 Gullen Mall, Suite 301
Detroit, MI 48202
313-577-1010
nikolina@wayne.edu

- **Reporting to law enforcement**

Although the university strongly encourages all members of its community to report incidents of criminal sexual conduct to law enforcement, it is the complainant's choice whether to make such a report, and complainants have the right to decline involvement with the police. The university's Title IX coordinator will assist any complainant with notifying the Wayne State police if they choose to do so. Under limited circumstances posing a threat to the health or safety of any university community member, the university may independently notify law enforcement.

University police
Wayne State University Police Department
6050 Cass Ave.
Detroit, MI 48202
313-577-2222 (emergencies)
313-577-6057 (non-emergencies)

Local police
Detroit Police Department
3rd Precinct
2875 W. Grand Blvd.
Detroit, MI 48202
313-596-1984

The Wayne State police are available 24 hours a day, 7 days a week, 365 days a year. They provide a full range of professional police services to the main and medical campuses as well as surrounding neighborhoods. Wayne



State police are prepared to handle all criminal activity, including incidents involving sexual assault, dating violence, domestic violence and stalking, as well as any emergency.

- **Anonymous reporting**

Those who wish to make an anonymous report may do so through one of two ways:

WSUPD: police.wayne.edu/contact/tip-line

Office of Internal Audit: internalaudit.wayne.edu/report or 313-577-5138

The Title IX coordinator will respond promptly and equitably to anonymous reports, but the response may be limited if the report does not include identifying information and/or a description of the facts and circumstances. Anonymous reports that provide enough information to constitute certain criminal offenses will be reported to the WSUPD for purposes of inclusion in the university's Annual Security and Fire Safety Report and to assess whether the university should send a timely warning notice as required by the Clery Act.

What happens after a report is made

Upon receiving a report of sexual misconduct, the Title IX coordinator will contact the complainant to discuss and provide a written explanation of the availability of supportive measures/resources and inform them of the process for filing a formal complaint and any other rights or options they may have. Throughout this process, the individual alleging sexual misconduct is referred to as the complainant, and the individual accused of sexual misconduct is referred to as the respondent. Procedures for filing a formal complaint are discussed below.

Supportive measures

Supportive measures are non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint or where no formal complaint has been filed. Such measures are designed to restore or preserve equal access to the university's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the university's

educational environment, or deter sexual harassment.

The Title IX coordinator is responsible for coordinating the effective implementation of supportive measures, which may include counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work or housing locations, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures.

The university shall maintain as confidential any supportive measures provided to the complainant or respondent, to the extent that maintaining such confidentiality would not impair the ability of the university to provide the supportive measures.

Mandatory reporting – responsible employees

Most faculty and staff are considered responsible employees under university policy and are required to share knowledge, notice and/or reports of sexual harassment with the Title IX coordinator. The information to be reported by a responsible employee includes the name of the complainant and respondent and, if known, dates, times, locations and the names of witnesses.

Responsible employees include the following:

- Academic deans
- Dean of students
- Provost
- Department chairs
- Faculty
- Graduate Teaching Assistants (GTAs)
- Chief human resources officer
- WSUPD officers and leadership
- Campus security monitors employed by WSUPD and deployed in major buildings, libraries, housing facilities and satellite facilities to assist with access and security
- Athletic department leadership, including all volunteer and paid levels of coaches and trainers

- Mort Harris Recreation Center leadership and front desk staff
- Housing department desk assistants and community assistants
- Residence life director-level/supervisory staff, community directors and resident advisors
- Student Center director-level/supervisory staff and student supervisors
- Advisors of all recognized student organizations through DOSO employed with the university
- Office of Multicultural Student Engagement director level and program staff
- Student Disability Services
- Office of International Education study abroad leaders (faculty and staff)
- Designated student affairs coordinators and program officers in all schools, colleges and divisions
- Academic advisors

Confidential resources

Confidential resources are available both on and off campus to any complainant who would like the details of an incident to be kept confidential. These individuals and agencies will maintain confidentiality when working within the scope of their licensure, professional ethics and/or professional credentials, except in extreme cases of immediacy of threat or danger; abuse of a minor, elder or individual with a disability; or when required to disclose by law or court order.

On-campus confidential resources

- Counseling and Psychological Services (CAPS)
- Campus Health Center
- The Counseling and Testing Center within the College of Education
- The WSU Psychology Clinic
- On-campus members of the clergy/chaplains/priests working within the scope of their licensure or ordination
- Employee Assistance Program (EAP)

Off-campus confidential resources

- Licensed professional counselors and other medical providers



- Rape crisis counselors
- Domestic violence resource organizations
- Local or state assistance agencies
- Clergy/chaplains
- Attorneys

WSU employees who are confidential will timely submit anonymous statistical information for Clery Act purposes unless they believe it would be harmful to their client or patient.

Recommended steps for victims of dating violence, domestic violence, sexual assault or stalking

If you are a victim of sexual misconduct, it is important to preserve any evidence that may assist in proving that the sexual misconduct occurred. Preservation of evidence may also help in obtaining a personal protection order. For your safety and well-being, immediate medical attention is encouraged. Being examined as soon as possible, ideally within 120 hours, is especially important in the case of sexual assault. Sexual assault nurse examiners are available at Detroit Receiving Hospital and will arrange for a specific medical examination at no charge or can work with you to arrange state reimbursement. The following additional steps are recommended in order to preserve evidence:

- If possible, do not bathe, shower, eat, drink, smoke, brush your teeth, urinate, defecate or change clothes before receiving medical attention. Even if you have already taken any of these actions, you are still encouraged to have prompt medical care, and evidence may still be recoverable.
- Typically, if police are involved or will be involved, they will obtain evidence from the scene, and it is best to leave things undisturbed until their arrival. They will gather bedding, linens or unlaundered clothing, and any other pertinent items that may be used for evidence. It is best to allow police to secure items in evidence containers, but if you are involved in transmission of items of evidence, such as to the hospital, secure them in a clean paper bag or clean bedsheet to avoid contamination.

- If you have physical injuries, photograph or have them photographed, with a date stamp on the photo.
- Record the names of any witnesses and their contact information. This information may be helpful as proof of a crime, to obtain an order of protection, or to offer proof of a campus policy violation.
- Try to memorize details (e.g., physical description, names, license plate number, car description, etc.), or even better, write notes to remind yourself of details, if you have time and the ability to do so.

In addition to contacting the police, victims of sexual misconduct or other crimes are also encouraged to immediately go to a safe place and speak with someone they trust. Additional resources, including Title IX, counseling resources and community resources such as the Avalon Healing Center are found below in this report.

TITLE IX SEXUAL HARASSMENT GRIEVANCE PROCESS

Title IX sexual misconduct policy and procedures

The university will take action to respond to allegations of sexual harassment prohibited by the interim Title IX policy when the university has actual knowledge that sexual harassment has occurred.

Actual knowledge means notice of sexual harassment or allegations of sexual harassment to the university's Title IX coordinator or any university official with authority (OWA) to institute corrective measures for harassment, discrimination and/or retaliatory conduct on behalf of the university. Notice, as used in this definition, includes, but is not limited to, a report of sexual harassment to the Title IX coordinator.

Under the interim Title IX policy, sexual harassment is defined as conduct on the basis of sex that satisfies one or more of the following:

A university employee conditioning the provision of an aid, benefit or service of the university on an individual's participation in unwelcome sexual conduct.

Unwelcome conduct determined by a reasonable person to be so severe,

pervasive and objectively offensive that it effectively denies a person equal access to the university's education program or activity.

"Sexual assault," as defined by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act ("Clery Act"), as more fully defined above.

"Stalking," "dating violence" and "domestic violence," as defined by Violence Against Women Reauthorization Act of 2013 (VAWA) as more fully defined above.

Rights within disciplinary proceedings

Pursuant to this grievance process, complainants and respondents can expect the following:

- a. Prompt and equitable resolution of allegations of prohibited conduct.
- b. The university will treat complainants and respondents equitably by following the grievance process in these procedures before the imposition of any disciplinary sanctions or other actions that are not supportive measures as defined in these procedures against a respondent.
- c. Privacy in accordance with these procedures and any legal requirements.
- d. Reasonably available and appropriate supportive measures, as described in these procedures.
- e. A presumption that the respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the grievance process.
- f. The university to issue appropriate remedies to a complainant where a determination of responsibility has been made against the respondent pursuant to the grievance process set forth in these procedures.
- g. Any remedies issued by the university shall be designed to restore or preserve equal access to the university's education program or activity.
- h. The imposition of disciplinary sanctions or other actions that are not supportive measures against a respondent will be imposed pursuant the grievance process set forth in these procedures.



- i. An objective evaluation of all relevant evidence, including both inculpatory and exculpatory evidence.
- j. Credibility determinations shall not be based on a person's status as a complainant, respondent or witness.
- k. The university Title IX coordinator, investigator, decision-maker or any person designated by the university to facilitate its informal resolution process not to have a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent.
- l. Freedom from retaliation as further defined and described in these procedures.

Formal complaints

A formal complaint is an official document filed by the alleged victim (referred to as the complainant) alleging sexual harassment against a respondent and requesting that the university investigate the allegation of sexual harassment.

The university expects that all complaints will be filed in good faith.

At the time of filing a formal complaint, a complainant must be participating in or attempting to participate in a Wayne State University education program or activity.

How to file a formal complaint

A complainant may file a formal complaint with the Title IX coordinator in person, by mail, by phone, via the online reporting form or by electronic mail. Where the Title IX coordinator signs a formal complaint, the Title IX coordinator is not a complainant or otherwise a party.

Notice to be provided upon receipt of a formal complaint

Upon receipt of a formal complaint, the Title IX Office will provide the following written notice simultaneously to the parties who are known:

- a. Notice of the university's grievance process, including any formal resolution process.
- b. Notice of the allegations of sexual harassment potentially constituting sexual harassment, including identification of the parties involved and date and location of the alleged incident, if known, providing sufficient time to prepare a response before any initial interview.

- c. Notice of additional allegations if, in the course of an investigation, the university decides to investigate allegations about the complainant or respondent that are not included in the initial notice(s) provided pursuant to this section.
- d. Notice that the respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process.
- e. Notice that the parties may have an advisor of their choice as stated in these procedures.
- f. Notice of conduct provisions that prohibit knowingly making false statements or knowingly submitting false information during the grievance process.
- g. Notice of any interim measures provided.
- h. Detail on how the party may request disability accommodations during the interview process.
- i. The name(s) of the investigator(s), along with a process to identify, in advance of the interview process, to the Title IX coordinator any conflict of interest that the investigator(s) may have.

Consolidation of formal complaints

The university may consolidate formal complaints as to allegations of sexual harassment against more than one respondent, or by more than one complainant against one or more respondents, or by one party against the other party, where the allegations of sexual harassment arise out of the same facts or circumstances. Where a grievance process involves more than one complainant or more than one respondent, references in this section to the singular "party," "complainant," or "respondent" include the plural, as applicable.

Dismissal of formal complaint

The university must investigate the allegations in a formal complaint. The following basis for mandatory and discretionary dismissal will be applied:

Mandatory dismissal

The university shall dismiss a formal complaint, or allegations therein, for purposes of sexual harassment under Title IX where:

- The conduct alleged in the formal complaint would not constitute sexual harassment as defined in these procedures even if proved;
- The conduct did not occur in the university's education program or activity; or
- The conduct did not occur against a person in the United States.

Such a dismissal does not preclude action under another provision of the Wayne State University Policy 2005-03 Discrimination and Harassment Complaint, Student Code of Conduct, or applicable collective bargaining agreement.

Discretionary dismissal

The university may dismiss a formal complaint, or allegations therein, if at any time during the investigation or hearing:

- A complainant notifies the Title IX coordinator in writing that the complainant would like to withdraw the formal complaint or any allegations therein;
- The respondent is no longer enrolled or employed by the university; or
- Specific circumstances prevent the university from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.

Upon a mandatory or discretionary dismissal, the university shall promptly send written notice of the dismissal and reason(s) therefore simultaneously to the parties.

Investigation of formal complaint

When investigating a formal complaint and throughout the grievance process, the university will:

- a. Ensure that the burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility rests on the university and not on the parties.
- b. Provide an equal opportunity for the parties to present witnesses, including fact and expert witnesses, and other inculpatory and exculpatory evidence.
- c. Not restrict the ability of either party to discuss the allegations under investigation or to gather and present relevant evidence.
- d. Provide the parties with the same opportunities to have others present



during any grievance proceeding, including the opportunity to be accompanied to any related meeting or proceeding by the advisor of their choice, who may be, but is not required to be, an attorney, and not limit the choice or presence of advisor for either the complainant or respondent in any meeting or grievance proceeding except subject to the restrictions stated in these grievance procedures.

- e. Provide, to a party whose participation is invited or expected, written notice of the date, time, location, participants and purpose of all hearings, investigative interviews or other meetings, with sufficient time for the party to prepare to participate.
- f. Provide both parties an equal opportunity to inspect and review any evidence obtained as part of the investigation that is directly related to the allegations raised in a formal complaint, including the evidence upon which the university does not intend to rely in reaching a determination regarding responsibility and inculpatory or exculpatory evidence whether obtained from a party or other source, so that each party can meaningfully respond to the evidence prior to conclusion of the investigation.
- g. Prior to completion of the investigative report, the university shall send to each party and the party's advisor, if any, the evidence subject to inspection and review in an electronic format or a hard copy. The parties shall have at least 10 days to submit a written response, which the investigator will consider prior to completion of the investigative report. The university shall make all such evidence subject to the parties' inspection, and shall make review available at any hearing to give each party equal opportunity to refer to such evidence during the hearing, including for purposes of cross-examination.
- h. The university shall create an investigative report that fairly summarizes relevant evidence and, at least 10 days prior to a hearing (if a hearing is required under this section or otherwise provided) or other time of determination regarding responsibility, send to each party and the party's

advisor, if any, the investigative report in an electronic format or a hard copy, for their review and written response.

Hearing process

The university shall provide a live hearing under these grievance procedures, which may be conducted in person or virtually at the university's option. The following applies with respect to live hearings:

- a. At the live hearing, the decision-maker(s) must permit each party's advisor to ask the other party and any witnesses relevant questions and follow-up questions, including those challenging credibility. Such cross-examination at the live hearing must be conducted directly, orally and in real time by the party's advisor of choice and never by a party personally, notwithstanding the discretion of the university to otherwise restrict the extent to which advisors may participate in the proceedings.
- b. At the request of either party, the university shall provide for the live hearing to occur with the parties located in separate rooms with technology enabling the decision-maker(s) and parties to simultaneously see and hear the party or the witness answering questions.
- c. Only relevant cross-examination and other questions may be asked of a party or witness. Before a complainant, respondent or witness answers a cross-examination or other question, the decision-maker(s) must first determine whether the question is relevant and explain any decision to exclude a question as not relevant.
- d. If a party does not have an advisor present at the live hearing, the university must provide without fee or charge to that party an advisor of the university's choice, who may be, but is not required to be, an attorney, to conduct cross-examination on behalf of that party.
- e. Questions and evidence about the complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence about the complainant's prior sexual behavior are offered to prove that someone other than the respondent committed the conduct alleged by the

complainant, or if the questions and evidence concern specific incidents of the complainant's prior sexual behavior with respect to the respondent and are offered to prove consent.

- f. The decision-maker(s) cannot draw an inference about the determination regarding responsibility based solely on a party's or witness's absence from the live hearing or refusal to answer cross-examination or other questions.
- g. Live hearings pursuant to this paragraph may be conducted with all parties physically present in the same geographic location or, at the university's discretion, any or all parties, witnesses and other participants may appear at the live hearing virtually, with technology enabling participants simultaneously to see and hear each other.
- h. The university shall create an audio or audiovisual recording or transcript of any live hearing and make it available to the parties for inspection.

Determination regarding responsibility

After the completion of the live hearing, the decision-maker(s) — who cannot be the same person(s) as the Title IX coordinator or the investigator(s) — shall issue a written determination regarding responsibility using the preponderance of the evidence standard as defined in these procedures. The written determination shall include:

- a. Identification of the allegations potentially constituting sexual harassment.
- b. A description of the procedural steps taken from the receipt of the formal complaint through the determination, including any notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and hearings held.
- c. Findings of fact supporting the determination.
- d. Conclusions regarding the application of the university's code(s) of conduct to the facts.
- e. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions the



university imposes on the respondent, and whether remedies designed to restore or preserve equal access to the university's education program or activity will be provided by the university to the complainant.

- f. The university procedures and permissible bases for the complainant and respondent to appeal.

The university shall provide the written determination to the parties simultaneously. The determination regarding responsibility becomes final either on the date that the university provides the parties with the written determination of the result of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which an appeal would no longer be considered timely. The Title IX coordinator is responsible for effective implementation of any remedies.

Informal resolution

The parties may agree to informally resolve a formal complaint through an alternate resolution mechanism such as mediation ("informal resolution process"). The informal resolution process, however, is not available to resolve a formal complaint that an employee sexually harassed a student, nor to resolve cases involving sexual assault. Either party may seek assistance in obtaining an informal resolution from the Title IX coordinator, who can arrange to have a trained representative facilitate a meeting or meetings between the parties. The availability of the informal resolution process, and any resolution reached, is subject to the agreement of the Title IX coordinator (or designee), the complainant and the respondent. The university may decline a request by the parties to engage in an informal resolution process and may terminate the informal resolution process at any time.

Through the informal resolution process, the formal complaint may be resolved on any basis acceptable to the parties and the Title IX coordinator. For example, the matter may be resolved by providing supportive measures sufficient to restore equal access to the university's education programs or activities, or where the respondent accepts responsibility for violating the Title IX policy and the sanction or remedy for such violation.

Participation in an informal resolution process is strictly voluntary. The parties' voluntary, written consent is required to engage in this process. The university will not compel the parties to engage in informal resolution, will not compel a complainant to directly confront the respondent, and will allow a complainant or respondent to withdraw from the informal resolution process at any time prior to agreeing to a resolution and resume the grievance process with respect to the formal complaint.

The informal resolution process is intended to be flexible and undertaken in the reasonable discretion of the Title IX coordinator so as to address an individual's situation in the most effective and expeditious manner possible.

The Title IX coordinator may attempt to facilitate a resolution to the issue presented without a formal investigation; however, under the informal resolution process, the investigator shall only be required to conduct such fact finding as is useful to resolve the conflict and as is necessary to protect the interests of the parties, the university and the community.

Pursuing informal resolution does not preclude later use of the formal investigation process prior to a hearing and written determination.

In cases where informal resolution is chosen by the parties, they will receive a written notice disclosing the allegations, along with a copy of the procedures setting forth the requirements of the informal resolution process. The written notice will also state any sanctions or measures that may result from participating in such process, including records that will be maintained or could be shared by WSU.

The informal resolution process may utilize any combination of interventions and remedies. If an agreement is acceptable to the university, the complainant and the respondent are reached through informal resolution, the terms of the agreement are put in writing and are implemented, and the matter is resolved and closed. Once the matter is resolved and closed, the parties are precluded from resuming a formal complaint arising from the same allegations. If an agreement is not reached, the formal grievance process will have

been delayed by length of time devoted to the informal resolution process, and the formal grievance process will continue.

The time period for resolution of a formal complaint through the informal resolution process is 60 days. The university may temporarily delay the informal resolution process or provide a limited extension of time for good cause with written notice, 1) to the complainant and respondent of the delay or extension, 2) the reasons for the action, and 3) an estimate of the anticipated additional time that will be needed as a result of the delay. If the formal complaint is not resolved within this time frame, the formal grievance process will resume.

Remedies

The university will provide appropriate remedies to a complainant where a finding of responsibility has been made against a respondent. Remedies issued by the university must be designed to restore or preserve equal access to the university's education program or activity. Such remedies may include the same individualized services described as "supportive measures" in these procedures. However, remedies need not be non-disciplinary or non-punitive, and need not avoid burdening the respondent.

Appeal process

Either complainant or respondent may file a request for appeal from 1) a determination regarding responsibility following a hearing or 2) the dismissal of a formal complaint or any allegation therein. The request for appeal must be submitted in writing to the Title IX coordinator within seven days of the delivery of a written determination regarding responsibility or dismissal of a formal complaint or allegation therein and state the grounds for appeal. The time period from the initiation of an appeal until the issuance of a written determination of that appeal is 30 days. The university may provide for a temporary delay or a limited extension of time for the entire appeal process, or for any specific appeal process deadline, for good cause and with written notice notifying to the complainant and respondent of the delay or extension, the reasons for the action, and providing an estimate of the anticipated additional time that will be needed as a result of the delay.



The Title IX coordinator will notify the other party in writing that an appeal has been filed and forward the request for appeal to the appeals officer, who will determine whether any grounds for appeal, as set forth below, are met. The appeals officer will make this determination within five days of receipt of the request for appeal.

The president or their designee will serve as the appeals officer. The following individuals may not serve as appeals officer:

- The decision-maker(s) in the underlying proceeding;
- Any investigator in the matter; or
- The Title IX coordinator.

The appeals officer will be free of any conflict of interest or bias for or against complainants or respondents generally, or an individual complainant or respondent, and will receive requisite training on the definition of sexual harassment, the scope of the university's education program or activity, and how to conduct an investigation and a grievance.

A determination in a Title IX matter will be considered final if 1) neither party appeals or 2) the appeals process has concluded; e.g., when a final decision is made on appeal or remand and there is no further appeal following remand. If the appeals officer remands the matter to the hearing officer and a decision or sanction is changed on remand, either party may appeal on any permitted grounds and pursuant to the procedures set forth herein.

All notices referenced in this section will be provided by email. For students, faculty and staff, notice will be sent to their university email address. Once emailed, notice will be presumptively delivered.

Grounds for appeal and notice

Appeals are limited to the following grounds:

1. Procedural irregularity that materially affected the outcome of the matter.
2. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal of a formal complaint or allegation therein

was made, and the new evidence could materially affect the outcome of the matter.

3. The Title IX coordinator, investigator(s) or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally, or the specific complainant or respondent, that materially affected the outcome of the matter.
4. Mistake of applicable law or regulations, or mistake of terms as defined by the university in this policy that materially affected the outcome.

The appeals officer's initial review of the request for appeal is not a review of the merits of the appeal, but solely a determination as to whether the request for appeal meets any of the grounds for appeal set forth herein and is timely filed.

The appeals officer will provide written notification to the parties and their advisors if the grounds for appeal are not met and/or if the appeal is not timely filed.

If any of the grounds for appeal are met and the appeal is timely filed, the appeals officer will provide written notification to the parties, their advisors, the Title IX coordinator and, if appropriate, the investigators and/or hearing officer, along with a copy of the request for appeal and approved grounds for appeal. The appealing party will be given seven days from receipt of the written notification to submit a written statement to the appeals officer in support of the outcome requested on appeal. The appeals officer will forward the written statement to all parties. The party opposing the appeal will then be given seven days from receipt of the appealing party's written statement to submit a written statement in opposition to the outcome requested on appeal. Upon receipt, the appeals officer will forward the written opposition statement to the other party for review and comment.

Neither party may submit a request for appeal after the time period to do so has expired.

Review of appeal

The appeals officer will collect all information and documentation relevant

to the grounds for appeal, including the written statements and any comments submitted by the parties.

Following an objective review of the relevant information and documents, the appeals officer will issue a written decision in no more than 14 days, unless the time period is extended or delayed in accordance with the procedure stated above. The appeals officer will consider only the issue on appeal and will not reconsider findings of fact made by the hearing officer. The appeals officer will not weigh the credibility of witnesses. Deference will be given to the hearing officer.

Any sanctions imposed will be stayed during appeal. Supportive measures may be implemented for the duration of the appeal.

Appeal outcome and remedies

The appeal outcome may include affirming the original decision, reversing the decision and/or remanding the matter to the hearing officer with specific instructions. Remedies available on remand are the same as those available at the initial hearing.

The appeals officer will send a written notice of the appeal outcome to all parties and their advisors simultaneously. The notice of appeal outcome will specify the findings, decision and rationale for the decision on each approved ground for appeal, as well as any instructions for remand where applicable.

In cases in which the appeal results in the respondent's reinstatement to the university or resumption of privileges, all reasonable attempts will be made to restore the respondent to their prior status to the extent possible.

Prohibition on retaliation

University policy and federal law prohibit retaliation taken against an individual for making a good faith report or complaint of sexual misconduct or other conduct prohibited under this policy; testifying, assisting, participating, or refusing to participate in any proceeding under this policy; supporting a complainant or respondent; providing information relevant to an investigation under this



policy; or otherwise opposing conduct prohibited by this policy (collectively, “protected activity”).

Retaliation includes any materially adverse action taken by the university or any member of the university community, including but not necessarily limited to intimidation, threats, coercion, harassment or discrimination against an individual for engaging in protected activity.

The exercise of rights protected under the First Amendment does not constitute retaliation prohibited under Title IX or these procedures. Retaliation does not include any disciplinary measures or other adverse action taken for making a bad faith report or complaint, or for making a materially false statement in bad faith in the course of any investigation or proceeding under this policy, provided that a determination regarding responsibility, alone, is not sufficient to conclude that any party made a materially false statement in bad faith.

Any person who believes they have been subjected to retaliation should immediately notify the Title IX coordinator. Any alleged retaliation will be promptly investigated.

The university will not share the identity of an individual making a report of retaliation or any witnesses thereto except where permitted by the Family Educational Rights and Privacy Act (FERPA); where required by law; or where necessary to conduct an investigation, hearing or grievance process under this policy.

Record keeping

The university shall maintain for a period of seven years:

- Records of any investigations conducted pursuant to this policy, including any determination regarding responsibility.
- Any required audio or audiovisual recording or transcript.
- Any disciplinary sanctions imposed on the respondent.
- Any remedies — including any supportive measures — provided to the complainant designed to restore or preserve equal access to the university’s education program or activity.
- Records related to any appeal and the result therefrom.
- Records related to any informal resolution and the result therefrom.
- All materials used to train Title IX coordinators, investigators, decision-makers and any person who facilitates an informal resolution process. The university shall make these training materials publicly available on its website; if the university does not maintain a website, the university shall make these materials available upon request for inspection by members of the public.

The university shall also create and maintain for a period of seven years any actions, including any supportive measures, taken in response to a report or formal complaint of sexual harassment. In each instance, the university shall document the basis for its conclusion and that it has taken measures designed to restore or preserve equal access to the university’s education program or activity.

If the university does not provide a complainant with supportive measures, then the university must document the reasons. The documentation of certain bases or measures does not limit the university in the future from providing additional explanations or detailing additional measures taken.

Office of Civil Rights

Questions about the Interim Title IX Sexual Misconduct Policy and Procedures, Title IX, and the applicability of Title IX to the university should be directed to the Title IX coordinator or to the assistant secretary of education for the U.S. Department of Education, or both. The following is contact information for the U.S. Department of Education:

Office of Civil Rights (OCR)
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
Phone: **800-421-3481**
Fax: **202-453-6012**
TDD: **877-521-2172**
Email: **ocr@ed.gov**
Website: **ed.gov/ocr**

Michigan, Ohio Office for Civil Rights- Cleveland Office

U.S. Department of Education
1350 Euclid Avenue, Suite 325
Cleveland, OH 44115-1812
Phone: **216-522-4970**
Fax: **216-522-2573**
TDD: **800-877-8339**
Email: **ocr.cleveland@ed.gov**

In addition to the above, U.S. Department of Education complaints related to the Wayne State University School of Medicine may be made to:

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: **800-368-1019**
TDD: **800-537-7697**

Office for Civil Rights

U.S. Department of Health and Human Service
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: **800-368-1019**
Fax: **202-619-3818**
TDD: **800-537-7697**
Email: **ocrmail@hhs.gov**

COMPLAINTS INVESTIGATED UNDER THE WSU NON-DISCRIMINATION/ AFFIRMATIVE ACTION POLICY

Sexual misconduct cases that do not fall within the jurisdiction of the Interim Title IX Sexual Misconduct Policy and Procedures may be investigated pursuant to the WSU Non-Discrimination/Affirmative Action Policy below. Application of the appropriate policy is the determination of the Title IX coordinator.



The WSU Non-Discrimination/Affirmative Action Policy (oeo.wayne.edu/pdf/affrm_actn_policy.pdf)

The Non-Discrimination/Affirmative Action Policy states that Wayne State University is committed to non-discrimination and equal opportunity in all of its operations, employment opportunities, educational programs and related activities. This policy embraces all persons regardless of race, color, sex (including gender identity), national origin, religion, age, sexual orientation, familial status, marital status, height, weight, disability or veteran status and expressly forbids sexual harassment and discrimination in hiring, terms of employment, tenure, promotion, placement and discharge of employees, admission, training and treatment of students, extracurricular activities, the use of university services and/or facilities, and the awarding of contracts. This policy also forbids retaliation and/or any form of harassment against an individual as a result of filing a complaint of discrimination or harassment, or participating in an investigation of a complaint of discrimination or harassment. It shall not preclude the university from implementing those affirmative action measures, to the extent permitted by law, which are designed to achieve full equity for minorities and women.

As an equal opportunity/affirmative action employer, the university complies with all applicable federal and state laws regarding non-discrimination and affirmative action. In furtherance of this policy, the university is also committed to promoting institutional diversity to achieve full equity in all areas of university life and service, and in those private clubs and accommodations that are used by university personnel. No off-campus activities sponsored by or on behalf of Wayne State University shall be held in private club facilities or accommodations which operate from an established policy barring membership or participation on the basis of race, color, sex (including gender identity), national origin, religion, age, sexual orientation, familial status, marital status, height, weight, disability or veteran status. Affirmative action procedures, measures and programs may be used to the extent permitted by law to establish, monitor and implement affirmative action

plans for all budgetary units and the university as a whole.

Overall responsibility for implementation of the Non-Discrimination/Affirmative Action Policy and university compliance with all applicable federal, state and local laws and regulations has been delegated by the president to the **Office of Equal Opportunity (OEO)**. Complaints for violation of this policy can be made to OEO at **313-577-2280** or at oeo.wayne.edu.

Discrimination and Harassment Complaint Process

The Discrimination and Harassment Complaint Process can be found at policies.wayne.edu/05-03-discrimination-harassment.php. If, after an initial assessment, the OEO decides that the concerns raised fall within the jurisdiction of the OEO and that the allegations, if sustained, would be reasonably likely to result in the need for prompt remedial measures potentially involving disciplinary action, a formal written complaint will be initiated. This process is handled by the OEO.

Once a finding is made under this process, the associate vice president/director of OEO issues a notice of disposition, which includes a finding that there is, either a.) insufficient cause to conclude that the respondent engaged in conduct in violation of the university's policies on sexual assault, sexual harassment or sex discrimination, or b.) probable cause that the respondent engaged in such conduct. The notice of disposition will be provided at the same time to the reporting and responding parties and to the vice president or dean of the unit where the respondent is employed. Where prompt remedial action is required, which can include disciplinary action, the vice president or dean of the unit where the respondent is employed is responsible for implementing the prompt remedial action consistent with any relevant collective bargaining agreements and other university statutes, such as **University Policy 2005-03 and BOG Statute 2.51.01, Appointments, Continuing Tenure, Termination and Dismissal Policies and Procedures for Faculty**.

If the complainant, respondent, vice president or dean is dissatisfied with the notice of disposition, they may file an appeal

to the chief of staff within 14 days after the final notice of disposition has been issued. The appeal may only be filed on the basis that the investigation failed to include evidence that was available and should have been taken into consideration prior to the final disposition; the investigation failed to comply with the process and procedures that must be followed during the investigation process; taking the evidence in the light most favorable to the prevailing party, the outcome is not consistent with the non-discrimination or harassment policy; or the proposed remedial measure is inconsistent with other university policy or collective bargaining agreements. The chief of staff will independently review the appeal and may receive additional information if at his or her discretion such information is necessary to the review. The chief of staff's decision on the recommendation of the OEO will be final.

Retaliation

Similar to complaints investigated under the university's Title IX policies, retaliation against any person for filing a complaint or for participating in an inquiry or an investigation of a complaint is strictly prohibited. Such retaliation constitutes a separate basis for complaint under university policy.

Disciplinary sanctions

The following sanctions may be imposed upon a student or employee who is found to have violated the university's policies prohibiting sexual misconduct, including WSU's sexual harassment and sexual assault policies, Title IX policies, and OEO policies:

Student sanctions

- **Warning:** A formal statement that the behavior was unacceptable and a warning that further infractions of any university policy, procedure or directive will result in more severe sanctions/responsive actions.
- **Probation:** A written reprimand for violation of university policy, providing for more severe disciplinary sanctions in the event that the student or organization is found in violation of any university policy, procedure or directive within a specified period of time. Terms of the probation will be articulated and may include denial of specified social privileges, exclusion



from co-curricular activities, exclusion from designated areas of campus, no-contact orders and/or other measures deemed appropriate.

- **Suspension:** Termination of student status for a definite period of time not to exceed two years, and/or until specific criteria are met. Students who return from suspension are automatically placed on probation through the remainder of their tenure as a student at Wayne State University. At the discretion of the Title IX coordinator, this sanction may be noted as a disciplinary suspension on the student's official transcript.
- **Expulsion:** Permanent termination of student status, revocation of rights to be on campus for any reason or attend university-sponsored events. This sanction will be noted as a conduct expulsion on the student's official transcript.
- **Withholding diploma and/or official transcripts:** The university may withhold a student's diploma and/or official transcripts for a specified period of time, and/or deny a student participation in commencement activities if the student has an allegation pending or as a sanction if the student is found responsible for an alleged violation.
- **Revocation of degree:** The university reserves the right to revoke a degree previously awarded from the university for fraud; misrepresentation or other violation of university policies, procedures, or directives in obtaining the degree; or for other serious violations committed by a student prior to graduation.
- **Organizational sanctions:** Deactivation, loss of recognition, loss of some or all privileges (including university registration) for a specified period of time.
- **Other actions:** In addition to or in place of the above sanctions, the university may assign any other sanctions as deemed appropriate.

Employee sanctions

- Warning – verbal or written
- Performance improvement/management process
- Required training or education
- Probation
- Loss of annual pay increase
- Loss of oversight or supervisory responsibility
- Demotion
- Suspension with pay
- Suspension without pay
- Termination
- Other actions

Discipline and sanctions for employees will be issued consistent with **WSUCA 2.51.01, Appointments, Continuing Tenure, Termination and Dismissal Policies and Procedures for Faculty; WSUCA 2.52.01, Appointments, Tenure, Employment Security Status, Termination and Dismissal Policies and Procedures for Academic Staff; and Union Collective Bargaining Agreements (CBA)** to the extent applicable and not inconsistent with Title IX and the procedures stated herein.

All proceedings that may lead to disciplinary sanctions, whether under Title IX or the Non-Discrimination Affirmative Action Policy, will be conducted in a prompt, fair and impartial manner from the time of the initial investigation through the final result.

Amnesty for alcohol and other drug use

An individual who reports sexual misconduct, as either a complainant or witness, will not receive disciplinary action by the university for using alcohol or other drugs around or during the incident.

Personal protection orders

In addition to no-contact orders issued by the university, victims may seek a personal protection order in the family division of the appropriate circuit court. Information about how to file for a personal protection order is available at michiganlegalhelp.org/self-help-tools/personal-safety/overview-of-personal-protection-orders. WSUPD provides assistance to victims filing for personal protection orders as needed.

If you obtain a court-ordered personal protection order, please let the WSUPD

know and provide them with a copy. The university will uphold such lawfully issued orders and enforce them through the WSUPD.

Campus and community resources

Resources are available for individuals who have experienced any form of sexual misconduct, including dating violence, sexual assault, stalking, sex discrimination or harassment. Wayne State University and various organizations in the broader community offer crisis intervention, safety planning, information, referrals and support for victims, concerned individuals (friends/family/co-workers) and others seeking information and guidance to help someone they know.

For additional resources and information regarding the types of assistance provided by the listed units and organizations, visit titleix.wayne.edu/resources.

UNIVERSITY POLICIES



University resources

Campus safety information and resources
Website: wayne.edu/safety

Title IX Office
Website: titleix.wayne.edu
Location: 4324 Faculty/Administration Building
Email: titleix@wayne.edu
Phone: 313-577-9999

Office of Sexual Violence Prevention and Education
Website: wayne.edu/sexualviolenceprevention
Location: 652 Student Center Building
Email: osvpe@wayne.edu
Phone: 313-577-9220

Dean of Students Office (DOSO)
Website: doso.wayne.edu
Location: 301 Student Center Building
Email: doso@wayne.edu
Phone: 313-577-1010

Counseling and Psychological Services (CAPS)
Website: caps.wayne.edu
Location: 552 Student Center Building
Email: caps@wayne.edu
Phone: 313-577-3398
After-hours phone: 313-577-9982

Campus Health Center
Website: health.wayne.edu
Location: 5285 Anthony Wayne Drive
Email: campushealth@wayne.edu
Phone: 313-577-5041

Wayne State Police (WSUPD)
Website: police.wayne.edu
Location: 6050 Cass Ave.
Detroit, MI 48202
Email: wsupdis@wayne.edu
Phone: 313-577-2222

Office of Equal Opportunity (OEO)
Website: oeo.wayne.edu
Location: 4324 Faculty/Administration Building
Email: oeo@wayne.edu
Phone: 313-577-2280

Office of Internal Audit
Website: internalaudit.wayne.edu
Location: 3300 Academic/Administrative Building
Phone: 313-577-5138

Ombuds Office

Website: wayne.edu/ombuds
Location: 301 Student Center Building
Email: ombudsoffice@wayne.edu
Phone: 313-577-3487

Ulliance Employee Assistance Program
Website: lifeadvisoreap.com
24-hour hotline: 800-448-8326

Community resources

Michigan Sexual Assault and Abuse Hotline
Website: michigan.gov/voices4
24-hour hotline: 855-864-2374 (855-VOICES4)
24-hour text messaging: 866-238-1454

Avalon Healing Center
Website: avalonhealing.org
Location: 601 Bagley St, Detroit, MI 48226
24-hour hotline: 313-474-7233
Phone: 313-964-9701

Detroit Police Department – 3rd Precinct
Location: 2875 W. Grand Blvd., Detroit, MI 48202
Phone: 313-596-5300

Detroit Police Victim's Assistance Program
Location: 4707 St. Antoine, M-167, Detroit, MI 48201
Phone: 313-833-1660

Detroit Receiving Hospital
Website: dmc.org
Location: 4201 St. Antoine, Detroit, MI 48201
Emergency room phone: 313-745-3356
Main phone: 313-745-3000

First Step
Website: firststep-mi.org
24-hour hotline: 734-722-6800

HAVEN
Website: haven-oakland.org
24-hour hotline: 248-334-1274
TTY: 248-972-2540

Turning Point
Website: turningpointmacomb.org
24-hour hotline: 586-463-6990

Planned Parenthood-
Detroit Health Center
Website: plannedparenthood.org
Location: 4229 Cass Ave., Detroit, MI 48201
Phone: 313-831-7776

National resources

Rape, Abuse & Incest National Network (RAINN)
Website: rainn.org
24-hour hotline: 800-656-4673

National Domestic Violence Hotline
Website: thehotline.org
24-hour hotline: 800-799-7233
TTY: 800-787-3224

Love is Respect
Website: loveisrespect.org
24-hour hotline: 866-331-9474
TTY: 866-331-8453

Emergency response and evacuation procedures

WSU's Crisis Management Team is committed to providing a safe environment for students, faculty and employees. The team — led by the executive vice president and chief of staff — meets at least quarterly to prepare for potential crises, conducts crisis simulations, develops and updates university protocols, and provides leadership during a crisis, drawing on the expertise of campus subject matter experts.

WSU emergency response procedures:

Police or medical emergency:
call the WSUPD at
313-577-2222.
DO NOT CALL 911.

Injuries/exposures requiring medical attention:
call the WSUPD at
313-577-2222.
DO NOT CALL 911.

Fires:
call the WSUPD at
313-577-2222.
DO NOT CALL 911.
Pull the closest fire alarm.

Hazardous material spills:
call WSUPD at
313-577-2222.
DO NOT CALL 911.

Satellite campus safety concerns: call 911

If called, the dispatch officer will make the appropriate fire and/or medical rescue call and notify the shift commander, who will determine whether the chief of police should be notified.



In turn, the chief of police will make the initial assessment and contact the chief of staff, who will then implement additional proper response procedures. A critical part of this process is keeping key stakeholders — including students, faculty, staff and their families — informed.

An electronic version of the WSU Emergency and Safety Procedures flipchart is available on the Enterprise Risk Management and Insurance Programs (ERM) website at risk.wayne.edu/procedures. These procedures are also listed on the WSUPD website, police.wayne.edu/procedures.

This color-coded flipchart has been developed by the ERM to help Wayne State employees and students residing on campus minimize the negative effects from emergencies, disasters, accidents, injuries and crimes that can occur without warning. It contains emergency phone numbers on the cover of the chart, and there are written procedures for the following:

- Civil disturbance
- Water damage/loss
- Safety procedures
- Tornado/severe weather
- Explosives
- Power outage
- Biological/radioactive spills
- Crime prevention tips
- Bomb threats/suspicious packages
- Medical emergencies
- Fire
- Workplace violence
- Chemical spills/chemical fires
- Evacuation

WSU evacuation procedures:

Each WSU-owned/leased facility has an emergency evacuation plan and procedure specific to its location, developed by the highest-ranking individual user of the facility and posted therein. In the event of a fire or other building emergency, the alarm system will sound. When an alarm sounds, occupants should immediately leave the building in an orderly manner by means of the nearest exit to a predetermined location and begin verifying that everyone in the facility is accounted for. Occupants

should shut down any experiments, procedures, etc. that should not be left unattended; extinguish any open flames; and shut off flammable or noxious gas-supply valves.

The building coordinator of each building or facility is required to maintain and annually update a list containing the names, phone numbers and floors/assigned areas of all mobility impaired/disabled persons within their designated facility. In the event of an emergency in their designated facility, the building coordinator must provide this list to the responding WSUPD and Detroit Fire Department personnel.

During the evacuation of any Wayne State facility, all mobility impaired/disabled persons who are above the level of exit discharge shall be placed in an “area of refuge,” e.g., a fire-rated construction room or enclosed emergency exit stairwell. In addition, predetermined facility occupants who are assigned responsibility for evacuation of a particular floor shall assist mobility impaired/disabled persons into the area of refuge after all persons on that floor have evacuated. Unless department/facilities have special evacuation equipment, e.g., an emergency evacuation wheelchair, the responsibility for removal of mobility impaired/disabled persons rests with the WSUPD or Detroit Fire Department personnel.

Certain high-rise residential buildings have an “area of rescue,” which is a two-way communication system at the elevator/elevator lobby. The call station buttons provide direct communication with WSU Police Dispatch.

Other measures in place to protect the campus include:

- Every college and division at Wayne State has prepared a continuity of operations plan that pinpoints essential services, contingent decision-makers, phone trees, location of vital records, and critical hardware and software.
- A detailed inventory of available emergency communication channels, target audiences, when to deploy messages and what communication mode to use. The inventory identifies who is responsible for the content and activation of the communication vehicle.
- The development of message templates for Wayne State Alerts, covering a broad array of crises from weather-related

closures to explosion to catastrophic illness.

- Students living in residential housing may create personal preparedness plans, listing an evacuation location and emergency contact information.
- Inclusion in the Michigan Public Safety Communication System, enabling WSUPD to communicate digitally with other federal, state and local law enforcement agencies. This ensures secure communications and maximum coordination among multiple jurisdictions.
- Purchase of advanced ballistic body armor and patrol rifles for WSUPD to be used in the event of an active attacker situation.

Missing Student Notification Policy

In compliance with the Higher Education Opportunity Act, the university has established a Missing Student Notification Policy, which describes the formal notification procedures the university will follow when a student residing in campus housing has been reported missing for more than 24 hours. The policy provides a framework for cooperation among members of the Wayne State University community, aimed at locating and assisting students who reside in campus housing and are reported missing.

Campus housing is defined as the residence halls and apartments that are located within the university campus and owned and operated by WSU. They are currently: Anthony Wayne Drive Apartments, Leon H. Atchison Hall, Chatsworth Suites, Yousif B. Ghafari Hall, The Thompson, Towers Residential Suites and University Tower Apartments.

A student who resides in campus housing will be deemed missing when he or she is reported absent from campus housing for more than 24 hours without any known reason.

All reports of missing students shall be directed to the WSUPD, which shall investigate each report and make a determination whether the student is missing in accordance with this policy.

The WSU dean of students and director of residential life shall have the responsibility to make known and available to students the



provisions of this policy, and the procedures set forth herein. A missing student confidential contact information form shall be made available to students through the Office of Housing and Residential Life and through the Dean of Students Office.

Notification procedures:

1. Any report of a missing student, from whatever source, should immediately be directed to WSUPD.
2. When a student is reported missing, WSUPD shall:
 - a. Notify the dean of students and the director of residential life (if the director was not the reporting party).
 - b. Notify the president, provost and senior vice president for academic affairs, executive vice president, vice president and general counsel, associate vice president for student auxiliary services and chief housing officer, and registrar.
 - c. Conduct a thorough investigation to determine the validity of the missing student report. If it is determined that the student is not missing, the student will be asked to make contact with the person who reported the student missing.
 - d. If it is determined that the student is missing, WSUPD must:
 - i. Notify the individual identified by the missing student as the confidential contact within 24 hours of making the determination that the student is missing.
 - ii. If the missing student is under the age of 18 and not an emancipated individual, notify the student's custodial parent or guardian as contained in the records of the university within 24 hours of the determination that the student is missing.
 - iii. Regardless of whether the student has identified a contact person, is above the age of 18 or is an emancipated minor, notify the local police department where the student was last reported seen (if other than on campus) not later than 24 hours after the determination that the student is missing.

3. When a student is reported missing to the dean of students, the dean of students shall:
 - a. Notify the WSUPD, if they have not already been contacted.
 - b. Notify the Behavioral Intervention Team (BIT) members.

Student contact information:

All students shall have the opportunity, through the Office of Housing and Residential Life, to confidentially identify an individual to be contacted by the university in case a student is reported missing. This confidential contact is deemed non-directory information under the Family Educational Rights and Privacy Act (FERPA). Only authorized campus officials and law enforcement officers may have access to the confidential contact information in furtherance of the missing person investigation.

Student notification of this policy:

- a. This policy will be included on the Dean of Students Office website.
- b. This policy will be included on the Office of Housing and Residential Life website.
- c. This policy will be discussed during beginning of semesters/mandatory residential hall meetings.
- d. This policy will be sent to students residing on campus by university email at the beginning of each academic semester.
- e. This policy will be included in the annual Office of Housing and Residential Life Community Living Guide.

If residing on campus, students are urged to complete a missing student confidential contact information form. Forms may be obtained at the front desk of all residence halls and apartment buildings.

Nothing in this policy shall prevent the WSUPD chief of police from exercising discretion to initiate an investigation where a student is reported missing but does not reside in campus housing.

B. ANNUAL FIRE SAFETY REPORT

Wayne State University is committed to creating an environment that is safe from the effects of fire for its students, faculty, staff and guests. The purpose of this program is to establish an organizational structure to ensure the effective implementation of a comprehensive fire safety and fire prevention program.

Wayne State complies with the Michigan Fire Prevention Code, Act 207, and the Michigan State Construction Code, Act 230. WSU also complies with all fire safety rules adopted by the State of Michigan Fire Safety Board from the National Fire Protection Association codes and standards, and the Michigan Building Code adopted from the International Construction Code.

The WSU Fire Safety Program sets fire safety standards, procedures and practices to facilitate the university's ability to conduct safe operations and to ensure regulatory compliance. The purpose of the program is to provide minimum standards to safeguard life, health, property and public welfare by controlling and monitoring the design, construction, occupancy, use, quality of materials, and maintenance of all buildings and structures of the campus.

The Office of Enterprise Risk Management and Insurance Programs (ERM) is responsible for the overall fire safety and fire prevention programs at WSU. It is responsible for promoting fire safety regulatory compliance with the State of Michigan Bureau of Fire Services, Michigan Occupational Safety and Health Administration and university insurance companies. The ERM also serves as the custodian of all documents required by the program.

The university fire marshal has the authority to shut down an operation, discontinue events, evacuate buildings, etc., when, in its professional opinion, a severe danger to life or injury may result if action is not taken. Any of these issues — as well as all fire safety violations and certificate of occupancy issues addressed by the State of Michigan Bureau of Fire Services and WSU's ERM that are not corrected — may be forwarded to the vice president for



finance and business operations for review and adjudication. The Annual Fire Safety Report contains:

1) Fire statistics for the last three years — 2022, 2021 and 2020— for each housing facility on campus

The Campus Fire Safety Right To Know Act defines a fire as, “any instance of open flame or other burning in a place not intended to contain the burning or in an uncontrolled manner.”

2) A description of each on-campus residence hall and apartment fire safety system

All fire alarms, fire trouble alarms and fire supervisory alarms initiate an audible and visual signal in the WSUPD Dispatch Office when actuated. The WSUPD responds to all fire alarm, trouble and supervisory events. All fire alarm, fire suppression and fire detection systems in WSU-owned facilities shall meet the requirements of the Michigan Fire Prevention Code and those fire safety rules adopted by the State of Michigan's Fire Safety Board, from the National Fire Protection Association codes and standards.

In each instance where there has been a fire alarm run and it is determined to be a false alarm or a “careless cook” disposition (e.g., the burning of food with the resulting smoke setting off individual unit smoke detectors), the building engineers shall take responsibility for resetting the smoke detector and/or fire alarm in the individual unit and/or building.

It is the policy of WSU that no facility fire alarm system be silenced or reset, except by the WSUPD, Facilities Planning and Management's plant operations and maintenance personnel (electricians, building engineers, etc.), or the university fire marshal.

3) The number of fire drills held during the previous calendar year (2022) for each on-campus residence hall and apartment building

The Michigan Fire Prevention Code, Mich. Comp. Laws § 29.19a, requires Wayne State to conduct fire drills in university-owned residence halls. University policy requires each residence hall and apartment building to keep a record of the fire drills performed each year. These drills are conducted for the purpose of preventing

fires and related hazards, as well as preparing building occupants to exit such facilities during an emergency situation.

The Office of Housing and Residential Life (OHRL) is responsible for scheduling and documenting such drills within residence halls and apartments. Emergency evacuation drill notification should be made by OHRL to ERM and the WSUPD. Records of all fire drills should be forwarded to the university fire marshal.

The following evacuation drills were conducted in the residence halls during the 2022 calendar year:

Leon H. Atchison Hall: 0
Chatsworth Suites: 2
Yousif B. Ghafari Hall: 2
Towers Residential Suites: 2
The Thompson: 2

The following evacuation drills were conducted in the apartments during the 2022 calendar year:

Anthony Wayne Drive Apartments: 0
University Tower Apartments: 0

4) The university's rules on portable electrical appliances, smoking and open flames in a student housing facility

Prohibited portable electrical appliances:

The following items are prohibited in Anthony Wayne Drive Apartments, Atchison Hall, Ghafari Hall, The Thompson, Chatsworth Suites and Towers Residential Suites: hot iron/curling iron, stoves, electric skillets/frying pans, woks, electric grills, George Foreman-style grills, griddles, broilers, hot plates, hot pots, toasters, toaster ovens, slow cookers/Crockpots, blenders and refrigerators in excess of five cubic feet.

The following additional portable electrical appliances are prohibited in all university housing buildings: heat lamps, halogen lamps, space heaters, air conditioners, electric blankets and chest/deep-freezers.

Smoking: Smoking anything containing tobacco (cigarettes, clove cigarettes, cigars, pipes, electronic cigarettes, hookahs, etc.) is prohibited in all areas of campus including in university housing. The no-smoking policy is strictly enforced.

Open flames: Incense, oil lamps, torches and other open-flame objects are strictly prohibited in all university housing facilities. Candles are prohibited in Anthony Wayne Drive Apartments, Atchison Hall, Ghafari

Hall, The Thompson and Towers Residential Suites. Candles are also prohibited in Chatsworth Suites and University Tower Apartments unless the candle is in a glass container with sides that are taller than the candle.

These policies can be found in the Community Living Guide available at housing.wayne.edu/pdf/community-living-guide.pdf.

5) Evacuation procedures for student housing, in case of fire

The following fire evacuation procedures apply to all campus residence halls and apartments.

A fire plan is posted on the back of each residence hall and apartment door. Please read this plan and become familiar with your evacuation route. For additional copies of the plan, please contact your community director.

All residents must immediately leave the facility when an alarm sounds. Treat all alarms as real emergencies. Familiarize yourself with the exits, sounds and procedures for evacuating a building. Get to know your exit routes before there is an emergency. If an alarm sounds, please do the following:

- Quickly put on a coat and hard-soled shoes.
- Take a towel with you to prevent smoke inhalation.
- Close windows.
- Check your doorknob and door; if either is hot, do not open your door. If the door and doorknob are cool, exit cautiously and close your unlocked door.
- Take your keys and OneCard with you.
- Walk quickly and leave the building via the nearest available exit in your area.
- Use the stairwells to evacuate (do not use elevators). Once in the stairwell, check to see that the door is closed and proceed down to the first level. Meet at the emergency gathering point 100 feet away from the building.
- DO NOT re-enter the building until a staff member, WSUPD or the fire department tells you it is safe to do so.

Failure to exit in an immediate and orderly fashion may result in disciplinary action and the issuance of citations.



Evacuation and assembly areas

Residents and guests should proceed to their designated evacuation and assembly area. They are located as follows:

Anthony Wayne Drive Apartments:
Between Manoogian Hall and General Lectures

Leon H. Atchison Hall: In front of building retail

Chatsworth Suites: Anthony Wayne Drive, west of Keast Commons

Yousif B. Ghafari Hall: In front of Atchison Hall

The Thompson: Southeast side of Hancock Street

Towers Residential Suites: Gullen Mall, adjacent to the Student Center Building

University Tower Apartments: Cass Avenue, adjacent to the front side of the building

6) Fire evacuation procedure for mobility impaired/disabled persons

In the event of an emergency condition within a university facility, the following procedures with respect to mobility impaired/disabled persons must be followed:

- In case of a real emergency, emergency personnel will evacuate each mobility impaired/disabled resident from their room/apartment and assist them to the closest stair tower/area of refuge upon alarm notification.

Note: After the drop/add period for each academic semester, the Office of Housing and Residential Life produces a confidential list of all self-identified mobility impaired/disabled persons for each residential building, and provides that list to the appropriate building staff and WSUPD so that in the event of a fire, the building staff and WSUPD are aware of the identity and room location of each mobility impaired/disabled person needing evacuation assistance.

7) Policies regarding fire safety education and training programs provided to students and employees

At the beginning of each school year (August), the ERM conducts hands-on fire safety training with every community director and resident advisor in each of the university's student housing facilities.

The following policies on safety education and training programs — as set forth in the Community Living Guide for residence halls and apartments and the university's Fire Safety Manual — are provided to the students and employees in campus housing:

- Prohibited items/fire hazards
- Fire evacuation procedure [this is set forth in 5) above and describes the procedures that students and employees should follow in the event of a fire].
- Fire evacuation procedure for mobility impaired/disabled persons.
- Fire prevention.
- Fire safety equipment/smoke detectors/sprinkler systems.
- Student preparedness checklist that instructs each student, "I know more than one way to get out of every building where I have classes. If one exit is blocked, I can get out of the building using a different exit. I am familiar with the fire exits at my residence and in the buildings where I attend classes."
- The section on emergency preparedness provides a variety of resources to assist students/residents in planning for emergencies.

The WSU Fire Safety Manual, available at risk.wayne.edu, contains helpful information on fire safety. It provides that, "all employees, as well as students, must accept the continuous responsibility for safety not only for themselves, but also for coworkers and visitors." The manual also contains the following instructions regarding fire safety policies and procedures:

Building occupant responsibilities

When a fire alarm is sounded at any WSU-owned/leased facility, all occupants must immediately leave the building in an orderly manner by means of the nearest exit. Under no circumstances are any personnel (excluding the WSUPD, Environmental Health and Safety, and Detroit Fire Department) to remain in the building. Evacuation of the building should include:

- Closing the office, classroom and lab door as you leave.
- Leaving the building via the nearest available exit. Always know a secondary means of egress to use in the event your first choice is unattainable.
- Using the stairwells to evacuate (do not use elevators). Once in the stairwell, check to see that the door is closed, and proceed down to the level of exit discharge.
- If the facility is of a high-rise occupancy (75 feet, or seven stories above grade), evacuation procedures will be announced by the fire alarm system as follows: Evacuate fire floor, one floor above, one floor below.
- Do not re-enter any facility until advised by the WSUPD.
- Predetermined facility occupants who are assigned responsibility for evacuation of a particular floor shall assist persons with specific requests into the area of refuge after all persons on that floor have evacuated.
- All persons who requested specific assistance that are above the level of exit discharge shall be placed in an "area of refuge," e.g., a fire-rated construction room or enclosed emergency exit stairwell.
- Unless the department/facility has special evacuation equipment, e.g., emergency evacuation wheelchairs, the responsibility for removal of persons with specific requests rests with the WSUPD or the Detroit Fire Department.
- If you are surrounded by smoke, drop to your hands and knees and crawl toward the nearest exit; stay low to the floor; breathe shallowly through your nose; and use a filter such as a shirt or towel. Close doors behind you as you escape. Always use stairs to escape; never use an elevator.

Additional fire safety tips:

- Learn the location of fire exits and fire alarm pull boxes. Activate the fire alarm if you see smoke or smell a burning odor.
- Have a prepared escape plan and know your escape route. Count the number of doors between your room and the fire exit door so you can find it even in heavy smoke.



- Remember to remain calm.
- Always use exit stairs; never use the elevator.
- Close doors behind you as you escape. In most cases, this will prevent smoke and fire from entering the room you are exiting.
- Do not re-enter an evacuated building until it has been declared safe by the WSUPD.
- If you become trapped, seal off cracks around doors and vents with clothes or rugs. Soak them in water if possible.
- Turn off fans and air conditioners.
- Signal for help from a window. Call the WSUPD at **313-577-2222**.
- Never tamper with or disable any smoke detectors in any residence hall, apartment or office area anywhere on campus. Do not allow others to do the same. If you see anyone tampering with a smoke detector, call the WSUPD.

8) A list of the titles of each person or organization to which students and employees should report that a fire occurred

In the event of a fire, call WSUPD at **313-577-2222**. Let them know the name of the building and room number of your location. **DO NOT CALL 911**. The WSUPD will call the Detroit Fire Department. In all instances where a fire has been reported, the WSUPD will automatically follow up with notifications to ERM and to the Office of Environmental Health and Safety (for hazardous materials or clean-up needs).

9) Plans for future improvements in fire safety

Wayne State is continually striving to be proactive in its fire emergency planning and preparedness. Its Crisis Management Team is continually striving for improvement, and the university will update fire safety and other emergency practices and procedures as needed.

10) Fire log

Pursuant to the requirements of the Higher Education Opportunity Act, the WSUPD maintains a written, easily understood fire log for each campus housing facility.

This fire log records any fire that occurred in a campus student housing facility, by the date that the fire was reported. This log also includes the nature, date, time and general location of each fire.

It is the policy of the university to have the WSUPD make an entry or an addition to an entry to the fire log within two business days of the receipt of the information.

For the most recent 60-day period, the university, through the WSUPD, will make the fire log open for public inspection during normal business hours. The university will also, through the WSUPD, make any portion of the fire log older than 60 days available within two business days of a request for public inspection.

UNIVERSITY POLICIES

The statistics for the past three years are reflected in the following charts:

2022 FIRE STATISTICS					
Residential Facility	Total Number of Fires	Nature/Cause	Number of Related Injuries	Number of Related Deaths	Value of Property Damage (in U.S. Dollars)
Anthony Wayne Drive Apartments 5235 Anthony Wayne Dr.	2	Other*	0	0	\$1,000-\$9,999
		Cooking*	0	0	\$0-\$99
Leon H. Atchison Hall 5110 Anthony Wayne Dr.	0	N/A	N/A	N/A	N/A
Chatsworth Suites 630 Merrick St.	0	N/A	N/A	N/A	N/A
Yousif B. Ghafari Hall 695 Merrick St.	0	N/A	N/A	N/A	N/A
The Thompson 4756 Cass Ave.	0	N/A	N/A	N/A	N/A
Towers Residential Suites 655 W. Kirby	0	N/A	N/A	N/A	N/A
University Tower Apartments 4500 Cass Ave.	4	Cooking*	0	0	\$0-\$99
		Cooking*	0	0	\$0-\$99
		Cooking*	0	0	\$0-\$99
		Cooking*	0	0	\$0-\$99

*Unintentional Fire

2021 FIRE STATISTICS					
Residential Facility	Total Number of Fires	Nature/Cause	Number of Related Injuries	Number of Related Deaths	Value of Property Damage (in U.S. Dollars)
Anthony Wayne Drive Apartments 5235 Anthony Wayne Dr.	0	N/A	N/A	N/A	N/A
Leon H. Atchison Hall 5110 Anthony Wayne Dr.	0	N/A	N/A	N/A	N/A
Chatsworth Suites 630 Merrick St.	0	N/A	N/A	N/A	N/A
Yousif B. Ghafari Hall 695 Merrick St.	0	N/A	N/A	N/A	N/A
The Thompson 4756 Cass Ave.	0	N/A	N/A	N/A	N/A
Towers Residential Suites 655 W. Kirby	1	Electrical*	0	0	\$10,000-\$24,999
University Tower Apartments 4500 Cass Ave.	3	Cooking*	0	0	\$0-\$99
		Other*	0	0	\$250,000-499,999
		Intentional fire	0	0	\$1,000-\$9,999

*Unintentional Fire



2020 FIRE STATISTICS					
Residential Facility	Total Number of Fires	Nature/Cause	Number of Related Injuries	Number of Related Deaths	Value of Property Damage (in U.S. Dollars)
Anthony Wayne Drive Apartments 5235 Anthony Wayne Dr.	0	N/A	N/A	N/A	N/A
Leon H. Atchison Hall 5110 Anthony Wayne Dr.	0	N/A	N/A	N/A	N/A
Chatsworth Suites 630 Merrick St.	0	N/A	N/A	N/A	N/A
DeRoy Apartments 5200 Anthony Wayne Dr.	0	N/A	N/A	N/A	N/A
Yousif B. Ghafari Hall 695 Merrick St.	0	N/A	N/A	N/A	N/A
The Thompson 4756 Cass Ave.	0	N/A	N/A	N/A	N/A
Towers Residential Suites 655 W. Kirby	0	N/A	N/A	N/A	N/A
University Tower Apartments 4500 Cass Ave.	1	Trash room*	0	0	\$0-\$99

*Unintentional Fire



FIRE SAFETY INFORMATION AND SYSTEMS FOR ON-CAMPUS STUDENT HOUSING FACILITIES

Residential Facility	Fire Safety Systems Description
Anthony Wayne Drive Apartments 5235 Anthony Wayne Dr.	<ul style="list-style-type: none"> • Central fire alarm monitoring by WSUPD • Full automatic sprinkler coverage (individual rooms and common areas) • Supported by a fire pump • Fire department hose connections within stairwell landings • Voice communication fire alarm system • Smoke detection within all residential rooms and corridors • Area of rescue call station in elevator lobby
Leon H. Atchison Hall 5110 Anthony Wayne Dr.	<ul style="list-style-type: none"> • Central fire alarm monitoring by WSUPD • Full automatic sprinkler coverage (individual rooms and common areas) • Supported by a fire pump • Fire department hose connections within stairwell landings • Voice communication fire alarm system • Smoke detection within all residential rooms and corridors
Chatsworth Suites 630 Merrick St.	<ul style="list-style-type: none"> • Central fire alarm monitoring by WSUPD • Full automatic sprinkler coverage (individual rooms and common areas) • Supported by a fire pump • Fire department hose connections within stairwell landings • Voice communication fire alarm system • Smoke detection within all residential rooms and corridors • Area of rescue call station in elevator lobby
Yousif B. Ghafari Hall 695 Merrick St.	<ul style="list-style-type: none"> • Central fire alarm monitoring by WSUPD • Full automatic sprinkler coverage (individual rooms and common areas) • Supported by a fire pump • Fire department hose connections within stairwell landings • Voice communication fire alarm system • Smoke detection within all residential rooms and corridors
The Thompson 4756 Cass Ave.	<ul style="list-style-type: none"> • Central fire alarm monitoring by WSUPD • Full automatic sprinkler coverage (individual rooms and common areas) • Fire department hose connections within stairwell landings • Voice communication fire alarm system • Smoke detection within all residential rooms
Towers Residential Suites 655 W. Kirby	<ul style="list-style-type: none"> • Central fire alarm monitoring by WSUPD • Full automatic sprinkler coverage (individual rooms and common areas) • Supported by a fire pump • Fire department hose connections within stairwell landings • Voice communication fire alarm system • Smoke detection within all residential rooms and corridors
University Tower Apartments 4500 Cass Ave.	<ul style="list-style-type: none"> • Central fire alarm monitoring by WSUPD • Full automatic sprinkler coverage (individual rooms and common areas) • Supported by a fire pump • Fire department hose connections within stairwell landings • Voice communication fire alarm system • Smoke detection within all residential rooms and corridors

Wayne State University Board of Governors

Mark Gaffney, *chair*, Shirley Stancato, *vice chair*, Danielle Atkinson
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 Anil Kumar, Terri Lynn Land, Kimberly Andrews Espy, *ex officio*

Federal Trafficking Penalties

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	5 kgs or more mixture	First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 15 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Not less than 25 years Fine of not more than \$20 million if an individual, \$75 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	

PENALTIES		
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual. Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.
Flunitrazepam (Schedule IV)	1 gram	
Other Schedule III drugs	Any amount	First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.
All other Schedule IV drugs	Any amount	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.
Flunitrazepam (Schedule IV)	Other than 1 gram or more	
		Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
All Schedule V drugs	Any amount	First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.

Federal Trafficking Penalties—Marijuana

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 15yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50 million if other than an individual.
Marijuana (Schedule I)	More than 10 kg hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not less than 20 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not less than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kg marijuana (except 50 or more marijuana plants regardless of weight); 1 to 49 marijuana plants	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual
Hashish (Schedule I)	10 kg or less	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual
Hashish Oil (Schedule I)	1 kg or less	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a not less than 25 years imprisonment and a fine up to \$20 million if an individual and \$75 million if other than an individual.



Policy on Conflicts of Interest and Interactions between Representatives of Certain Industries and Faculty, Staff and Students of the WSU SOM

Approved by the Executive Committee of the Faculty Senate 5-22-14

A. Scope of Policy

This policy applies to all faculty, staff, and students of the WSU SOM, and to all healthcare professionals and staff employed and/or contracted by domestic locations of WSU SOM, and to all facilities owned or controlled by the WSU SOM. Faculty and residents/medical students must comply with this policy regardless of practice or rotation site. This includes WSU SOM part time, Full Time Affiliate and Voluntary faculty. While this policy addresses many aspects of Industry interaction, it supplements the existing conflict of interest policies of the WSU SOM, particularly as they apply to research conflicts of interest:

This policy also supplements existing WSU SOM policies, including but not limited to:

- WSU Conflict of Interest Policy
<http://fisopsprocs.wayne.edu/policy/08-01.htm>
- WSU Policy on Financial Conflict of Interest and Commitment for Researchers
http://irb.wayne.edu/policies/14-1_conflict_of_interest_pi-key_personnel.pdf
<http://research.wayne.edu/coi/docs/wsuhfinancial-conflict-of-interest-and-commitment-research-policy.pdf>
- WSU Policy on Consulting by University Faculty and Research Personnel
<http://fisopsprocs.wayne.edu/policy/03-4.htm>

In all cases where this policy is more restrictive than a University or WSU SOM policy, this policy shall control.

This policy applies to interactions with all sales, marketing, or other product-oriented personnel of Industry, including those individuals whose purpose is to provide information to clinicians about company products, even though such personnel are not classified in their company as “sales or marketing.”

B. Statement of Policy

It is the policy of the WSU SOM that clinical decision-making, education, and research activities be free from influence created by improper financial relationships with, or gifts provided by, Industry. For purposes of this policy, “Industry” is defined as all pharmaceutical manufacturers, and biotechnology, medical device, and hospital equipment supply industry entities and their representatives. In addition, clinicians and their staff should not be the target of commercial blandishments or inducements – great or small – the costs of which are ultimately borne by our patients and the public at large. These general principles should guide all potential relationships or interactions between WSU SOM personnel and Industry representatives. The following specific limitations and guidelines are directed to certain specific types of interactions. For other circumstances, WSU SOM personnel should consult in advance with their

deans or department chairs or their senior departmental administrators to obtain further guidance and clarification. Charitable gifts provided by industry in connection with fundraising done by or on behalf of WSU SOM shall be subject to other policies.

C. Specific Activities

1. Gifts and Provision of Meals

WSU SOM personnel shall not accept or use personal gifts (including food) from representatives of Industry, *regardless of the nature or dollar value of the gift.*

Gifts from Industry that incorporate a product or company logo on the gift (e.g., pens, notepads or office items such as clocks) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system. Meals or other hospitality funded directly by Industry may not be offered in any facility owned and operated by the WSU SOM.

WSU SOM personnel may not accept meals or other hospitality funded by Industry, whether on-campus or off-campus, or accept complimentary tickets to sporting or other events or other hospitality from Industry. Modest meals provided incidental to attendance at an off-campus event may be accepted.

Industry wishing to make charitable contributions to the WSU SOM may contact the WSU SOM Development Office or other charitable foundations legally organized to support other WSU SOM entities. Such contributions shall be subject to any applicable policies maintained by the WSU SOM and the receiving organizations.

2. Consulting Relationships

Faculty and trainees are permitted to engage in consulting relationships with Industry about research and scientific matters. Faculty may provide valuable advice to Industry in the service of product innovation or refinement. Examples of such legitimate activities include:

- Assistance in designing and overseeing clinical trials.
- Technical assistance in creating or improving medical devices.
- Advice on potential avenues for future scientific research.

WSU SOM recognizes the obligation to make the special knowledge and intellectual competence of its faculty members available to government, business, labor, and civic organizations, as well as the potential value to the faculty member, the University, and WSU SOM.

However, consulting arrangements that simply pay WSU SOM personnel a guaranteed amount without any associated duties shall be considered gifts and are consequently prohibited.

In order to avoid gifts disguised as consulting contracts, when WSU SOM personnel have been engaged by Industry to provide consulting services, the consulting contract must provide specific tasks and deliverables, with payment of fair market value commensurate with the tasks assigned.

The Dean, Department Chair or Senior Departmental Administrator reserve the right to require faculty or staff to modify or terminate consulting arrangements that are not consistent with WSU SOM policies. Faculty and trainees are prohibited from engaging in consulting relationships that are solely or primarily for commercial marketing purposes.

3. Site Access

The University and WSU SOM always reserve the right to refuse access to their facilities or to limit activities by Industry representatives consistent with their non-profit mission. However, interaction with representatives of Industry is appropriate as it relates to exchange of scientifically valid information and other data, interactions designed to enhance continuity of care for specific patients or patient populations, as well as training intended to advance healthcare and scientific investigation. Such access is restricted to their roles in providing technical assistance and education on products or medical devices.

All industry representatives must have an appointment before visiting any WSU SOM office or clinic. Enforcement of this policy is the responsibility of the administrator for each site. Individual physicians or groups of physicians or other healthcare professionals may request a presentation by or other information from a particular company.

Representatives without an appointment as outlined above are not allowed to conduct business in patient care areas (inpatient or outpatient), in practitioners' office areas, or other areas of WSU SOM clinical facilities. While in WSU SOM facilities, all Industry representatives must be identified by name and current company affiliation in a manner determined by such department, as applicable.

All Industry representatives with access to University and WSU SOM clinical facilities and personnel must comply with institutional requirements for training in ethical standards and organizational policies and procedures.

On-campus vendor fairs intended to showcase Industry products may be permitted if approved by the appropriate (WSU SOM or University) departments or Deans. Such events must comply with the "no gifts" provisions of Sections 1 and 3 of this policy. In such situations, vendors would not be permitted to distribute free samples, free meals, raffle tickets, or any other gifts to attendees.

4. Support of Continuing Education in the Health Sciences

Industry support of continuing education ("CE") in the health sciences can provide benefit to patients by ensuring that the most current, evidence-based medical information is provided to healthcare practitioners. In order to ensure that potential for bias is minimized and that CE programs are not a guise for marketing, all CE events hosted or sponsored by the WSU SOM physicians must comply with the ACCME Standards for Commercial Support of Educational Programs (or other similarly rigorous, applicable standards required by other health professions), whether or not CE credit is awarded for attendance at the event. All such agreements for Industry support must be negotiated through and executed by the WSU SOM Division of CME, and must comply with all policies for such agreements. Any such educational program must be open on equal terms to all interested practitioners, and may not be limited to attendees selected by the company sponsor(s). Industry funding for such programming should be used to improve the quality of the education provided and should not

be used to support hospitality, such as meals, social activities, etc. except at a modest level. Industry funding may not be accepted for social events that do not have an educational component. Industry funding may not be accepted to support the costs of internal department meetings or retreats (either on- or off-campus).

WSU SOM facilities (clinical or non-clinical) may not be rented by or used for Industry funded and/or directed programs, unless there is a CE agreement for Industry support that complies with the policies of the WSU SOM Division of CME. Dedicated marketing and training programs designed solely for sales or marketing personnel supported by Industry are prohibited.

5. Industry Sponsored Meetings or Industry Support for Off-Campus Meetings

WSU SOM faculty, personnel, or students or WSU SOM providers or staff may participate in or attend Industry-sponsored meetings, or other off-campus meetings where Industry support is provided, so long as: (a) the activity is designed to promote evidence-based clinical care and/or advance scientific research; (b) the financial support of Industry is prominently disclosed; (c) attendees do not receive gifts or other compensation for attendance; (d) meals provided are modest (i.e., the value of which is comparable to the Standard Meal Allowance as specified by the United States Internal Revenue Service) and consistent with the educational or scientific purpose of the event. In addition, if a WSU SOM representative is participating as a speaker: (a) all lecture content reflects a balanced assessment of the current science and treatment options, and the speaker makes clear that the views expressed are the views of the speaker and not the WSU SOM (b) compensation is reasonable and limited to reimbursement of reasonable travel expenses and a modest honorarium.

Travel sponsored by a membership based professional organization, with no commercial activity, is permitted.

6. Industry Support for Scholarships or Fellowships or Other Support of Students, Residents, or Trainees

The WSU SOM may accept Industry support for scholarships or discretionary funds to support trainee or resident travel or non-research funding support, provided that all of the following conditions are met:

- a. Industry support for scholarships and fellowships must comply with all University or WSU SOM requirements for such funds, including the execution of an approved budget and written gift agreement through WSU SOM Development Office, and be maintained in an appropriate restricted account. Selection of recipients of scholarships or fellowships will be completely within the sole discretion of the school in which the student or trainee is enrolled or, in the case of graduate medical education, the Program Director for the residency or fellowship. Written documentation of the selection process will be maintained.
- b. Industry support for other trainee activities, including travel expenses or attendance fees at conferences, must be accompanied by an appropriate written agreement and may be accepted only into a common pool of discretionary funds, which shall be

maintained under the direction of the dean or department (as specified in the funding agreement) for the relevant school. Industry may not earmark contributions to fund specific recipients or to support specific expenses. Departments or divisions may apply to use monies from this pool to pay for reasonable travel and tuition expenses for residents, students, or other trainees to attend conferences or training that have legitimate educational merit. Attendees must be selected by the department based upon merit and/or financial need, with documentation of the selection process provided with the request. Approval of particular requests shall be at the discretion of the dean.

7. Authorship and Speaking

Authorship on papers by WSU SOM personnel should be consistent with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Authorship and Contributorship developed by the International Committee of Medical Journal Editors (www.icmje.org). Ghostwriting (honorary authorship) is explicitly forbidden.

The content of all presentations given or co-authored by WSU SOM personnel must be evidence based. All clinical recommendations must be in the best interest of patients based on evidence available at the time of the presentation.

Participation on pharmaceutical industry funded speaker's bureaus, i.e. promotional speaking concerning specific pharmaceutical products, is forbidden.

8. Other Industry Support for Research

WSU has established policies and contract forms to permit Industry support of basic and clinical research in a manner consistent with the non-profit mission of the University and WSU SOM. Researchers may accept, for testing purposes, samples of unique research items or drugs, produced by only one manufacturer, where no other alternatives exist. Should multiple options exist, acceptance of samples is acceptable only if received from all companies manufacturing similar products, so that a decision to purchase may be made based exclusively on the performance of the product, without preference for any given manufacturer.

All products received as gifts for research must be disclosed and explicitly acknowledged in all pertinent documents, including publications.

True philanthropic gifts from Industry may be accepted through the WSU SOM Development Office.

D. Reporting, Disclosure and Enforcement

WSU SOM personnel shall report their outside relationships with Industry using the Wayne State "Conflict of Interest Form" at least annually and more often as needed to disclose new relationships. All relevant outside relationships with industry will be made available to the public on the WSU SOM website.

Suspected violations of this policy shall be referred to the individual's department chair (in the case of the WSU SOM faculty), or to the individual's immediate supervisor (in the case of WSU SOM personnel), or both (in the case of persons with dual status), who shall determine what actions, if any, shall be taken. The Vice Dean for Clinical Affairs (clinical faculty) or Vice Dean for Faculty Affairs (basic science faculty) shall also be notified of suspected violations by WSU SOM faculty. Violations of this policy by a WSU SOM employee may result in the following actions (singly or in any combination), depending upon the seriousness of the violation, whether the violation is a first or repeat offense, and whether the violator knowingly violated the policy or attempted to hide the violation:

1. Counseling of the individual involved
2. Written reprimand, entered into the violator's employment or faculty record;
3. Banning the violator from any further outside engagements for a period of time;
4. Requiring that the violator return any monies received from the improper outside relationship;
5. Requiring the violator to complete additional training on conflict of interest;
6. Removing the violator from supervision of trainees or students;
7. Revoking the violator's WSU SOM clinical privileges;
8. Fines;
9. Termination for cause.

Any disciplinary action taken hereunder shall follow the established procedures of the University and/or WSU SOM.


Industry representatives who violate the above policies may be subject to penalties outlined in WSU SOM Guidelines for Purchasing Policy, or other applicable University or WSU SOM policies, as well as other actions or sanctions imposed at the discretion of the Dean of the Medical School. Such penalties include the following:


Violation of any of the above procedures by representatives shall result in disciplinary action, which may include but shall not be limited to the following:

1. First violation: Verbal and written warning to representative; written notification to district manager or representative's supervisor.
2. Second violation: Suspension of representative and all other company sales/marketing representatives from the WSU SOM for six months.
3. Third violation: Suspension of representative and all other sales and marketing representatives of the company from the WSU SOM for one year or more. A review of multi-source products obtained from the company will be conducted.

Representatives found trespassing as defined in this policy will be escorted from the premises and their companies notified as appropriate.

For Wayne State University School of Medicine

Signed: 
Valerie M. Parisi, M.D., M.P.H., M.B.A.
Dean, WSU SOM


Date

10.13 Interim Title IX Sexual Misconduct Policy & Procedures

Administrative Responsibility: Office of Equal Opportunity/Title IX Office

PURPOSE

This Interim Title IX Sexual Misconduct Policy and Procedures is intended to comply with the United States Department of Education Title IX regulations issued May 6, 2020.

SCOPE

Wayne State University ("WSU" or "the University") is committed to maintaining a safe learning, living and working environment. This includes having an environment free from sexual misconduct. Sexual misconduct under this policy is sex discrimination, sexual harassment, and retaliation that may violate Title IX of the Education Amendments of 1972 ("Title IX"). WSU does not discriminate on the basis of sex in its education programs or activities and is precluded from engaging in such discrimination by Title IX and its implementing regulations, 34 CFR Part 106. This prohibition also extends to the University's admission and employment processes.

DEFINITIONS

Actual knowledge means notice of sexual harassment or allegations of sexual harassment to the University's Title IX Coordinator or any University official with authority (OWA) to institute corrective measures for harassment, discrimination, and/or retaliatory conduct on behalf of WSU. Notice, as used in this definition, includes, but is not limited to, a report of sexual harassment to the Title IX Coordinator.

Advisor means a person chosen by a party or appointed by the institution to accompany the party to meetings related to the resolution process, to advise the party on that process, and conduct cross-examination for the party at the hearing, if any. See Exhibit B for Rules for Advisors.

Confidential Resource means an employee who is not a Responsible Employee and thus is not a mandated reporter of notice of the harassment, discrimination, and/or retaliation (irrespective of the Clery Act Campus Security Authority status). If a Complainant would like the details of an incident to be kept confidential, the Complainant may speak with:

1. WSU Counseling and Psychological Services (CAPS)
2. Campus Health Center
3. Counseling and Testing Center within WSU College of Education
4. WSU Psychology Clinic

5. On-campus members of the clergy/chaplains/priests working within the scope of their licensure or ordination.
6. WSU Employee Assistance Program (EAP)
7. Off-campus (non-employees):
 - a. Licensed professional counselors and other medical providers
 - b. Local rape crisis counselors
 - c. Domestic violence resources
 - d. Local or state assistance agencies
 - e. Clergy/Chaplains
 - f. Attorneys

All of the above-listed individuals will maintain confidentiality when acting under the scope of their licensure, professional ethics, and/or professional credentials, except in extreme cases of the immediacy of threat or danger or abuse of a minor, elder, or individual with a disability, or when required to disclose by law or court order. Campus counselors and/or the Employee Assistance Program are available to help free of charge and may be consulted on an emergency basis during normal business hours. WSU employees who are confidential will timely submit anonymous statistical information for Clery Act purposes unless they believe it would be harmful to their client or patient.

Complainant means an individual who is alleged to be the victim of conduct that could constitute sexual harassment.

Consent means knowing, voluntary and clear permission by word or action to engage in sexual activity. Since individuals may experience the same interaction in different ways, it is the responsibility of each party to determine that the other has consented before engaging in the activity. Consent cannot be given if force, coercion, or incapacitation as defined below are present:

1. Force is the use of physical strength or action (no matter how slight), violence, threats of violence, or intimidation (implied threats of violence) as a means to engage in sexual activity. A person who is the object of actual or threatened force is not required to physically, verbally or otherwise resist the aggressor.
2. Coercion is unreasonable pressure for sexual activity. Coercive conduct differs from seductive conduct based on factors such as the type and/or extent of the pressure used to obtain consent. When someone makes it clear that they do not want to engage in certain sexual activity, that they want to stop, or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.
3. Incapacitation A person is incapacitated when they are unable to understand what is happening or are disoriented, helpless, asleep, or unconscious for any reason, including by alcohol or other drugs. Incapacitation is determined through consideration of all relevant indicators of an individual's state and is not synonymous with intoxication, impairment, blackout, and/or being drunk.

Formal complaint a document filed by a complainant or signed by the Title IX Coordinator alleging sexual harassment against a respondent and requesting that the University investigate the allegation of sexual harassment. At the time of filing a formal complaint, a complainant must be participating in or attempting to participate in a Wayne State University education program or

activity. A formal complaint may be filed with the Title IX Coordinator in person, by mail, via the online reporting form, or by electronic mail as stated in these procedures. As used in this paragraph, the phrase "document filed by a complainant" means a document or electronic submission (such as by electronic mail or through an online portal provided for this purpose by the University) that contains the complainant's physical or digital signature, or otherwise indicates that the complainant is the person filing the formal complaint. Where the Title IX Coordinator signs a formal complaint, the Title IX Coordinator is not a complainant or otherwise a party.

Day means a day when the University is in normal operation.

Delay means a postponement of a deadline that would otherwise have applied.

Education program or activity means locations, events, or circumstances where WSU exercises substantial control over both the Respondent and the context in which the sexual harassment or discrimination occurs, and also includes any building owned or controlled by a student organization that is officially recognized by WSU.

Official With Authority (OWA) means any Wayne State University employee who has the authority to institute corrective measures for harassment, discrimination, or retaliatory conduct on behalf of the University. Such Official With Authority for Wayne State University is the Title IX Coordinator.

Preponderance of evidence The standard of evidence that will be used to determine responsibility is the preponderance of the evidence, which means it is "more likely than not", based on all the admissible evidence and reasonable inferences drawn from the evidence, that the Respondent violated the Policy as alleged.

Respondent means an individual who has been reported to be the perpetrator of conduct that could constitute sexual harassment.

Responsible Employee means an employee of WSU who is obligated by this policy to share knowledge, notice, and/or reports of sexual harassment with the Title IX Coordinator. A list of Responsible Employees is attached as **Exhibit C**. Responsible Employees must report all allegations of sexual harassment, including, but not limited to, sexual assault, stalking, dating violence, and domestic violence to the Title IX Coordinator. The information to be reported must include the name of the complainant and respondent and, if known, dates, times, locations, and the names of witnesses.

Sexual harassment means conduct on the basis of sex that satisfies one or more of the following:

1. An employee of the University conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct;
2. Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University's education program or activity; or
3. "Sexual assault" as defined in 20 U.S.C. 1092(f)(6)(A)(v), "dating violence" as defined in 34 U.S.C. 12291(a)(10), "domestic violence" as defined in 34 U.S.C. 12291(a)(8), or "stalking" as defined in

34 U.S.C. 12291(a)(30).

- a. sexual assault - an offense classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation.
- b. dating violence violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - i. The length of the relationship.
 - ii. The type of relationship.
 - iii. The frequency of interaction between the persons involved in the relationship.
- c. domestic violence includes felony or misdemeanor crimes of violence committed by:
 - i. a current or former spouse or intimate partner of the victim,
 - ii. by a person with whom the victim shares a child in common,
 - iii. by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
 - iv. by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or
 - v. by any other person against an adult or [youth](#) victim who is protected from that person's acts under the domestic or family violence laws of Michigan.
- d. Stalking - means engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others; or suffer substantial emotional distress.

Sexual Misconduct means sex discrimination, sexual harassment and retaliation that may violate Title IX.

Supportive measures means non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without fee or charge to the complainant or the respondent before or after the filing of a formal complaint or where no formal complaint has been filed. Such measures are designed to restore or preserve equal access to the University's education program or activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or the University's educational environment or deter sexual harassment. Supportive measures may include counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work or housing locations, leaves of absence, increased security and monitoring of certain areas of the campus, and other similar measures.

POLICY

For the purpose of this Interim Title IX policy, sexual harassment is defined as conduct on the basis of sex that satisfies one or more of the following:

- Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University's education program or activity.
- A University employee conditioning the provision of an aid, benefit, or service of the University on an individual's participation in unwelcome sexual conduct.

- "Sexual assault", as defined by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act ("Clery Act"), as more fully defined in the *Interim Title IX Procedures* (hereinafter *Interim Procedures*).
- "Stalking", "dating violence", and "domestic violence" as defined by the Violence Against Women Reauthorization Act of 2013 ("VAWA") as more fully defined in the *Interim Procedures*.

Sex discrimination, sexual harassment, and retaliation reported pursuant to this Interim Policy will be governed by the procedures set forth in the *Interim Procedures* in addition to other relevant policies/procedures in place at the University as specified in the ***Interim Procedures***.

PROCEDURE

INTERIM TITLE IX PROCEDURES

All reports of sexual misconduct including sex discrimination, sexual harassment, and retaliation may be made to the University's Title IX Coordinator as set forth below:

Title IX Coordinator
656 W. Kirby, Suite 4249
Faculty Administration Building
Detroit, MI 48202
Phone: (313) 577-9999
Email: titleix@wayne.edu
Website: titleix.wayne.edu
Form Link: https://cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=3

Questions about this *Interim Title IX Policy*, *Interim Procedures*, Title IX, and the applicability of Title IX to the University should be directed to the Title IX Coordinator as identified above or to the Assistant Secretary of Education for the U.S. Department of Education or both. The following is the contact information for the US Department of Education:

**Office for Civil Rights (OCR)
U.S. Department of Education**
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
Phone: (800) 421-3481
Fax: (202) 453-6012
TDD: (877) 521-2172
Email: OCR@ed.gov
Web: <https://www.ed.gov/ocr>

**Michigan, Ohio Office for Civil Rights-
Cleveland Office**
U.S. Department of Education
1350 Euclid Avenue, Suite 325
Cleveland, OH 44115-1812
Phone: (216) 522-4970
Fax: (216) 522-2573
TDD: (800) 877-8339
Email: OCR.Cleveland@ed.gov

In addition to the above, US Department of Education complaints related to the Wayne State University School of Medicine may be made to:

**Office for Civil Rights
US Department of Health and Human
Services**

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: (800) 368-1019
TDD: (800) 537-7697

**Office for Civil Rights
US Department of Health and Human
Service**

233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

Additional reporting options are outlined in **Exhibit A** to these procedures.

The University will respond to allegations of sexual harassment prohibited by the Title IX Policy when the University has actual knowledge (as defined below) that sexual harassment has occurred. The University shall respond promptly and in a manner that is not deliberately indifferent to a report of sexual harassment. The Grievance Process as set forth herein is applicable only to allegations of sexual harassment as defined in these procedures.

Reports of sex discrimination and retaliation made pursuant to Title IX will be handled pursuant to the Wayne State University Policy [2005-03 Discrimination and Harassment Complaint Process](#).

PROMPTNESS

The University will act with reasonable promptness to conclude the Grievance Process set forth herein which is initiated by the filing of a Formal Complaint. Formal Complaints shall be resolved within 120 days from the filing of the Formal Complaint to the written determination. The University may temporarily delay the Grievance Process or provide a limited extension of time for good cause with written notice (1) to the complainant and respondent of the delay or extension, (2) the reasons for the action, and (3) an estimate of the anticipated additional time that will be needed as a result of the delay. As set forth in these procedures, the Informal Grievance Process will delay the time frame for resolving a formal complaint.

REPORTING TIMEFRAMES

The University encourages prompt reporting of sexual misconduct or other forms of prohibited conduct so that the University can respond promptly and equitably; however, the University does not limit the timeframe for reporting. If the Respondent is no longer subject to the University's jurisdiction and/or significant time has passed, the ability to investigate, respond, and provide remedies may be more limited or impossible.

CONFIDENTIALITY

The University shall keep confidential the identity of any individual who has made a report or complaint of sex discrimination, including any individual who has made a report or filed a formal complaint of sexual harassment, any complainant, or any individual who has been reported to be the perpetrator of sex discrimination, any respondent, and any witness, except as may be permitted by the FERPA statute, 20 U.S.C. 1232g, or FERPA regulations, 34 CFR part 99, or as required by law, or to carry out the purposes of Title IX or its implementing regulations, 34 CFR part 106, including the conduct of any investigation, hearing, or judicial proceeding arising thereunder.

JURISDICTION

The University has jurisdiction over sexual harassment that occurs:

- in the University's education program or activity, and
- against a person in the United States.

EMERGENCY REMOVAL

Emergency removal of a respondent (whether an employee, student, or other people) from the University's education program and/or activities may be performed where an individualized safety and risk analysis determines that an immediate threat to the physical health or safety of any student or other individual (including the respondent, complainant, or any other individual) arising from the allegations of sexual harassment justifies removal. An emergency removal may be performed before an investigation into sexual harassment allegations concludes or where no investigation or grievance process is pending.

In cases involving the **emergency removal of a student**, the Dean of Students, University General Counsel, or other University presidential designee will decide whether the individualized safety and health analysis justifies removal of the respondent. The removal may include but is not limited to, removal from all University programs and activities including classes, teams, clubs, organizations, or other activities.

In cases involving the **emergency removal of a non-student employee**, the Chief Human Resources Officer, General Counsel, or other University presidential designee will decide whether the individualized safety and health analysis justifies removal of the respondent. The removal may include placing such employee on administrative leave in accordance with applicable University policies and procedures.

A respondent removed pursuant to this provision shall receive a post-removal notice and an opportunity to challenge the removal decision immediately following the removal. The respondent may challenge the removal by submitting a petition explaining the reason for their request and including any written evidence in support of such request. The materials should be submitted to the Title IX Coordinator, who will forward all materials to the University Appeals Officer. The University Appeals Officer will conduct the review of an Emergency Removal decision. The Appeals Officer will consider the petition no later than twenty (20) days after it receives the petition, with exceptions for good cause.

If the Appeals Officer determines that an Emergency Removal, or specific terms of removal, were not justified or, due to a change in circumstances, are no longer necessary, the Appeals Officer will instruct the Title IX Coordinator to immediately lift or modify the Emergency Removal, as appropriate. If the removal is lifted, the Title IX Coordinator may impose alternate reasonable and appropriate Interim Measures. The Appeals Officer may, but is not required to, provide the Title IX Coordinator with guidance regarding appropriate alternate Interim Measures. The Appeals Officer will provide a written decision to the parties and the Title IX Coordinator as soon as practicable. Where the Appeals Officer has entertained a petition and issued a decision regarding an Emergency Removal, the Appeals Officer's decision is final.

Non-Emergency Administrative Leave In non-emergency cases, non-student employees may be placed on administrative leave during the pendency of the University's Grievance Process. In such cases, the Chief Human Resources Officer or University General Counsel will have discretionary power to place such employee on administrative leave and determine the appropriate length of such leave in accordance with University policies and procedures.

USE OF PRIVILEGED INFORMATION

The University will not require, allow, rely upon, or otherwise use questions or evidence that constitute, or seek disclosure of, information protected under a legally recognized privilege unless the person holding such privilege has waived the privilege during any stage of a resolution of a report under these procedures.

ACCESS OF TREATMENT RECORDS

The University will not access, consider, disclose, or otherwise use a party's records that are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity or assisting in that capacity, and which are made and maintained in connection with the provision of treatment to the party, unless the University obtains that party's voluntary, written consent to do so for the grievance process under these procedures.

SUPPORTIVE MEASURES

The Title IX Coordinator shall:

- promptly contact the complainant to discuss the availability of supportive measures as defined in these procedures;
- consider the complainant's wishes with respect to supportive measures; and
- inform the complainant of the availability of supportive measures with or without the filing of a formal complaint and explain to the complainant the process for filing a formal complaint.

The University shall maintain as confidential any supportive measures provided to the complainant or respondent, to the extent that maintaining such confidentiality would not impair the ability of the University to provide the supportive measures. The Title IX Coordinator is responsible for coordinating the effective implementation of supportive measures. Supportive measures may include, but are not limited to:

- counseling;
- extensions of deadlines or other course-related adjustments;
- modifications of work or class schedules;
- mutual restrictions on contact between the parties;
- changes in work or housing locations;
- leaves of absence;
- increased security and monitoring of certain areas of the campus;
- other similar measures as determined by the Title IX Coordinator.

TITLE IX SEXUAL HARASSMENT GRIEVANCE PROCESS

COMPLAINANT AND RESPONDENT EXPECTATIONS

Pursuant to these procedures, complainants and respondents can expect:

- a. Prompt and equitable resolution of allegations of prohibited conduct.
- b. The University will treat complainants and respondents equitably by following the grievance process in these procedures before the imposition of any disciplinary sanctions or other actions that are not supportive measures as defined in these procedures against a respondent.
- c. Privacy in accordance with these procedures and any legal requirements.
- d. Reasonably available and appropriate supportive measures, as described in these Procedures.
- e. A presumption that the respondent is not responsible for the alleged conduct until a determination regarding responsibility is made at the conclusion of the Grievance process.
- f. The University to issue appropriate remedies to a complainant where a determination of responsibility has been made against the respondent pursuant to the Grievance process set forth in these Procedures.
- g. Any remedies issued by the University shall be designed to restore or preserve equal access to the University's education program or activity.
- h. The imposition of disciplinary sanctions or other actions that are not supportive measures against a respondent will be imposed pursuant to the Grievance process set forth in these Procedures.
- a. An objective evaluation of all relevant evidence, including both inculpatory and exculpatory evidence.
- j. Credibility determinations shall not be based on a person's status as a complainant, respondent, or witness.
- k. The University Title IX Coordinator, investigator, decision-maker, or any person designated by the University to facilitate its informal resolution process not have a conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent.
- ax. Freedom from retaliation as further defined and described in these Procedures.

NOTICE TO BE PROVIDED UPON RECEIPT OF A FORMAL COMPLAINT

Upon receipt of a formal complaint, The Title IX Office will provide the following written notice to the parties who are known:

- a. Notice of the University's grievance process, including any formal resolution process.
- b. Notice of the allegations of sexual harassment potentially constituting sexual harassment including identification of the parties involved, date, and location of the alleged incident, if known, and be provided with sufficient time to prepare a response before any initial interview.
- c. Notice of additional allegations if, in the course of an investigation, the University decides to investigate allegations about the complainant or respondent that are not included in the initial notice(s) provided pursuant to this section.
- d. Notice that the respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process.
- e. Notice that the parties may have an advisor of their choice as stated in these procedures.
- f. Notice of conduct provisions that prohibit knowingly making false statements or knowingly submitting false information during the grievance process.
- g. Notice of any interim measures provided.
- h. Detail on how the party may request disability accommodations during the interview process.

- a. The name(s) of the Investigator(s), along with a process to identify, in advance of the interview process, to the Title IX Coordinator any conflict of interest that the Investigator(s) may have.

CONSOLIDATION OF FORMAL COMPLAINTS

The University may consolidate formal complaints as to allegations of sexual harassment against more than one respondent, or by more than one complainant against one or more respondents, or by one party against the other party, where the allegations of sexual harassment arise out of the same facts or circumstances. Where a grievance process involves more than one complainant or more than one respondent, references in this section to the singular "party," "complainant," or "respondent" include the plural, as applicable.

DISMISSAL OF FORMAL COMPLAINT

The University must investigate the allegations in a formal complaint. The following basis for mandatory and discretionary dismissal will be applied:

Mandatory Dismissal

The University shall dismiss a formal complaint, or allegations therein, for purposes of sexual harassment under Title IX where:

- the conduct alleged in the formal complaint would not constitute sexual harassment as defined in these Procedures even if proved;
- the conduct did not occur in the University's education program or activity; or
- the conduct did not occur against a person in the United States.

Such a dismissal does not preclude action under another provision of the Wayne State University Policy 2005-03 Discrimination and Harassment Complaint, Student Code of Conduct, or applicable collective bargaining agreement.

Discretionary Dismissal

The University may dismiss a formal complaint, or allegations therein, if at any time during the investigation or hearing:

- A complainant notifies the Title IX Coordinator in writing that the complainant would like to withdraw the formal complaint or any allegations therein;
- The respondent is no longer enrolled or employed by the University; or
- Specific circumstances prevent the University from gathering evidence sufficient to reach a determination as to the formal complaint or allegations therein.

Upon a mandatory or discretionary dismissal, the University shall promptly send written notice of the dismissal and reason(s) therefore simultaneously to the parties.

INVESTIGATION OF FORMAL COMPLAINT

When investigating a formal complaint and throughout the grievance process, the University will:

- a. Ensure that the burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility rests on the University and not on the parties.
- b. Provide an equal opportunity for the parties to present witnesses, including fact and expert witnesses, and other inculpatory and exculpatory evidence;
- c. Not restrict the ability of either party to discuss the allegations under investigation or to gather and present relevant evidence;
- d. Provide the parties with the same opportunities to have others present during any grievance proceeding, including the opportunity to be accompanied to any related meeting or proceeding by the advisor of their choice, who may be, but is not required to be, an attorney, and not limit the choice or presence of advisor for either the complainant or respondent in any meeting or grievance proceeding except subject to the restrictions stated in these grievance procedures.
- e. Provide, to a party whose participation is invited or expected, written notice of the date, time, location, participants, and purpose of all hearings, investigative interviews, or other meetings, with sufficient time for the party to prepare to participate;
- f. Provide both parties an equal opportunity to inspect and review any evidence obtained as part of the investigation that is directly related to the allegations raised in a formal complaint, including the evidence upon which the University does not intend to rely in reaching a determination regarding responsibility and inculpatory or exculpatory evidence whether obtained from a party or other source, so that each party can meaningfully respond to the evidence prior to conclusion of the investigation.
- g. Prior to completion of the investigative report, the University shall send to each party and the party's advisor, if any, the evidence subject to inspection and review in an electronic format or a hard copy, and the parties shall have at least 10 days to submit a written response, which the investigator will consider prior to completion of the investigative report. The University shall make all such evidence subject to the parties' inspection, and shall make review available at any hearing to give each party equal opportunity to refer to such evidence during the hearing, including for purposes of cross-examination; and
- h. The University shall create an investigative report that fairly summarizes relevant evidence and, at least 10 days before a hearing (if a hearing is required under this section or otherwise provided) or other time of determination regarding responsibility, send to each party and the party's advisor, if any, the investigative report in an electronic format or a hard copy, for their review and written response.

HEARING PROCESS

The University shall provide a live hearing under these Grievance Procedures which may be conducted in person or virtually at the University's option. The following applies with respect to live hearings:

- a. At the live hearing, the decision-maker(s) must permit each party's advisor to ask the other party and any witnesses all relevant questions and follow-up questions, including those challenging credibility. Such cross-examination at the live hearing must be conducted directly, orally, and in real time by the party's advisor of choice and never by a party personally, notwithstanding the discretion of the University to otherwise restrict the extent to which advisors may participate in the proceedings pursuant to these Procedures. [See **Exhibit B** for rules for advisor's participation during hearings].

- b. At the request of either party, the University shall provide for the live hearing to occur with the parties located in separate rooms with technology enabling the decision-maker(s) and parties to simultaneously see and hear the party or the witness answering questions.
- c. Only relevant cross-examination and other questions may be asked of a party or witness. Before a complainant, respondent, or witness answers a cross-examination or other question, the decision-maker(s) must first determine whether the question is relevant and explain any decision to exclude a question as not relevant.
- d. If a party does not have an advisor present at the live hearing, the University must provide without fee or charge to that party, an advisor of the University's choice, who may be, but is not required to be, an attorney, to conduct cross-examination on behalf of that party.
- e. Questions and evidence about the complainant's sexual predisposition or prior sexual behavior are not relevant unless such questions and evidence about the complainant's prior sexual behavior are offered to prove that someone other than the respondent committed the conduct alleged by the complainant or if the questions and evidence concern specific incidents of the complainant's prior sexual behavior with respect to the respondent and are offered to prove consent.
- f. The decision-maker(s) cannot draw an inference about the determination regarding responsibility based solely on a party's or witness's absence from the live hearing or refusal to answer cross-examination or other questions.
- g. Live hearings pursuant to this paragraph may be conducted with all parties physically present in the same geographic location or, at the University's discretion, any or all parties, witnesses, and other participants may appear at the live hearing virtually, with technology enabling participants simultaneously to see and hear each other.
- h. The University shall create an audio or audiovisual recording, or transcript, of any live hearing and make it available to the parties for inspection.

DETERMINATION REGARDING RESPONSIBILITY

After the completion of the live hearing, the decision-maker(s), who cannot be the same person(s) as the Title IX Coordinator or the investigator(s), shall issue a written determination regarding responsibility using the preponderance of the evidence standard as defined in these procedures. The written determination shall include:

- a. Identification of the allegations potentially constituting sexual harassment as defined in these procedures;
- b. A description of the procedural steps taken from the receipt of the formal complaint through the determination, including any notifications to the parties, interviews with parties and witnesses, site visits, methods used to gather other evidence, and hearings held;
- c. Findings of fact supporting the determination;
- d. Conclusions regarding the application of the University's code(s) of conduct to the facts;
- e. A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions the University imposes on the respondent, and whether remedies designed to restore or preserve equal access to the University's education program or activity will be provided by the University to the complainant; and
- f. The University procedures and permissible bases for the complainant and respondent to appeal.

The University shall provide the written determination to the parties simultaneously. The determination regarding responsibility becomes final either on the date that the University provides the parties with the written determination of the result of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which an appeal would no longer be considered timely. The Title IX Coordinator is responsible for effective implementation of any remedies.

INFORMAL RESOLUTION

The parties may agree to informally resolve a formal complaint through an alternate resolution mechanism such as mediation ("Informal Resolution Process"). The Informal Resolution Process, however, is not available to resolve a formal complaint that an employee sexually harassed a student, nor to resolve cases involving sexual assault. Either party may seek assistance in obtaining an informal resolution from the Title IX Coordinator, who can arrange to have a trained representative facilitate a meeting or meetings between the parties. The availability of the Informal Resolution Process, and any resolution reached, is subject to the agreement of the Title IX Coordinator (or designee), the complainant, and the respondent. The University may decline a request by the parties to engage in an Informal Resolution Process and may terminate the Informal Resolution Process at any time.

Through the Informal Resolution Process, the formal complaint may be resolved on any basis acceptable to the parties and the Title IX Coordinator. For example, the matter may be resolved by providing supportive measures sufficient to restore equal access to the University's education programs or activities or where the respondent accepts responsibility for violating the Title IX policy and the sanction or remedy for such violation.

Participation in an informal resolution process is strictly voluntary. The parties' voluntary, written consent is required to engage in this process. The University will not compel the parties to engage in informal resolution, will not compel a complainant to directly confront the respondent, and will allow a complainant or respondent to withdraw from the informal resolution process at any time prior to agreeing to a resolution and resume the grievance process with respect to the formal complaint.

The informal resolution process is intended to be flexible and undertaken in the reasonable discretion of the Title IX Coordinator, so as to address an individual's situation in the most effective and expeditious manner possible.

Title IX Coordinator may attempt to facilitate a resolution to the issue presented without a formal investigation. However, under the Informal Resolution Process, the investigator shall only be required to conduct such fact-finding as is useful to resolve the conflict and as is necessary to protect the interests of the parties, the University, and the community.

Pursuing informal resolution does not preclude later use of the formal investigation process prior to a hearing and written determination.

In cases where Informal Resolution is chosen by the Parties, they will receive a written notice disclosing the allegations, along with a copy of the Procedures setting forth the requirements of the Informal Resolution Process. The written notice will also state any sanctions or measures that may

result from participating in such process, including records that will be maintained or could be shared by WSU.

The Informal Resolution Process may utilize any combination of interventions and remedies. If an agreement acceptable to the University, the complainant, and the respondent is reached through informal resolution, the terms of the agreement are put in writing and are implemented and the matter is resolved and closed. Once the matter is resolved and closed, the parties are precluded from resuming a formal complaint arising from the same allegations. If an agreement is not reached, the formal Grievance Process will have been delayed by length of time devoted to the Informal Resolution process, and the formal Grievance Process will continue.

The time period for resolution of a Formal Complaint through the Informal Resolution Process is 60 days. The University may temporarily delay the Informal Resolution Process or provide a limited extension of time for good cause with written notice (1) to the complainant and respondent of the delay or extension, (2) the reasons for the action, and (3) an estimate of the anticipated additional time that will be needed as a result of the delay. If the Formal Complaint is not resolved within this time frame, the formal Grievance Process will resume.

DISCIPLINARY SANCTIONS

Sanctions that may be imposed upon a respondent following a determination of responsibility for violation of this policy include:

Student Sanctions

- *Warning:* A formal statement that the behavior was unacceptable and a warning that further infractions of any university policy, procedure, or directive will result in more severe sanctions/responsive actions.
- *Probation:* A written reprimand for violation of university policy, providing for more severe disciplinary sanctions in the event that the student or organization is found in violation of any university policy, procedure or directive within a specified period of time. Terms of the probation will be articulated and may include denial of specified social privileges, exclusion from co-curricular activities, exclusion from designated areas of campus, no-contact orders, and/or other measures deemed appropriate.
- *Suspension:* Termination of student status for a definite period of time not to exceed two years, and/or until specific criteria are met. Students who return from suspension are automatically placed on probation through the remainder of their tenure as a student at Wayne State University. At the discretion of the Title IX Coordinator, this sanction may be noted as a Disciplinary Suspension on the student's official transcript.
- *Expulsion:* Permanent termination of student status, revocation of rights to be on campus for any reason or attend university-sponsored events. This sanction will be noted as a Conduct Expulsion on the student's official transcript.
- *Withholding Diploma and/or Official Transcripts:* The University may withhold a student's diploma and/or official transcripts for a specified period of time, and/or deny a student participation in commencement activities, if the student has an allegation pending, or as a sanction if the student is found responsible for an alleged violation.
- *Revocation of Degree:* The university reserves the right to revoke a degree previously awarded from the university for fraud, misrepresentation, or other violation of university policies,

procedures, or directives in obtaining the degree, or for other serious violations committed by a student prior to graduation.

- *Organizational Sanctions*: Deactivation, loss of recognition, loss of some or all privileges (including university registration), for a specified period of time.
- *Supportive Measures*: as defined in these procedures.
- *Other Actions*: In addition to or in place of the above sanctions, the university may assign any other sanctions as deemed appropriate.

Employee Sanctions

- Warning Verbal or Written
- Performance Improvement/Management Process
- Required Training or Education
- Probation
- Loss of Annual Pay Increase
- Loss of Oversight or Supervisory Responsibility
- Demotion
- Suspension with pay
- Suspension without pay
- Termination
- Other Actions: In addition to or in place of the above sanctions, the university may assign any other sanctions as deemed appropriate.

Discipline and sanctions for employees will be issued consistent with WSUCA 2.51.01, Appointments, Continuing Tenure, Termination and Dismissal Policies and Procedures for Faculty; WSUCA 2.52.01, Appointments, Tenure, Employment Security Status, Termination and Dismissal Policies and Procedures for Academic Staff; and Union Collective Bargaining Agreements (CBA) to the extent applicable and **not inconsistent** with Title IX and the procedures stated herein.

REMEDIES

The University will provide appropriate remedies to a complainant where a finding of responsibility has been made against a respondent. Remedies issued by the University must be designed to restore or preserve equal access to the University's education program or activity. Such remedies may include the same individualized services described as "supportive measures" in these procedures; however, remedies need not be non-disciplinary or non-punitive, and need not avoid burdening the respondent.

APPEALS

Either Complainant or Respondent may file a Request for Appeal from 1) a determination regarding responsibility following a hearing or 2) the dismissal of a formal Complaint or any allegation therein. The Request for Appeal must be submitted in writing to the Title IX Coordinator within seven (7) days of the delivery of a written determination regarding responsibility or dismissal of a formal Complaint or allegation therein and state the grounds for appeal. The time period from the initiation of an appeal until the issuance of a written determination of that appeal is 30 days. The University may provide for a temporary delay or a limited extension of time for the entire appeal process or for any specific appeal process deadline for good cause and with written notice (1) to the complainant

and respondent of the delay or extension, (2) the reasons for the action, and (3) an estimate of the anticipated additional time that will be needed as a result of the delay.

The Title IX Coordinator will notify the other party in writing that an appeal has been filed and, in addition, forward the Request for Appeal to the Appeals Officer who will determine whether any grounds for appeal, as set forth below, are met. The Appeals Officer will make this determination within five (5) days of receipt of the Request for Appeal.

The President or their designee will serve as the Appeals Officer. The following individuals may not serve as Appeals Officer:

- The decision maker(s) in the underlying proceeding;
- Any investigator in the matter; or
- The Title IX Coordinator.

The Appeals Officer will be free of any conflict of interest or bias for or against complainants or respondents generally or an individual complainant or respondent and will receive requisite training on the definition of sexual harassment, the scope of the University's education program or activity, and how to conduct an investigation and grievance process.

A determination in a Title IX matter will be considered final if 1) neither party appeals or 2) the appeals process has concluded*i.e.* when a final decision is made on appeal or remand and there is no further appeal following remand. If the Appeals Officer remands the matter to the Hearing Officer and a decision or sanction is changed on remand, either party may appeal on any permitted grounds and pursuant to the procedures set forth herein.

All notices referenced in this Section will be provided by e-mail. For students, faculty and staff, notice will be sent to their University e-mail address. Once e-mailed, notice will be presumptively delivered.

Grounds for Appeal and Notice

Appeals are limited to the following grounds:

1. Procedural irregularity that materially affected the outcome of the matter;
2. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal of a formal Complaint or allegation therein was made, and the new evidence could materially affect the outcome of the matter;
3. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against complainants or respondents generally or the specific Complainant or Respondent that materially affected the outcome of the matter; and
4. Mistake of applicable law or regulations or mistake of terms as defined by the University in this Policy that materially affected the outcome.

The Appeals Officer's initial review of the Request for Appeal is not a review of the merits of the appeal, but solely a determination as to whether the Request for Appeal meets any of the grounds for appeal set forth herein and is timely filed.

The Appeals Officer will provide written notification to the Parties and their advisors if the grounds for appeal are not met and/or if the appeal is not timely filed.

If any of the grounds for appeal are met and the appeal is timely filed, the Appeals Officer will provide written notification to the Parties, their advisors, the Title IX Coordinator, and, if appropriate, the investigators and/or Hearing Officer along with a copy of the Request for Appeal and approved grounds for appeal. The appealing party will be given seven (7) days from receipt of the written notification to submit a written statement to the Appeals Officer in support of the outcome requested on appeal. The Appeals Officer will forward the written statement to all Parties. The party opposing the appeal will then be given seven (7) days from receipt of the appealing party's written statement to submit a written statement in opposition to the outcome requested on appeal. Upon receipt, the Appeals Officer will forward the written opposition statement to the other party for review and comment.

Neither Party may submit a Request for Appeal after the time period to do so has expired.

Review of Appeal

The Appeals Officer will collect all information and documentation relevant to the grounds for appeal, including the written statements and any comments submitted by the Parties.

Following an objective review of the relevant information and documents, the Appeals Officer will issue a written decision in no more than fourteen (14) days, unless the time period is extended or delayed in accordance with the procedure stated above. The Appeals Officer will consider only the issue on appeal and will not reconsider findings of fact made by the Hearing Officer. The Appeals officer will not weigh the credibility of witnesses. Deference will be given to the Hearing Officer.

Any sanctions imposed will be stayed during appeal. Supportive measures may be implemented for the duration of the appeal.

Appeal Outcome and Remedies

The Appeal Outcome may include affirming the original decision, reversing the decision, and/or remanding the matter to the Hearing Officer with specific instructions. Remedies available on remand are the same as those available at the initial hearing.

The Appeals Officer will send a written Notice of Appeal Outcome to all Parties and their advisors simultaneously. The Notice of Appeal Outcome will specify the findings, decision and rationale for the decision on each approved ground for appeal as well as any instructions for remand where applicable.

In cases in which the appeal results in Respondent's reinstatement to the University or resumption of privileges, all reasonable attempts will be made to restore the Respondent to their prior status to the extent possible

RETALIATION

University policy and federal law prohibit retaliation taken against an individual for making a good

faith report or complaint of sexual misconduct or other conduct prohibited under this policy; testifying, assisting or participating or refusing to participate in any proceeding under this policy; supporting a Complainant or Respondent; providing information relevant to an investigation under this policy; or otherwise opposing conduct prohibited by this policy (collectively, "Protected Activity").

Retaliation includes any materially adverse action taken by the University or any member of the University community, including, but not necessarily limited to, intimidation, threats, coercion, harassment or discrimination against an individual for engaging in Protected Activity.

The exercise of rights protected under the First Amendment does not constitute retaliation prohibited under Title IX or these Procedures. Retaliation does not include any disciplinary measures or other adverse action taken for making a bad faith report or Complaint or for making a materially false statement in bad faith in the course of any investigation or proceeding under this Policy provided, however, that a determination regarding responsibility, alone, is not sufficient to conclude that any party made a materially false statement in bad faith.

Any person who believes they have been subjected to retaliation should immediately notify the Title IX Coordinator. Any alleged retaliation will be promptly investigated.

The University will not share the identity of an individual making a report of retaliation or any witnesses thereto except where permitted by the Family Educational Rights and Privacy Act (FERPA); where required by law; or where necessary to conduct an investigation, hearing or grievance process under this Policy.

RECORD KEEPING

The University shall maintain for a period of seven years:

- Records of any investigations conducted pursuant to this Policy, including any determination regarding responsibility;
- Any required audio or audiovisual recording or transcript;
- Any disciplinary sanctions imposed on the respondent;
- Any remedies, including any supportive measures, provided to the complainant designed to restore or preserve equal access to the University's education program or activity;
- Records related to any appeal and the result therefrom;
- Records related to any informal resolution and the result therefrom;
- All materials used to train Title IX Coordinators, investigators, decision-makers, and any person who facilitates an informal resolution process. The University shall make these training materials publicly available on its website, or if the University does not maintain a website the University shall make these materials available upon request for inspection by members of the public.

The University shall also create and maintain for a period of seven years any actions, including any supportive measures, taken in response to a report or formal complaint of sexual harassment. In each instance, the University shall document the basis for its conclusion and that it has taken measures designed to restore or preserve equal access to the University's education program or activity.

If the University does not provide a complainant with supportive measures, then the University must document the reasons. The documentation of certain bases or measures does not limit the University in the future from providing additional explanations or detailing additional measures taken.

APPENDICES

1. Exhibit A Additional Reporting Options
2. Exhibit B Rules for Advisors
3. Exhibit C Responsible Employees

RELATED UNIVERSITY/BOARD POLICIES

N/A

Effective Date: 8/14/2020

Revised Date: 9/19/2022

Reviewed Date: 9/19/2022

To be reviewed, at minimum, every three years and/or revised as needed by: Legal Counsel

Next Review by Date: 9/19/2025

SUPERSEDES POLICY

N/A

HISTORICAL DATES

N/A

EXHIBIT A

ADDITIONAL REPORTING OPTIONS

In addition to reporting sexual harassment to the Title IX Coordinator as stated in the Title IX Procedures, the following contacts are provided as additional reporting options:

1. Report to Law Enforcement

Although the University strongly encourages all members of its community to report incidents of criminal sexual conduct to law enforcement, it is the complainant's choice whether to make such a report and complainants have the right to decline involvement with the police. The University's Title

IX Coordinator will assist any complainant with notifying the Wayne State Police if they choose to do so. Under limited circumstances posing a threat to health or safety of any University community member, the University may independently notify law enforcement.

University Police	Local Police
Wayne State University Police Department 6050 Cass Avenue Detroit, MI (313) 577-2222 (EMERGENCIES) (313) 577-6057 (NON-EMERGENCIES)	Detroit Police Department Third Precinct 2875 W. Grand Blvd. Detroit, MI 48202 (313) 596-1984

The Wayne State Police are available 24 hours a day, 7 days a week, and 365 days a year. They provide a full range of professional police services to the main and medical campuses as well as surrounding neighborhoods. The Wayne State Police are prepared to handle all criminal activity, including incidents involving sexual assault, dating violence, domestic violence, and stalking, as well as any significant emergency.

2. University Deputy Title IX Coordinators:

Deputy Title IX Coordinator for Students	Deputy Title IX Coordinator for Employees
Dean of Students 301 Student Center Building 5221 Gullen Mall Detroit, MI 48202 (313) 577-1010	Associate Vice President Office of Equal Opportunity 656 W. Kirby, Suite 4342 Detroit, MI 48202 (313) 577-2280
Deputy Title IX Coordinator for Campus Housing	Deputy Title IX Coordinator for Athletics
Director of Residence Life 582 Student Center Building 5221 Gullen Mall Detroit, MI 48202 (313) 577-2116	Senior Associate Athletics Director 5101 John C. Lodge Matthaei 101 Detroit, MI 48202 (313) 577-3048
Deputy Title IX Coordinator, Medical School	
Vice Dean, Office of Faculty Affairs & Professional Development School of Medicine, 1213 Scott Hall Detroit, MI 48202 (313) 577-2378	

3. Make An Anonymous Report

Those who wish to make an anonymous report may do so in one of two ways:

Wayne State Police: police.wayne.edu/crime_tip.php

Office of Internal Audit: internalaudit.wayne.edu/report.php or 313-577-5138

The Title IX Coordinator will respond promptly and equitably to anonymous reports. Still, the response may be limited if the report does not include identifying information and/or a description of the facts and circumstances. Anonymous reports that provide enough information to constitute certain criminal offenses will be reported to WSU Police for purposes of inclusion in the University's Annual Security and Fire Safety Report and to assess whether the University should send a Timely Warning Notice as required by the Clery Act.

EXHIBIT B

RULES FOR ADVISORS

The primary role of the advisor is to advise the party on the Title IX resolution process. Advisors are subject to the University's policies and procedures. At all times, the advisor must behave ethically, with integrity, respect, and civility, and in good faith. They must refrain from disruptive behavior and from overstepping the limits of the advisor role.

An advisor may accompany a party wherever the party is entitled to be present, including intake, interviews, meetings, and hearings. A party may consult with their advisor as necessary during those proceedings or privately.

Advisors may not directly address or make a presentation to administrative officials unless invited to do so. At a hearing, the advisor must conduct the cross-examination on behalf of the party. The advisor may also conduct direct and re-direct examinations of the advisor's party or a witness. The advisor may not make an opening statement or a closing argument. The advisor is not permitted to object to an offer of evidence except on the grounds of privilege or the rule limiting questions or evidence about the complainant's sexual predisposition or prior sexual behavior.

EXHIBIT C

RESPONSIBLE EMPLOYEES

The following employees are Responsible Employees with the exception of those providing Confidential Resources as defined in these Grievance Procedures:

- Academic Deans
- Dean of Students
- Provost
- Associate Provosts
- Department Chairs

- Faculty
 - Graduate Teaching Assistants (GTAs)
 - Human Resources Associate Vice President, Directors, and Consultants
 - WSU Police Department officers and leadership;
 - Campus Security Monitors employed by WSUPD and deployed in major buildings, libraries, housing facilities and satellite facilities to assist with access and security;
 - Athletics department leadership, all volunteer and paid levels of coaches, trainers;
 - Mort Harris Recreation Center leadership, professional staff, and student employees;
 - Housing and Residential Life leadership, professional staff, department desk assistants, office service clerks, community directors, resident directors, resident advisors, community assistants, and summer assistants;
 - Student Center leadership, professional staff, and student employees;
 - Advisors of all recognized student organizations through the Dean of Students Office employed with the University;
 - Office of Multicultural Student Engagement director-level and program staff;
 - Student Disability Services director-level and professional staff;
 - Office of International Education study abroad leaders (faculty and staff)
 - Designated student affairs coordinators and program officers in all Schools, Colleges and Divisions;
 - Academic Advisors
-

Wayne State University Genetic Counseling Graduate Program Communication Expectations, Philosophy and Culture

Communication Expectations

The purpose of this document is to describe general expectations about communication between students and genetic counseling program faculty and staff. This is not intended to be a program policy, but rather to give you some general guidance.

First and foremost, we want to hear from you! A lot of important learning happens outside the classroom through conversations with fellow classmates, program leadership, faculty, staff and clinical supervisors. We are very open to having these conversations.

- A lot of communication between the program and students happens by email. It is important to check your Wayne State email on a daily basis, especially during the week. If the email requires a response from you and you receive it during the school week try to respond within 24 hours or by the requested deadline, unless it is a time-sensitive request that requires a more immediate response. You typically do not have to respond to a question that is posed by email over the weekend unless it involves a task that must be accomplished by Monday. We do not expect you to answer emails 24/7. The only exception might be if there has been prior communication about the need to follow up quickly (e.g., for a patient scheduled the next day or Monday).
- Likewise, we do not check our email 24 hours a day, 7 days a week. If you email us during the week, we try to reply promptly. How long a response takes depends on the nature of the question (e.g., what's being asked, complexity, whether it involves getting information from another source before answering). If you email us on the weekend, we may or may not answer until the following week. If you email us and don't get a response in a couple of days, feel free to recontact us as a reminder/inquiry about when you can expect a response.
- We encourage communication in person as well as by email. If you have a shorter question and we are available (e.g., door to our office is open, question after class), ask it. If we can, we will answer. If it is a longer or more involved question, we may schedule a time to meet to discuss it.
- Although we are very open to questions, if you can find the answer in resources we have already provided (e.g., student handbook, Typhon documents, class material, etc.), we encourage you to do that first. Part of becoming a professional is learning when to use the resources you have and when to ask a question.

These are general program communication expectations. Be aware that communication expectations with other professors and your clinical supervisors (internships) may vary. As such, it is important to adhere to the expectations they set.

Program Culture and Philosophy

- We strive to foster diversity in the genetic counseling profession and to provide an inclusive learning environment for all learners. We want you to call us in (let us know) if you ever feel that there are steps we could take to better achieve these goals.
- We strive to foster collaboration between students. Working together creates an environment more conducive to learning than competition.
- We strive to provide a balance of support and challenge to each learner. Both are necessary in helping students develop into competent professionals.
- Related to support and challenge, our underlying philosophy is to provide the right education, research, and clinical opportunities at the right time. Expecting too much from students early in training can negatively impact confidence. Expecting too little from students later in training can negatively impact growth.
- Related to expectations, we know from experience that each student will have their own learning trajectory and because of this we strive not to make comparisons between students. Instead, our goal is to regularly assess where each student is in that trajectory and provide the right combination of support and balance to move them to the next level of genetic counseling skill development. We share our assessments with students throughout their training and work with them to develop their individualized learning plan.

Accommodations Guide

DisabilityGC

DisabilityGC is a group of genetic counselors dedicated to advocacy for healthcare providers who identify as having a disability or chronic health condition. **You can reach us at disabilitygc@gmail.com with any questions.**

This document is an evolving outline of resources, tips, and expectations for requesting accommodations from employers and genetic counseling programs (GCP). We encourage all employers and GCPs to remove the burden of requesting and setting up accommodations from employees and students when appropriate. We emphasize that a collaborative approach will yield the most tailored and effective accommodations. Accommodations that go beyond minimal compliance make programs and workplaces more accessible for everyone. However, it is helpful to know the laws around disability accommodations when requesting these services.

SECTIONS:

Applying to jobs or programs.....	2
Requesting accommodations with a GC Program.....	4
Board Exam Accommodations.....	5
Requesting accommodations with an employer.....	6

Communication tips

- Documentation of communication surrounding accommodations can be an important part of ensuring that requests are being addressed, policies are being followed, and timelines are being established.
- Communicate in writing for proof of decisions and documentation. Communication methods may include email, completed and signed paperwork, or other methods of written documentation.
- When communicating in person, via telephone, or via video, request to record conversations if you can do so safely, or request to have an advocate/support person present to witness the conversation.

Resources

[Overview](#) of the Americans with Disabilities Act by the US Department of Labor.

[Job Accommodation Network \(JAN\)](#) has numerous resources on their website to help individuals with a disability in obtaining accommodations or returning to the workplace. This includes an extremely handy [database](#) of specific disabilities and tools/accommodations to help not only in the workplace, but also at home.

[Chronically Capable](#) is a job seeker platform for individuals with chronic illnesses and disabilities. It includes employment opportunities and [resources](#).

[WebAIM's WAVE \(Web Accessibility Evaluation Tools\)](#) has numerous great resources for websites and electronic documents (handouts, Powerpoints, etc). One particular favorite is their [color contrast checker](#).

Vocational Rehabilitation: each state has vocational rehabilitation offices that help people with disabilities find, apply for, and maintain employment. They can help with funding for education and reasonable accommodations in education and the workplace. It can be a lengthy process, so start early if you are interested!

Accommodations Guide

DisabilityGC

Applying to jobs or programs

During the application process, it is a good idea to research what support exists at a job or genetic counseling program (GCP) to assess if it is a good fit. Here are some tips:

Contacting the Disability Office:

- For academic positions and programs, identify the disability center at the institution. It may be titled “Student Disability Center,” “Student Disability Services,” or “Student Accessibility Services”.
 - Many institutions have information readily available on their websites. Search online for, “[*institution name*] student accommodations” or “[*institution name*] student disability center”.
 - The institution may also have departments such as the “Center for Accessible Education,” “Disability Inclusion Committee,” or similar advocacy and policy-focused organizations. These can be helpful places to learn about accessibility issues within the university.
 - If you have specific questions, call or email the office directly.
- For non-academic positions, questions regarding disability services may be directed to HR if the employer does not have a disability services program. Reaching out to HR or researching the company online may help you identify where to direct questions.

Contacting the GCP or Employer:

Asking employers/GCPs about their experience supporting individuals with disabilities is also an option. Current students, program alumni, or GCs employed by the institution are also available to discuss their experiences. These conversations can be anxiety inducing! You may be asked what kind of accommodations you would need, which can feel like your application is being flagged. **Remember: you do not need to provide them with any specifics about your accommodation needs or diagnosis if you are not comfortable.** Some questions to ask include:

- **General:**
 - What is your organization doing to be inclusive of marginalized groups, including the disabled community?
 - What types of accommodations do you anticipate would be easy to support? Which accommodations do you anticipate may take more effort?
 - Have you ever had a student/employee with a disability or a student/employee that needed accommodations? If so, how did you address their needs?
 - What has the employer/university done to promote universal access? (i.e. ramps, lifts, automatic door openers, remote lecture access, etc.). How much of the campus/office – including residence halls, student activity centers, cafeterias, and other communal spaces – are accessible to all?
 - If an individual with a disability needs to take time off for medical reasons how would your institution accommodate that?
 - What changes to the institution’s structure have remained after COVID-19?
 - What does success look like for your employees/ students?
- **GCPs:**
 - What type of assistance does your program offer to students with disabilities? What does this look like in class, clinical rotations, and student research projects?
 - How many of the clinical rotation sites are accessible and open to students with accommodations? What type of accommodations can the clinical sites offer?
- **Examples of accommodations you can ask about include:**
 - Wheelchairs: automatic doors, wide doors/hallways, ramps to enter buildings, elevators
 - Access to assistive or medical devices, support needs, mobility aids at all times
 - Extra time on tests, flexible deadlines, adjustments to assignment type
 - Remote and flexible in-person options

Accommodations Guide

DisabilityGC

Disclosure of a disability:

Many prospective and practicing GCs struggle with whether to disclose their disability during the application process. **You are not required to disclose your disability when applying to graduate school or a job.** Some people disclose their disability either by choice or because it is visibly apparent. Here are some things to consider:

- Is your disability an important reason why you wanted to become a GC? Would you feel like a critical part of your application was missing if you did not bring it up?
- Would you be putting yourself at risk for discrimination by disclosing your disability?
- If you include a disclosure in your personal statement, expect that you will be asked about it during interviews. Consider how you would answer. Prepare for the possibility that not all questions may be welcome or appropriate.
- Disclosing a disability can be a good litmus test for how an institution might handle things when you are a student/employee. Use this information to your advantage when deciding where to attend.
- Ask about disability accommodations during interviews to get a better sense of how they support their students/employees.
- Consider ways you can control the narrative around your disability. How has your experience given you a unique perspective that may add to the GC field? What have you learned from navigating a disability?

You know yourself best when it comes to talking about your disability. Be honest with yourself and what you can handle. You can reach out to our group at disabilitygc@gmail.com for more specific advice as you are going through the application process.

Accommodations Guide

DisabilityGC

Requesting accommodations with a GC Program

Students can request a variety of accommodations from their institution under the ADA. Each institution will have a specific process in which to make these requests. Students are encouraged to contact their GCP director to determine next steps in requesting access. Keep in mind some program directors may have limited experience with accommodations and will rely on the disability office for guidance. Many institutions have information readily available on their websites. Searching online for “[*institution name*] student accommodations” or “[*institution name*] student disability center” should provide additional information quickly.

Preparing to meet with your accommodations office:

Working with an accommodations office at your institution will likely require paperwork to be completed and a meeting with a coordinator who will ask you questions about your needs. They may request that you complete forms or provide paperwork before meeting. It is important to start this process early (summer)! Things to prepare to discuss include:

- Paperwork, such as medical documentation or a letter from your healthcare provider, that proves you have a chronic illness or disability that requires accommodations. They may request a formal diagnosis, but often detailed information from your provider is sufficient.
- What accommodations you are requesting and why.
- If you have had accommodations in the past (such as in school), and what they were.
- What other individuals at your institution with similar experiences may have received as accommodations.
- What the GCP requires of students in terms of research, clinical rotations, etc. to make sure all possibilities are covered. (i.e. if you need access to medical supplies during rotations).
- If they will support you in requesting accommodations for the board exam.
- How to share this information with your program leadership and faculty.

Following the formalization of your accommodations, sending the information to your program leadership and setting up a time to review them is important!

Accommodations Guide

DisabilityGC

Board Exam Accommodations

It is important to secure accommodations for the ABGC board exam so that you can be supported and successful. The [ABGC Candidate Guide](#) includes details about the accommodations request process. This will likely be updated for each exam cycle. **Note: Following the August 2023 exam cycle, ABGC is contracting with a new testing partner, and the accommodations process may be changing. Currently, accommodation requests must be made at least 45 days prior to the requested test date.** The following information will be updated as this becomes available to test takers.

Register for the exam:

- Submit an application to sit for the ABGC exam. This will require information about your program, proof of graduation, etc.

Request accommodations:

- Once you have been approved to take the ABGC exam, you will be able to request accommodations. In previous cycles, this happens after your exam date and location has been scheduled. This may change for future cycles, since candidates will be able to see test center information ahead of applying to sit for the exam.
- The ABGC Candidate Guide includes a form to be completed and signed by an individual who can detail the need for accommodations. This may be a healthcare provider or a representative from your institution's disability services who is familiar with your accommodations.
 - **Detail your accommodations needs as specifically as possible to ensure there are no issues at your test center on test day.** Some individual's tests have been delayed due to miscommunications about approved medical devices and/or other accommodations.
 - The Candidate Guide indicates that this form needs to be mailed to the test proctoring company once completed.
 - The prior ABGC test partner, PSI, also offered an [online form](#) for requesting accommodations. They have not historically needed any further documentation or letters from healthcare providers.
- Once accommodations are approved, the candidate will be notified. It is then the candidate's responsibility to reach out to the testing partner to connect the accommodations to the scheduled test. This often requires that they cancel and reschedule the test to ensure that the accommodations can be provided. In some instances, this leads to testing being scheduled at a different time or a different day.

Taking the test:

- Arrive to the testing center at least 20-30 minutes early to allow for any issues with accessing your accommodations. You may want to print out documentation of your need that you provided during your application process and/or confirmation of the approval of your accommodations.
- Regardless of the accommodations requested, many test centers have an "ADA room" for test takers with accommodations.

Accommodations Guide

DisabilityGC

Requesting accommodations with an employer

From the [Office of Disability Employment Policy](#): “Under [Title I of the Americans with Disabilities Act](#) (ADA), a reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things are usually done during the hiring process. These modifications enable an individual with a disability to have an equal opportunity not only to get a job, but successfully perform their job tasks to the same extent as people without disabilities. The ADA requires reasonable accommodations as they relate to three aspects of employment: “1) ensuring equal opportunity in the application process; 2) enabling a qualified individual with a disability to perform the essential functions of a job; and 3) making it possible for an employee with a disability to enjoy equal benefits and privileges of employment.”

In addition, the US Equal Employment Opportunity Commission (EEOC) published an [Enforcement Guide on Reasonable Accommodation and Undue Hardship under the ADA](#), defining and providing examples for reasonable accommodation, necessities for employers to process accommodations requests in a timely manner, and the purview of undue hardship. It notes the previous shift of the burden of proof from the requester to the employer, and can be used as a resource for conversations and necessary transparency.

There are many considerations when requesting workplace accommodations, such as the size of your company and whether ADA even applies, your comfort in requesting the accommodations, and what is considered “reasonable” in the eyes of your employer. This guide is based on the experience of genetic counselors who have gone through this process at different institutions and may not reflect everyone’s experience. It is intended to provide tips on how to start this process and what might be involved along the way.

First steps:

- Brainstorm what you would find most helpful for you to complete the tasks of your position. Write down anything that could incur additional cost for you or your employer, and whether you would need a private space for accommodations.
- Discuss your need for accommodations with your healthcare provider. This can help you determine the most appropriate language when making the initial request, while also gaining insight from your provider if they have had other patients successfully pursue accommodations.

Next steps:

- Once you have a better idea of the accommodations you feel are reasonable and are suited for your condition, inform your manager that you would like to have ADA accommodations. You do not need to provide your manager with significant detail. If you are more comfortable contacting HR directly, that is also your choice. The process of being evaluated for ADA accommodations is typically done through HR.
- Your provider will likely need to fill out a form from your institution explaining what accommodations are being requested, and why. It is possible your institution will request medical records as part of their review process. Each institution/company should have a policy regarding how to evaluate ADA accommodation requests, and this can greatly vary between employers.

Reminders:

- It does not hurt to ask about funding for supplies and some institutions may have the budget for this.
- It is possible this process will not be quick. Be patient, but also advocate for yourself as these accommodations are needed for a reason. **Unnecessary delays are a violation of the ADA.** [The EEOC states](#), “An employer should respond expeditiously to a request for reasonable accommodation.” To determine if a delay was “unnecessary”, there must be a review of what happened, including who contributed to the delay, the length of the delay, and how difficult the accommodation was to provide.



What is UGSA?

This student-led organization is known as the Wayne State University Graduate Student Association. We are the official **voice** and **home** for graduate students on campus.

Our Mission

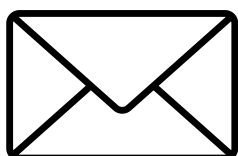
To assist, serve, and represent **ALL** graduate students at Wayne State University through advocacy, professional development resources, and diversity equity and inclusion efforts.

Goals

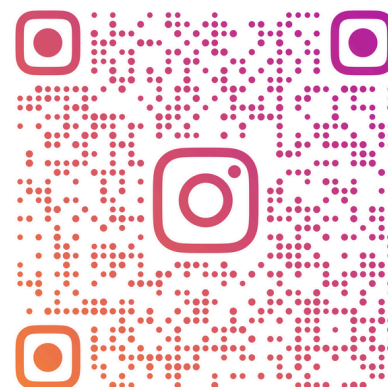
- Advocate for student Interests and rights.
- Build community and networking.
- Support well-being and satisfaction.
- Acknowledge student efforts and dedication.
- Organize engaging activities.



TALK TO US



ugsa@wayne.edu



UGSA2024



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 7
Faculty List and Directories

Wayne State University School of Medicine
Genetic Counseling Graduate Program Faculty 2024-2025

Julie Berger, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health East Pediatric Neurology/ Epilepsy
Christine Bergeon Burns MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health West- Medical Genetics & Maternal Fetal Medicine
Erin Carmany, MS*	<i>Associate Program Director, Genetic Counseling Program</i>	Center for Molecular Medicine and Genetics
David Carr, MD, MGP	<i>Medical Director Laboratory Genetics and Molecular Pathology Division</i>	Detroit Medical Center University Labs
Michelle Cichon, MS*	<i>Genetic Counselor, Academic Services Officer, Genetic Counseling Program</i>	Center for Molecular Medicine and Genetics Wayne State University
Mitchell Cunningham, MS*	<i>Genetic Counselor, Admissions Committee Member, DEIJ Task Force, Research Mentor</i>	Mercy Hospital, St. Louis MO (formerly Children's Hospital of Michigan)
Debra Duquette, MS*	<i>Genetic Counselor, GC Program Director, Public Health Genomics Curriculum Instructor, Advisory Committee</i>	Northwestern University
Russ Finley, PhD	<i>Graduate Officer, PhD Program in Molecular Medicine and Genetics, Advisory Committee Member</i>	Wayne State University, Center for Molecular Medicine and Genetics
Leigh Anne Flore, MD*	<i>Clinical Geneticist, Advisory Committee, Course Director</i>	Faculty, Center for Molecular Medicine and Genetics; Geneticist, Children's Hospital of Michigan and VA Hospital System
Alexis Gallant, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health East, Cancer Genetics
Lawrence Grossman, PhD	<i>Molecular Biologist, Course Director, Chair</i>	Wayne State University Center Molecular Medicine and Genetics
Matthew Harder, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health West, Cancer Genetics
Anne Heuerman, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health East- Reproductive Genetics

Melissa Hicks, MS*	<i>Genetic Counselor, Detroit Medical Center Molecular Genetics Lab, Course Co-Director</i>	Detroit Medical Center University Labs
Lauren Jackson, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health Dearborn
Karen Krajewski, MS	<i>Genetic Counselor, Clinical Internship Coordinator, Research Coordinator, CMT Clinic</i>	Department of Neurology/Charcot Marie Tooth Disease Clinic
Alliso Jay, MD*	<i>Clinical Geneticist, Clinical Internship Coordinator</i>	Ascension-St. John Hospital and Medical Center
Kelly Keener, MS*	<i>Genetic Counselor, Clinical Internship Coordinator, Advisory Committee</i>	Children's Hospital of Michigan
Mark Manning, PhD	<i>Co-Course Director, Research Project Seminar, Research Mentor</i>	Oakland University, Adjunct faculty, CMMG
Kathleen Moore, PhD	<i>Clinical Psychologist, Co-Course Director</i>	Wayne State University, Department of Psychiatry
Sarah Muir, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Windsor Regional Hospital
Mary Nyhuis, MS*	<i>Advisory Committee, Internship Coordinator</i>	Henry Ford Health System
Kara Pappas, MD*	<i>Pediatric and Biochemical Geneticist, Course Director MGG 7800</i>	CMMG Adjunct Faculty
Nancie Petrucelli, MS*	<i>Genetic Counselor, Clinical Internship Coordinator, Course Director, Advisory Committee</i>	Karmanos Cancer Institute/McLaren
Tyler Prince, MS*	<i>Genetic Counselor, Clinic Internship Coordinator</i>	Trinity Health IHA Group St. Joseph Mercy Oakland
Kristen Purrington, PhD	<i>Epidemiologist, Advisory Committee</i>	Karmanos Cancer Institute/Wayne State University
Marguerite (Paula) Pietryga, MS*	<i>Genetic Counselor, Clinical Coordinator, Lab Internship instructor</i>	Corewell Health-West Biochemical Genetics
Katelyn Roberts, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health Dearborn

Kelly Beaudry-Rodgers, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health East Pediatric Neurology/Epilepsy
Peggy W. Rush, MS*	<i>Genetic Counselor, Clinic Internship Coordinator, Metabolic Clinic</i>	Children's Hospital of Michigan
Brandon Shaw, PhD*	<i>Lab Director, Coordinator, Cytogenetics Lab Internship</i>	Henry Ford Health System
David Stockton, MD*	<i>Clinical Geneticist, Division Chief</i>	Children's Hospital of Michigan, Division of Genetics and Metabolism
Angela Trepanier, MS*	<i>Genetic Counselor, Director, Genetic Counseling Graduate Program</i>	Wayne State University
Jacqueline Williams, MS*	<i>Genetic Counselor, Clinical Internship Coordinator</i>	Corewell Health East Clinical Genetics Program
Lidong Zhai, PhD*	<i>Biochemical Geneticist, Biochemical Genetics Laboratory Instructor</i>	University of Michigan Biochemical Genetics Laboratory

***Indicates certification by either the American Board of Medical Genetics or the American Board of Genetic Counselor**



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetics Education and Training Programs

2024-2025 DIRECTORY

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Medical Genetics Education (Medical Students) & Genetic Counseling Program
(313) 577-3982

Angela Trepanier, MS, LCGC
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Director, Genetic Counseling Graduate Program
(313) 577-3425

CLINICAL GENETICS SERVICES

MEDICAL GENETICS EDUCATION & TRAINING PROGRAMS

MEDICAL GENETICS EDUCATION & TRAINING PROGRAMS

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GENETIC COUNSELING GRADUATE PROGRAM

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DIVISION OF GENETIC AND METABOLIC DISORDERS

CHILDREN'S HOSPITAL OF MICHIGAN PEDIATRIC SPECIALTY CENTER – DETROIT

3950 Beaubien, Detroit, MI 48201

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(313) 832-9324 (Appointment Line)

FAX: (313) 993-8685

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Division Chief
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Linda Spencer, RN, MSN, CPNP, Nurse Practitioner
Lysosomal Storage Disease Program Coordinator
Lysosomal Storage Disease NBS Coordinator
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lspencer@dmc.org

CHILDREN'S HOSPITAL OF MICHIGAN METABOLIC CLINIC (CHMMC)

(313) 832-9323 (Marisol Bueno) mbueno@dmc.org

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Metabolic Clinic	Tuesday am; Wednesday am and pm; Thursday am

Cancer Genetic Counseling Service	
Cancer Genetics Clinic Karmanos Network	Tuesday, Wednesday, Thursday; 2 nd and 4 th Friday of the month
Cancer Genetics/Telegenetics Clinic McLaren Network	Tuesday, Wednesday; Friday (at select sites)
Case Conference	Monday noon
Cancer Genetics Seminar Series Contact: Kristian Wilks wilksk@karmanos.org	4 th Monday noon September to April

Genetic Counseling Journal Club & Process Group Contact: Angela Trepanier Atrepani@med.wayne.edu	Mondays at 11:15 am (see separate schedule) Fall semester Thursdays at 12:30 PM (see separate schedule) Winter semester
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Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 8 Resources



Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Student Resource List

Campus Services

1. Student Disability Services <https://studentdisability.wayne.edu/>

Student Disability Services (SDS) serves as a resource for the Wayne State University community to ensure academic access and inclusion for students, supporting a view of disability guided by social, cultural and political forces. We work to create an inclusive academic environment by promoting universal design throughout the university. SDS provides academic accommodations, resources and training in assistive technology to foster self-advocacy and success for students with disabilities. We share information to foster understanding of disability throughout the university community.

Any student wishing to register with SDS for the first time should complete our New Student Registration Request form located here: https://wayne-accommodate.symplcity.com/public_accommodation/. Once the registration form is submitted, a member of the SDS staff will contact you within 1 business day to schedule your initial appointment. Questions? Please give us a call at 313-577-1851.

2. Counseling and Psychological Services (CAPS) <https://caps.wayne.edu/>

The goal of CAPS is to provide the university community with counseling services to support student health, personal well-being, and academic success. We achieve this goal through the progressive development of the Counseling and Psychological Services' ethical standards, quality of services, creativity, and resourcefulness. CAPS offers a variety of services to the University Community which include:

- Counseling services to registered Wayne State students
- Therapy groups, support groups, and educational groups
- Clinical case management
- Outreach services and events
- Workshops/educational activities
- Crisis intervention for students, faculty, and the university community
- Consultation to faculty and the university community
- Consultation to parents of university students

CAPS Mission: CAPS enhances the wellness and success of our diverse student body and the university community by providing tailored, culturally-competent, research-based, ethical, collaborative, and inclusive mental health services, consultation, crisis response, and outreach. We maintain the highest standards of care by continually fostering the

professional development of our staff, providing immersive and evidence-based education to our trainees, and making scholarly contributions to our disciplines.

CAPS Vision Statement: A WSU community where no mental health need goes unmet and all students reach their highest personal and academic potential.

CAPS Diversity Statement: At CAPS, we value and respect the diversity of our students and staff. We see diversity and culture as broad, inclusive and ever evolving, and therefore, representing the many social and cultural groups in our society. We recognize the importance of having a multi-cultural, multi-disciplinary, and multi-theoretical staff to address our diverse populations' needs.

We acknowledge that oppression, prejudice, privilege, and discrimination impact all of us in detrimental ways. CAPS aims to support our students and the broader university in understanding the impact of these issues, advocating for social justice, and providing appropriate and effective mental health services.

We strive to create a safe, inclusive, and affirming climate where students can feel welcome to explore the importance of their diverse identities and life experiences. We also recognize that building and cultivating self-awareness and self-identity is a continuous and life long journey. We promote this among our staff and trainees through various learning opportunities offered on campus and within the greater community. These opportunities assist us in building awareness regarding our own bias and privilege as well as systemic bias. It is our hope that by building this awareness we can better serve our students and community.

3. Campus Health Center, <https://health.wayne.edu/>

The Campus Health Center (CHC) is a full-service primary care clinic that serves all currently enrolled Wayne State University (WSU) students. CHC has always been an academic, nurse-managed clinic that is owned and operated by Nursing Practice Corporation (NPC), the faculty practice plan of the College of Nursing (CON) at WSU.

We provide a wide range of primary healthcare services with the objective of keeping WSU students healthy and ready to learn. Each currently enrolled WSU student is eligible for one free illness visit per semester enrolled. A list of some of the many services we offer is available on our website at <https://health.wayne.edu/our-services/>. Please contact us with any questions you may have.

Our mission is to help all Wayne State students stay healthy so that they can attain their educational, professional, and personal goals. We aim to do so by providing healthcare services to prevent and treat common physical illnesses. We also work to promote the health and well-being of students at Wayne State University. We partner with departments across campus to provide students with a well-rounded understanding of health—both physical health and well-being—as well as mental health, exercise, and diet. We also educate students on an array of important medical topics, from sexual health to women's health to preventative care, and we help them navigate the medical and insurance systems as many are on their own for the first time. Along with the health clinic, we also do outreach events in buildings across campus and in campus housing to make health care more accessible to students.

4. Office of Diversity and Inclusion <https://wayne.edu/diversity/office-of-diversity-and-inclusion>. The Office of Diversity and Inclusion aims to engage with students, staff, faculty, administrators, alumni and the surrounding community to co-create and sustain a diverse, inclusive and welcoming campus. For a list of recent WSU communications regarding DEI initiatives, go to <https://wayne.edu/diversity/about/communications>

Select Resources

- Gender neutral bathroom locations in Scott Hall <http://maps.wayne.edu/all/#gender-neutral-restrooms-scott-hall-unisex>
- Gender neutral bathroom locations across campus <http://maps.wayne.edu/locations/gender-neutral-restrooms/>
- Spiritual facilities across campus (includes foot baths and meditation rooms) <http://maps.wayne.edu/#spiritual-facilities>
- Lactation support rooms across campus <http://maps.wayne.edu/#lactation-support-room>
- The W Food Pantry and Wardrobe (provides those in need of food assistance with supplemental food, has a wardrobe with gently used clothing, and additional resources to enhance student success). <https://thew.wayne.edu/>
- Housing and Residential Life Diversity Statement <https://housing.wayne.edu/about/diversity>

5. Office of Multicultural Student Engagement <https://omse.wayne.edu/about>
The Office of Multicultural Student Engagement (OMSE) seeks to cultivate a safe campus environment where we value, promote, and celebrate identities among all student who engage with our office, while intentionally offering initiatives that positively address and impact retention and graduation rates of students that arrive at WSU underrepresented and at risk.

You can connect to OMSE in multiple ways, by linking to our social media pages joining our mailing list, or sending us an email if you'd like to contact us directly via email at omse@wayne.edu. You can also subscribe to our listserv.

We hold events and programs and support learning communities. For events, go to <https://getinvolved.wayne.edu/organization/omse/events>

For learning communities, one example is RISE, a community that aims to protect the retention of undergraduate and graduate women of color (WOC) of Wayne State University to support one another's experienced as WOC at a Predominantly White Institution (PWI). RISE provides a safe space for self-identified WOC to develop Leadership, Scholarship, Sisterhood, and deeper Self-Actualization. Through programming, we create a community that focuses on identity development, promotes self-reflection, and embraces intersectionality while celebrating the diversity that influences our lives. Another learning community is The Network. The Network is aimed to support student learning inside the classroom while offering them peer and professional mentoring, and life skills outside of the classroom.

If you are interested in learning more about The Network or RISE learning communities, please complete the interest form at https://waynestate.az1.qualtrics.com/jfe/form/SV_eaIBME85KfOEted

The OMSE office is located on the seventh floor of the Student Center, and has excellent views of the New Center and the Fisher building. We have an exclusive space reserved just for students to come collaborate and study. The study space is open during regular office hours which are Monday thru Friday 8:30 a.m. - 5:00 p.m.

Genetic Counseling Professional Organizations

1. Michigan Association of Genetic Counselors, <https://magcinc.org/>

Michigan genetic counselors had met as an informal group for over fifteen years. In 2006, the Michigan Association of Genetic Counselors, Inc. was formally incorporated. In 2008, MAGC became a state chapter of the National Society of Genetic Counselors. With these two important changes, MAGC is positioned to serve as the recognized, leading advocate of quality genetic counseling services in Michigan. MAGC holds professional networking events, communicates relevant information through its member list, and holds an annual conference. Students can join MAGC at a discounted rate.

2. National Society of Genetic Counselors, www.nsgc.org

The National Society of Genetic Counselors (NSGC) promotes the professional interests of genetic counselors and provides a network for professional communications. Access to continuing education opportunities, professional resources, advocacy and the discussion of all issues relevant to human genetics and the genetic counseling profession are an integral part of belonging to the NSGC.

The mission of the NSGC is that the organization advances the various roles of genetic counselors in health care by fostering education, research, and public policy to ensure the availability of quality genetic services. Its vision is integrating genetics and genomics to improve health for all. More information, including the NSGC's statement on diversity, equity, and inclusion is available at <https://www.nsgc.org/page/about-nsgc>.

Students enrolled in accredited genetic counseling programs can join NSGC at a discounted rate (\$120). Student members have all the privileges of full members except they cannot vote, serve on the Board of Directors, chair a committee or chair a special interest group except one chartered for students.

NSGC has many resources available for members. Benefits for student members include access to the Student Discussion forum, discounts on online courses and registration for the Annual Education Conference, the ability to join NSGC's Special Interest Groups and apply for SIG grants and awards, access to the Job Connection service, and mentoring and guidance through the NSGC Mentorship Program.

3. Canadian Association of Genetic Counselors, <https://www.cagc-accg.ca/>

The Canadian Association of Genetic Counsellors was formed in 1987 with the goal of promoting high standards of practice, facilitating and supporting professional growth and increasing public awareness of the genetic counselling profession in Canada. The CAGC provides educational programs/continuing education, networking opportunities, practice communities and many resources to its members. Membership is open to all genetic counsellors, genetic counselling students, and allied health care

professionals working in the field of genetics. Clinical and laboratory geneticists may also become members. Student members are welcome!

Education initiatives for members include an Annual Education Conference, Biennial Short Course, Crossover, a newsletter published three times a year, committees regarding specific areas of interest.

4. Alliance for Genomic Justice, <https://allianceforgenicjustice.org/>

The AGJ aims to advance health equity and workforce diversity in genomic medicine. The organization and its members provide educational and career support to diversity the workforce, including mentoring and affinity groups. This organization grew out of the Minority Genetics Professional Network (below).

5. Minority Genetics Professional Network,
<https://www.westernstatesgenetics.org/mgpn-resources/>

The Minority Genetic Professionals Network (MGPN) was created by the Western States Regional Genetics Network to address the limited racial and ethnic diversity among medical genetic professionals. Few high school and undergraduate students are aware of opportunities in these professions, and that is even more true among students from racial and ethnic minority backgrounds. This lack of diversity impacts patient access in North American communities of color, with less availability of genetic services, less awareness of these services, and few providers from these communities who patients feel comfortable with. The MGPN serves as an organized way for genetic professionals of racial and ethnic minority backgrounds to connect with one another to address these issues together.

The mission of the MGPN is to create a place for racial and ethnic minority medical genetic professionals and those training to enter such professions to connect with one another for the purposes of mutual support and community outreach. Medical genetic professionals include medical geneticists, genetic counselors, genetics nurses, and physician assistants in genetics.

The vision of the MGPN is Minority genetic professionals and genetic professionals in training have peers to reach out to in order to feel supported in their places of work and education. Minority genetic professionals and genetic professionals in training have opportunities to collaborate and increase awareness in their communities about:

- Career opportunities in medical genetic services
- The importance of medical genetic services for individuals and families

An increased number of minority students choose to enter careers in medical genetics. Patients from minority communities feel more comfortable seeking out genetic services. For additional information, watch this video that provides information for students and trainees. <https://www.youtube.com/watch?v=oQvonkYe62c>

6. Genetics Opportunities, Learning, Development and Empowerment Network (Golden) <https://www.nymacgenetics.org>

The Genetics Opportunities, Learning, Development, and Empowerment Network (GOLDEN) is dedicated to increasing the awareness of genetic counseling among Black students, primarily at Historically Black Colleges and Universities (HBCU). For prospective genetic counselors, GOLDEN also provides mentorship

throughout the graduate school application process. GOLDEN Seeks to inform Black students about the career of genetic counseling. Our goal is to increase the number of black genetic counselors by providing group mentorship and resources to mentees through our network of black genetic counselors and current students.

7. Arab Society of Genetic Counselors <https://www.asgcsociety.org/about>

The Arab Society of Genetic Counselors (ASGC) is a non-profit corporation that promotes networking, creates resources, and encourages collaboration among genetic professionals in order to extend quality genetic services to Arab patients globally. The ASGC is headquartered in Michigan, USA, with membership and participation from around the world. The goals of the society are to: Extend genetic counseling services to underserved Arab populations by making available a growing registry of genetic counselors located in various countries; Advocate for Arab patients by raising awareness on their unique cultural, religious, and social characteristics; Support genetic counselors and other genetic professionals who are serving Arab patients by creating networking and collaboration opportunities. Membership is free. Go to the website to join.

8. LGBTQ+ Genetic Counselors Community via Slack

The slack community provides a safe space for LGBTQ+ students and genetic counselors to discuss research, projects, and support, along with hosting a monthly virtual processing group. Complete the google form (<https://docs.google.com/forms/d/e/1FAIpQLSdrlozS2sh5gX8hMP8oOD5ajlwvo8Z2AJCoDycm8PpXFj5vLg/viewform>) to join the Slack Channel. Email Kim at kzayhows@bu.edu to learn more how to join the virtual processing group.

9. American Board of Genetic Counseling, <https://www.abgc.net/>

The American Board of Genetic Counseling (ABGC) is a not-for-profit organization incorporated in 1993 for the purpose of certifying and recertifying genetic counselors. It is led by an elected Board of Directors comprised of certified genetic counselors and a public advisor. ABGC Diplomates elect the Board of Directors and also support the activities of ABGC by volunteering in many different capacities, including serving as item writers and ad hoc committee members.

ABGC provides detailed information about the process of certification at <https://www.abgc.net/becoming-certified/>. The organization also has certification resources including a detailed content analysis (what types of topics are on the examination) and a practice examination available for purchase. This information will become important to you once you are close to graduation and making your plans to sit for the board examination.

10. Canadian Board of Genetic Counselling <https://www.cbgc-ccc.ca/?page=1>

Originally, the Canadian Association of Genetic Counseling, (CAGC) established a Certification Board for Canadian genetic counselors in 1994 as part of its organization. The first nation-wide certification exam was held in 1998 and a system for continuing-education credits instituted in 1999. Genetic counsellors granted the credential CCGC (Canadian Certified Genetic Counsellor) and/or its French equivalent CGAC (Conseiller(ère) en génétique agréé(e) du Canada), have demonstrated standard knowledge and practice competencies.

The Professional Governance Committee (PGC) of the CAGC was formed in 2011 to address questions from the membership regarding regulation of genetic counsellors in Canada. In 2014, the PGC was commissioned by the CAGC to report on recommendations that would promote the autonomous practice of genetic counsellors in Canada. In its report “Toward Autonomous Practice of Genetic Counsellors in Canada: Recommendations to the CAGC”, the PGC recommended “the establishment of a clear process for identifying certified genetic counsellors as soon as possible, either as a National Registry of Genetic Counsellors in Canada or an entity within the CAGC”. Until recently the small number of genetic counsellors in Canada has been prohibitive to the formation of a certification organization separate to the CAGC.

In 2017, the CAGC Board of Directors mandated the creation of an independent body to oversee national certification of genetic counsellors. At the end of 2018 a task force began working on this and the Canadian Board of Genetic Counselling-Conseil Canadien de Conseil Génétique (CBGC-CCCG) was created. The CBGC-CCCG was incorporated on July 12, 2019 and is responsible for the national certification of genetic counsellors practicing in Canada. The genetic counselling profession is currently unregulated in Canada and, as such, practitioners are not governed by provincial and territorial legislation, which ensure safe, competent, and ethical practice in the interest of public protection. The national certification credential is an important basis for the evolution of professional legislation and regulation in Canada.

Additional Genetic Counseling Resources

Dare to Be Aware, [HELLO | My Site \(awaredare.wixsite.com\)](https://www.awaredare.wixsite.com/hello)

This is a web resource developed to raise awareness, promote inclusion, and strive for equity for disabled, chronically ill, and neurodiverse genetic counsellors, current students and future students. The organization was created by Janette Hayward (she/her), a genetic counsellor living in Australia who has a genetically inherited chronic illness and associated comorbidities that sometimes disable her. She hopes the website will allow others to share their stories and will assist abled, well, and neurotypical GCs students and colleagues to be more aware of, provide equity for and include peers. Includes blogs and resources.

Disability GC Network. [DisabilityGC Network - WSRGN \(westernstatesgenetics.org\)](https://westernstatesgenetics.org)

This group is part of the Western States Regional Genetics Network which also hosts the Minority Genetics Professional Network described above. The network consists of 60+ genetic counselors and current students who have a disability, chronic illness, mental illness or major medical condition. They aim to elevate the voices of disabled GCs by advocating for accommodations, acceptance, and support within NSGC and workplaces. The network is available to mentor prospective genetic counseling students with disabilities and answer questions about graduate school, employment and accommodations. They have an Instagram (@disability GC) and Twitter (X) account (@DisabilityGC).



Practice-Based Competencies for Genetic Counselors

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PRACTICE-BASED COMPETENCIES FOR GENETIC COUNSELORS

This document describes the seven practice-based competencies that are necessary for practice as an entry-level genetic counselor. Embedded within the seven competencies are 25 sub-competencies that support the attainment of the practice-based competencies. These competencies, along with the Accreditation Council for Genetic Counselors' Standards of Accreditation, provide guidance for the training of genetic counselors and for evaluating trainees' knowledge and skills. The didactic and experiential components of a genetic counseling training curriculum must support the development of proficiency in the following competencies: 1) Genetics and Genomics Expertise, 2) Risk Assessment, 3) Counseling, 4) Communication, 5) Research, 6) Healthcare Systems, and 7) Professional Identity. These competencies and skills, as defined by the sub-competencies, describe the minimal skill set of a genetic counselor which should be applicable across practice settings. Appendix 1 is Definition of Terminology. Appendix 2 is the rationale and process taken to create this version of the practice-based competencies. Bolded words are defined in the Definition of Terminology.

Genetics and Genomics Expertise

1. Apply knowledge of **genetics** and **genomics** principles, genetic conditions, and testing technologies to the practice of genetic counseling.
 - 1.a. Demonstrate knowledge of **genetics** and **genomics** principles and concepts.
 - 1.b. Apply knowledge of **genetic** conditions to the delivery of genetics services.
 - 1.c. Demonstrate knowledge of **genetic** testing methodologies and **variant interpretation**.

Risk Assessment

2. Evaluate **personalized genetic risk**.
 - 2.a. Analyze **family history** to estimate genetic risk.
 - 2.b. Calculate risk using probability methods and risk models.
 - 2.c. Integrate clinical and laboratory data into **risk assessment**.
 - 2.d. Order **genetic** tests guided by **client-centered risk assessment**.

Counseling

3. Promote integration of **psychosocial** needs and **client-centered** decision-making into genetic counseling interactions.
 - 3.a. Use applicable counseling skills and theories.
 - 3.b. Establish a **working alliance** with **client**.
 - 3.c. Promote **psychosocial** adaptation.
 - 3.d. Facilitate **client's** decision-making process.

Communication

4. Communicate genetics and genomics information to **clients**, colleagues, and other community partners.
 - 4.a. Tailor communication to specific individuals and audiences.
 - 4.b. Use a variety of approaches to communicate **genetics** and **genomic** information.
 - 4.c. Convey probabilities based on client's risk perception and **numeracy**.

Research

5. Synthesize the **evidence base** relevant to genetic counseling.
 - 5.a. Critically interpret data and literature.
 - 5.b. Apply data and literature considering its strengths, weaknesses, and limitations.
 - 5.c. Demonstrate knowledge of how genetic counselors engage and contribute to the **research process**.

Healthcare Systems

6. Demonstrate how genetic counselors fit within the larger **healthcare system**.
 - 6.a. Demonstrate how disparities, inequities, and systemic bias affect access to healthcare for **diverse** populations.
 - 6.b. Describe the **financial considerations** in the delivery of genetic services.
 - 6.c. Advocate for **continuity of care**.
 - 6.d. Collaborate with members of the **Care Team, clients**, and other **Community Partners**.

Professional Identity

7. Embody the values of the genetic counseling profession.
 - 7.a. Adhere to the genetic counselor **scope of practice**.
 - 7.b. Follow applicable **professional ethical codes**.
 - 7.c. Exhibit behaviors that promote an **inclusive, just, equitable**, and safe environment for all individuals and communities.
 - 7.d. Engage in self-reflective practice to promote ongoing growth and development.

Figure 1

Genetics and Genomics Expertise	Risk Assessment	Counseling	Communication	Research	Healthcare Systems	Professional Identity
1. Apply knowledge of genetics and genomics principles, genetic conditions, and testing technologies to the practice of genetic counseling.	2. Evaluate personalized genetic risk .	3. Promote integration of psychosocial needs and client-centered decision-making into genetic counseling interactions.	4. Communicate genetics and genomics information to clients , colleagues, and other community partners.	5. Synthesize the evidence base relevant to genetic counseling.	6. Demonstrate how genetic counselors fit within the larger healthcare system .	7. Embody the values of the genetic counseling profession.
1.a. Demonstrate knowledge of genetics and genomics principles and concepts.	2.a. Analyze family history to estimate genetic risk .	3.a. Use applicable counseling skills and theories.	4.a. Tailor communication to specific individuals and audiences.	5.a. Critically interpret data and literature.	6.a. Demonstrate how disparities, inequities, and systemic bias affect access to healthcare for diverse populations.	7.a. Adhere to the genetic counselor scope of practice .
1.b. Apply knowledge of genetic conditions to the delivery of genetics services.	2.b. Calculate risk using probability methods and risk models.	3.b. Establish a working alliance with client .	4.b. Use a variety of approaches to communicate genetics and genomic information.	5.b. Apply data and literature considering its strengths, weaknesses, and limitations.	6.b. Describe the financial considerations in the delivery of genetic services.	7.b. Follow applicable professional ethical codes .
1.c. Demonstrate knowledge of genetic testing methodologies and variant interpretation .	2.c. Integrate clinical and laboratory data into risk assessment .	3.c. Promote psychosocial adaptation .	4.c. Convey probabilities based on client's risk perception and numeracy .	5.c. Demonstrate knowledge of how genetic counselors engage and contribute to the research process .	6.c. Advocate for continuity of care .	7.c. Exhibit behaviors that promote an inclusive, just, equitable , and safe environment for all individuals and communities.
	2.d. Order genetic tests guided by client-centered risk assessment .	3.d. Facilitate client's decision-making process.			6.d. Collaborate with members of the Care Team, clients , and other Community Partner .	7.d. Engage in self-reflective practice to promote ongoing growth and development.

APPENDIX 1

PRACTICE BASED COMPETENCIES

DEFINITION OF TERMINOLOGY

Adaptation - The process by which a client uses new information and experiences to minimize stress and to increase personal agency.

Care Team - Individuals who work together to address the healthcare needs of clients.

Client - Individuals or groups who utilize or receive genetic counseling services.

Client-centered - To adapt care and service delivery to honor a client's multifaceted personal identity, including but not limited to, ethnocultural background, health beliefs, lifestyles, values, family dynamics, language, communication preferences, decision-making styles, and coping strategies.

Community Partners - The broad set of individuals and groups who have an interest in activities related to genetic counseling.

Continuity of Care - The identification of resources and/or referring to other healthcare specialties and professionals to assist a client's needs.

Diverse - The representation of shared and distinct personal and group characteristics and identities and how they may intersect, including, but not limited to, race, ethnicity, national origin, age, religion, disability, veteran status, sex, sexual orientation, gender identity/expression, pregnancy, genetic information, socioeconomic class, geographic location, and socioeconomic background.

Equitable - To establish fair accessibility to, and opportunities for advancement within, a community or organization, regardless of shared or distinct personal and group characteristics and identities.

Evidence Base - The collective empiric data currently available in literature, databases, and other sources that inform practice.

Family History - The collection of medical information relevant to the case which may include the client's personal history and/or family history, laboratory results and may utilize various tools to collect this information, including drawing of a pedigree.

Financial Considerations - The concepts and processes related to billing, reimbursement, test utilization management, and access to care.

Genetics - The branch of biologic science which investigates and describes the molecular structure and function of genes, how gene function produces effects in the organism (phenotype), how genes are transmitted from parent to offspring, and the distribution of gene variations in populations.

Genomics - The branch of biology which studies the aggregate of genes in an organism. While genetics generally studies the structure, variation, function, and expression of single genes, genomics studies the large number of genes in an organism and their interrelationship.

Healthcare System - The network of people, institutions, and resources that deliver services to meet the health needs of individuals.

Inclusive - To be intentionally inviting, welcoming, and engaging all members of diverse communities, including faculty, staff, volunteers, students, and community members.

Just - The deliberate creation of diverse and equitable opportunities, and the continued reassessment and dismantling of barriers and systems that prevent access to such opportunities.

Numeracy - An individual's ability to use mathematical data to inform decisions regarding their health.

Personalized Genetic Risk - The likelihood of an individual developing a specific condition based on their personal and family medical histories, test results, and other factors that influence phenotype.

Professional Ethical Codes - The written customs and practices of skilled specialists that may be defined by precedent as much as by adherence to principles. Examples include the National Society of Genetic Counselors' Code of Ethics as well as the ethical requirements and expectations of the institutions where training occurs.

Professional Identity - One's sense of self as a member of a professional community that evolves over time and includes developing interpersonal and intrapersonal characteristics that reflect shared values of the field and one's personal assessment of the status quo.

Psychosocial - The interaction of mental, emotional, social, and spiritual effects of a disease and the influence on one's behavior.

Research Process - Activities related to the systematic investigation that builds the evidence base. Examples include assessing eligibility and availability of research studies, facilitating informed consent, conducting research, and sharing findings through publications and presentations.

Risk Assessment - The calculation of the likelihood of disease utilizing Mendelian principles, Bayes' theorem, and empiric probability models and incorporating an individual's personal, genetic, and environmental information.

Scope of Practice - The full range of knowledge and skills that genetic counselors are specially trained to employ in their work as defined by the National Society of Genetic Counselors.

Self-reflective practice - To critically think back on an experience or on a genetic counseling session and to consider what went well, poorly, and/or how to make improvements in the future. The ultimate goal is to consider one's actions and to learn from this self-directed assessment for one's own continual advancement.

Variant Interpretation - A multi-step process involving the analysis of genetic changes. This is performed by reviewing various sources of information and utilizing evidence set forth by the industry and medical literature to determine the pathogenicity of a particular genetic variant.

Working Alliance - The collaborative relationship between a client and their healthcare provider that facilitates achievement of shared goals.

APPENDIX 2

ACCREDITATION COUNCIL FOR GENETIC COUNSELING PRACTICE-BASED COMPETENCIES TASKFORCE, 2020-2023

PRACTICE BASED COMPETENCIES REVISION PROCESS AND RATIONALE

In 2019, The Accreditation Council for Genetic Counseling (ACGC) convened a Practice Based Competencies Task Force (PBCTF) to undertake a comprehensive review, update, and revision to the existing Practice Based Competencies (PBCs). The PBCTF was asked to 1) review the existing PBCs with a focus on ability to adapt to changes in the field, applicability to scope of practice, and measurability for student assessment; 2) survey stakeholders regarding use, utility, and gaps of the current PBCs; and 3) revise the existing PBCs accordingly. In preparation for this review and revision, ACGC engaged with a consultant who had expertise in competency modeling and learning solutions. The consultant presented information about best practices for developing competencies which include having 8-12 PBCs in which complexity is layered; aligning with practice analysis; defining the profession and elevating practice that drives education; and considering the PBCs in the context of entry-level certification examination. These principles guided the review and revision process for the PBCTF.

The PBCTF began its work in February 2020 with 20 members who represented varied aspects and stakeholders of the genetic counseling (GC) profession. In 2021, a consultant who was a past member of the ACGC Board of Directors was added to the PBCTF to facilitate the work of the Task Force. In the same year, seven additional members were added to the PBCTF in order to capture the perspective of more recent, board-certified graduates. These members represented varied work settings and years of experience.

In the first year of work (2020), the PBCTF reviewed the current PBCs, the past processes for revisions of the PBCs, the Canadian Association of Genetic Counsellors (CAGC) core competencies, and other professions' competencies. In the same year, a stakeholder survey was created to assess a range of topics related to the current PBCs, including the importance, measurability, and appropriateness of the existing PBCs for entry-level genetic counselors. The survey also inquired about gaps, redundancy, areas in which evolving roles could be reflected, and how the existing version of the PBCs could better incorporate issues of diversity and health inequities. Lastly, the survey was devised to ask participants to provide two to three key words that described each PBC to be used for possible reorganization. In 2021, the Task Force began with a self-assessment of the PBCs to 1) bracket biases, 2) assess preliminary degree of consensus among PBCTF members after a year of conversations, and 3) to assess whether the PBCTF's responses were similar to the larger stakeholder sample. In March 2021, the survey was distributed to the general genetic counselor community, and the nearly 200 responses were collated and reviewed by the PBCTF throughout the remainder of 2021 by convening several meetings in both small workgroups and meeting as a whole.

The PBCTF discussed possible overall models for the new PBCs. Conversations ensued regarding separating the foundational knowledge and skills from functional tasks and responsibilities, and that the foundation should be embedded in all tasks. The Task Force felt that a customized developmental model was too specific, too prescriptive for programs, and too linear. The consensus was that a universal developmental model was the best fit, as there is a standard endpoint and intentional application. In this approach, it was determined that the competency should demonstrate the highest level of a skill set required for entry-to-practice, and the sub-competencies are the embedded requisite skills. Therefore, some of the existing competencies are not explicitly written in this revised version of the PBCs as that skill or knowledge would be inherent to achieving a particular competency.

After two years of work taking into account the information gathered by the PBCTF's research on best practices, results of the stakeholder survey, ACGC's Board of Directors' input and guidance, the revised PBCs were drafted and include a vastly different visual representation of past PBCs. Purposefully, this version of the PBCs is far less granular than past iterations, the sub-competencies are written with higher order of thinking terminology, as the competencies cannot be achieved without some foundational knowledge. By only presenting the highest skill and eliminating the subtext that has been present in past iterations of the PBCs, this new visual representation makes the PBCs more accessible in all learning environments, clearer to read, and affords programs more flexibility to integrate the PBCs into their curricular environment. This iteration of the PBCs has seven overarching competencies, each having between three and six embedded sub-competencies. While the first six competencies are meant to stand alone with respect to student assessment, the "Professional Identity" competency is intended to be overarching and integrated across all aspects of the PBCs. All PBCs are intended to be complementary to the ACGC Standards of Accreditation.

OVERVIEW OF DEVELOPMENTAL FRAMEWORKS

As a result of our research, the PBCTF intentionally reconstructed the novel slate of PBCs to be written within the context of a developmental framework. This provides common language and a shared mental model for describing the intended skill(s) needed to achieve competence while not being prescriptive about specific instructional or assessment strategies. This allows graduate programs to use various frameworks that best suit each training program's curriculum design.

Familiar frameworks used by clinical programs to assess competency include Miller's Pyramid, RIME (Reporter-Interpreter-Manager- Educator), Dreyfus and Dreyfus, and the O-SCORE entrustability scale (Miller 1990; Pangaro 1999; Carraccio et al., 2008; Gofton et al., 2012). Frameworks can be analytical (competence is the sum of specific knowledge, skills, and attitudes), synthetic (competence is holistic to complete a clinical activity), or developmental (competence through a series of milestones) or be a hybrid of these (Pangaro and ten Cate, 2008). Pangaro and ten Cate consider Miller's Pyramid and Dreyfus and Dreyfus as pure developmental frameworks; whereas the RIME framework is considered synthetic, because while it has some development aspects, the R, I, M, and E, roles each describe activities important to clinical care, and thus, often more than one role is performed within the same clinical encounter by both junior and senior learners.

WHY USE A DEVELOPMENTAL FRAMEWORK?

There are many benefits to using a developmental framework for assessment:

1. A universal developmental framework can be standardized within the program.
2. Facilitates a culture of goal-setting, so supervisors can provide concrete feedback to help the student make progress.
3. Students will know what they need to do to reach the next milestone.
4. Assessment tends to be more consistent and reliable between supervisors as compared to traditional ratings of performance, such as “meets/below/exceeds expectations.”
5. Because the expectations for the “rating” or “level” on a developmental scale change as the student progresses, students may be more receptive to receive a lower rating in the earlier stages of their program, and supervisors may be more willing to provide a more honest assessment of the student’s competency-attainment.
6. The framework sets the stage for lifelong learning, continuing to develop skills and mastery in the practice of genetic counseling.

WHAT TO CONSIDER WHEN IMPLEMENTING A DEVELOPMENTAL FRAMEWORK:

For programs considering applying the developmental framework to create a rubric for student assessment, the University of Manitoba shared the following suggestions, based on their experience (Jessica Hartley, personal communication 2023).

1. Start with consulting and engaging with experts in educational design and assessment at your institution, such as those in medical education offices.
2. Review relevant literature. Pangaro and ten Cate (2013) provide a good review of different approaches and Guy (2016) provides an application in the genetic counseling context.
3. Consider the practice or educational settings where you will be using this framework. Some developmental scales are best applied in a single setting (for example in a clinical encounter), whereas others may be applicable across practice settings (clinical, laboratory, research, etc.).
4. Define your “overarching scale” and the end point of the program. Guided by Dreyfus and Dreyfus (Carraccio et al., 2008 and Peña 2010) and informed by the O-SCORE entrustability scale (Gofton et al., 2012), we wrote overarching definitions for Novice, Advanced Beginner, Competent, Proficient, and Expert/Master stages.
5. Collaborate with educational design experts to facilitate a workshop with genetic counseling supervision experts. The following objects may be helpful to consider:
 - a. Describe the key stages or “general milestones” a student achieves at different time stages in the program (for example “works though a routine session with guidance” or “requires guidance for complex scenarios”).
 - b. Apply both the “overarching scale” and the “general milestones” to create a rubric for each PBC. For this model, we placed each PBC at the “Proficient Level” and then developed the scale, starting at “Novice,” where the learner is directly “recalling knowledge from the classroom” to “Expert” which is the level of advancing practice (postgraduate).
6. Circulate the scales for iterative feedback.

SAMPLE APPLICATIONS OF THE DEVELOPMENTAL FRAMEWORK TO A SUB-COMPETENCY

To assist programs in selecting and implementing a developmental framework and building their own rubrics, **as an example**, we have applied four different frameworks for sub competency 3a, “Use applicable counseling skills and theories,” in the table below, with the end point denoted by a *. **Programs are not required to adopt the approach provided below.**

MODEL: Dreyfus and Dreyfus				
Novice	Advanced Beginner	Competent	Proficient*	Expert/Master
Can define and attempt to use basic counseling skills and theories but needs substantial guidance to prioritize and respond to psychosocial needs.	Utilizes a range of basic counseling skills and theories to elicit and respond to common concerns but needs some guidance to prioritize issues to explore.	In <u>routine</u> scenarios, uses a range of basic skills and theories to respond to and explore common psychosocial needs with minimal guidance.	In <u>complicated or evolving</u> scenarios, uses a range of basic and advanced skills and theories to explore psychosocial needs and initiate an intervention.	Intuitively uses high level counseling skills in many settings. Evaluates and appropriately applies theory and intervenes according to psychosocial needs.
MODEL: Miller’s Pyramid				
Knows	Knows How	Shows How*		Does
The learner is able to demonstrate knowledge of foundational counseling skills and theories relevant to both routine and complex client encounters.	The learner is able to communicate (written or verbal) how to apply the appropriate counseling skills and theories in both routine and complex client encounters.	Under supervision, the learner correctly uses a range of counseling skills and theories in both routine and complex client encounters.		With entrustment, the learner correctly uses a range of counseling skills and theories in both routine and complex client encounters.

MODEL: O-SCORE Entrustability Scale				
"I had to do."	"I had to talk them through."	"I had to prompt them from time to time."	"I needed to be there just in case."	"I did not need to be there."*
The supervisor applied counseling skills and theories.	Student needs substantial guidance to use counseling skills and theories.	Student used counseling skills and theories independently but needed some guidance to prioritize or investigate certain issues.	Student used counseling skills and theories independently, but the supervisor was there in case of complicated evolving scenarios.	Student entrusted to use counseling skills and theories independently in routine and complicated/evolving scenarios.
MODEL: RIME Framework				
Reporter	Interpreter	Manager*	Educator	
The learner is consistently (80%<) able to demonstrate knowledge (either verbally or written) of foundational counseling skills and theories applicable to both routine and complex client encounters.	The learner is consistently (80%<) able to interpret the relevant counseling skills and theories in context of both routine and complex client encounters.	The learner is consistently (80%<) able to use applicable counseling skills and theories in both routine and complex client encounters.	The learner is consistently (80%<) able to incorporate new information or research of counseling skills and theories into their genetic counseling practice.	
Reporter/ Interpreter	The learner is consistently (80%<) able to perform the reporter role and sometimes (50%<) able to perform the Interpreter role.			
Interpreter/ Manager	The learner is consistently (80%<) able to perform the interpreter role and sometimes (50%<) able to perform the manager role.			
Manager/ Educator	The learner is consistently (80%<) able to perform the manager role and sometimes (50%<) able to perform the educator role.			

RESOURCES:

The following references are useful to provide a background on Developmental Frameworks:

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ACGC

Accreditation Council
for Genetic Counseling

Fostering excellence in education for the future of genetic counseling

STANDARDS OF ACCREDITATION FOR GRADUATE PROGRAMS IN GENETIC COUNSELING

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INTRODUCTION

THE GENETIC COUNSELING PROFESSION COUNSELING

The National Society of Genetic Counselors (NSGC) defines genetic counseling as “the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. This process integrates:

- Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence;
- Education about inheritance, testing, management, prevention, resources, and research; and
- Counseling to promote informed choices and adaptation to the risk or condition.”

(The National Society of Genetic Counselors Task Force. A New Definition of Genetic Counseling: National Society of Genetic Counselors’ Task Force Report. J Genet Counsel. 2006;15:77-83)

THE ACCREDITATION COUNCIL FOR GENETIC COUNSELING (ACGC)

The ACGC was established in 2012 to serve as the accrediting body for genetic counseling graduate programs in North America. The ACGC’s mission is to advance quality in genetic counseling education by developing standards and by evaluating and accrediting programs.

- The standards set forth in this document are used by the ACGC to accredit master’s degree-granting programs that prepare individuals to enter the genetic counseling profession. The standards are used for external and internal evaluation of existing graduate programs in genetic counseling and to provide guidance for the development of new graduate programs. Graduation from an accredited program is a requirement for eligibility to sit for the American Board of Genetic Counseling (ABGC) Certification Examination in Genetic Counseling. A list of accredited programs is publicly available at www.gceducation.org.

The extent to which a program complies with these standards determines its accreditation status. Failure to comply with any aspect of these standards places a program in noncompliance and at risk for probation or revocation of accreditation. However, while these standards are the basis of accreditation decisions, the ACGC recognizes that genetic counseling graduate programs have unique institutional, regional, and situational challenges and opportunities. Thus, the ACGC is willing to give special consideration, with appropriate documentation, where exigent circumstances or institutional policies outside the program’s authority or control may preclude a program from meeting a given standard. It is the program’s responsibility to identify such issues and provide relevant documentation to the ACGC as early as possible, but at a minimum of three months in advance of submitting an accreditation application.

Wherever possible and appropriate, this document provides specific guidance regarding items that are deemed essential for a program to be in compliance with a given standard. Such items are delineated by use of the terms “required” or “must,” and where specific documentation is required, this is noted. Where the term “should” is used, the item is still required, but variation will be considered based on specific institutional policies and/or critical program needs. In some cases, descriptors such as “adequate,” “sufficient” or “such as” are utilized to allow for flexibility in a program’s approach to meeting the standard. However, in these circumstances, the program is expected to provide the rationale behind its choices and demonstrate program effectiveness. This information is considered in the self-study evaluation process.

STANDARDS FOR ACCREDITATION

SECTION A: ADMINISTRATION

The administration of a genetic counseling program involves collaboration between the faculty and administrative staff of the program and the graduate degree-granting institution, known as the sponsoring institution. As such, the sponsoring institution is explicitly committed to the success of the program. The program provides an environment that fosters intellectual challenge and a spirit of inquiry. Well-defined policies reflect the missions and goals of the program and sponsoring institution.

A1 Sponsorship

A1.1 Institutional Responsibilities

A1.1.1 The program must reside in a graduate degree-granting institution in the United States or Canada. This institution assumes primary responsibility for the program, although it can partner with other institutions that are responsible for providing one or more core program components. United States institutions must be accredited by an institutional accrediting organization recognized by the U.S. Department of Education. Canadian institutions must have the appropriate degree-granting authority provided by the relevant provincial or territorial governments.

ACGC serves to accredit master's level genetic counseling programs that prepare individuals to enter the genetic counseling profession.

A1.1.2 The mission, goals, and expected outcomes of the program are aligned with those of the sponsoring institution and reflect standards and guidelines of the genetic counseling profession. Policies of the sponsoring institution and genetic counseling program clearly support the program's mission, goals, and expected outcomes and encourage shared governance, fiscal stability, and ongoing efforts to improve program quality and compliance with ACGC Standards and Policies.

- Complying with all requirements of the regional/state accrediting body or Canadian provincial or territorial governments;
- Hiring and maintaining faculty and staff in sufficient numbers and with the expertise and experience required to fulfill ACGC requirements;
- Supporting program faculty's planning of curriculum design, course selection, and program evaluation;
- Permanently maintaining student transcripts;
- Conferring the credential and/or academic degree that documents satisfactory completion of the educational program;
- Ensuring that all genetic counseling program personnel and student policies are consistent with federal and state, provincial or territorial statutes, rules, and regulations;
- Addressing appropriate security and personal safety measures for genetic counseling students, staff and faculty in all locations where instruction occurs;
- Identifying and managing conflict of interest for program faculty and staff, including financial interest or other activities that could impact program integrity or sustainability (e.g., individuals who have roles in more than one program);
- Ensuring the fiscal stability of the program; and
- Resolving conflicts between accreditation standards and state or local laws governing the institution or program seeking accreditation.

A1.1.3 Programs must maintain affiliation agreements in accordance with institutional requirements. Affiliation agreements are strongly encouraged when other institutions contribute to the program.

- a. For permanent and temporary placements that are not part of the sponsoring institution, the program is responsible for obtaining formal affiliation agreements whenever the sponsoring institution requires them.
- b. Affiliation agreements may also be required when outside institutions assist the program in research, instructional content/coursework, laboratory work, or other types of activities.
- c. When formal affiliation agreements are not required, the sponsoring institution should execute a Memorandum of Understanding specifying the agreement for services between the program and the outside institution.
- d. The program is responsible for ensuring that there are adequate personnel to provide supervision/training for students and that personnel acknowledge the agreements (See Standard **A2**).

A1.1.4 Resources are allocated to advance the skills and meet the required continuing education requirements for program leadership and principal faculty. Resource support may include:

- Financial support to maintain genetic counseling certification status;
- Providing funding to attend continuing education conferences and meetings;
- Hosting educational workshops or meetings;
- Allowing:
 - i. Non-vacation time to attend continuing education conferences and meetings;
 - ii. Time for clinical practice and research/scholarly activities;
 - iii. Time to pursue an advanced degree and/or providing tuition remission for an advanced degree; and
 - iv. Opportunities for faculty review and promotion.

A1.2 Institutional Resources

A1.2.1 Financial Resources

There must be financial resources to operate the educational program in order to fulfill obligations to matriculating and enrolled students. A program must demonstrate financial stability with a three (3) year budget plan and a letter of commitment from the sponsoring institution to cover any budget shortfalls. Please refer to the budget guidance in the self-study application.

The budget plan must, at a minimum, include the following components:

A1.2.2 Program Income

- a. Tuition recovery;
- b. Departmental funding;
- c. Non-tuition institutional funding;
- d. Grant funding; and
- e. Additional sources of income.

A1.2.3 In-Kind Contributions

- a. Staff/faculty; and
- b. Operational expenses/supplies.

A1.2.4 Program Expenses

- a. Salaries;
- b. Accreditation fees;
- c. Stipends/honoraria/training for lecturers, fieldwork supervisors, and research mentors;
- d. Office/administrative supplies/capital equipment;
- e. Student support (stipends/scholarships);
- f. Travel/meetings/CEU programs;
- g. Recruitment/interviews;
- h. Memberships/subscriptions/books; and
- i. Other expenses.

A1.3 Physical and Learning Resources

The program has physical facilities and learning resources needed to successfully operate the educational program and to fulfill obligations to matriculating and enrolled students.

A1.3.1 Facilities

Physical facilities relate to office, classroom and/or other educational spaces that are necessary for student learning. This includes space to provide confidential academic advising of students by the program leadership, staff and principal faculty offices, space for program conferences and meetings, physical and/or digital space for secure storage of student files and records, and didactic and fieldwork resources designed in number, size, and location to operate the educational program proposed. Programs should be aware of and demonstrate compliance with applicable policies and legislation in regard to privacy and accessibility.

A1.3.2 Learning Resources

Academic resources include instructional materials, medical information and current literature, other reference materials related to curricular and patient care activities, computer and audio/visual equipment, and other technological resources.

A2 Program Personnel and Faculty

The program staff and faculty must possess the educational and experiential qualifications to perform their assigned duties and to facilitate student achievement of the [ACGC Practice-Based Competencies](#) (PBCs). Current and specific job descriptions for program leadership must be maintained by the program and available to the ACGC upon request.

Program leadership is required to have designated time that is free from clinical service, research efforts, and institutional responsibilities to perform their educational and administrative duties directly related to the genetic counseling program. Clinical, research and other non-program administrative FTE cannot be used in the program leadership FTE calculation. Faculty and staff must have access and time to participate in continuing professional education to maintain and update their professional, teaching, supervisory, and administrative knowledge, and skills.

A2.1 Program Leadership

Individuals in program leadership positions are expected to have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution. At minimum, each program must have a program director and one additional program leadership position, which is designated to provide immediate oversight of the program in the event of an unexpected leave of absence of the program director. No one member of the program leadership team should be responsible for all of the program-related activities. Overlap in responsibilities and skills among program leaders is encouraged.

A2.1.1 Program leadership responsibilities include the following:

- Maintaining program compliance with the standards;
- Developing, reviewing, and revising the program's strategic plan, which may include mission, vision, goals, and/or philosophy;
- Developing, reviewing, and revising the program's plan to identify and address diversity, equity, inclusion, and justice for students, faculty, staff, and leadership;
- Long-term planning to ensure the program's fiscal stability;
- Communicating with the ACGC about significant staffing, administrative, financial, and/or fieldwork training changes;
- Developing, reviewing, and overseeing the program admissions process;
- Developing, implementing, and continuously evaluating the program, including all curricular requirements outlined in Section B, page 16;
- Coordinating, monitoring, and evaluating all personnel in activities that directly relate to the program;
- Providing guidance to faculty and staff about where to access required continuing education;
- Providing academic advising, as well as monitoring, evaluating, and remediating student performance; and
- Maintaining and collaborating with the program advisory board and implementing appropriate recommendations.

A2.2 Program Leadership Positions

A2.2.1 Program Director or Co-Directors

- a. Programs may have no more than two (2) co-directors, and both must meet the qualifications delineated below;
- b. At least one must have a minimum of 0.5 FTE dedicated time to program administration and leadership; and
- c. Program directors may not serve as program leadership for another program; program directors may serve as faculty for other programs so long as it does not create a conflict of interest.

A2.2.2 Qualifications

Program directors of currently accredited programs, developing programs and programs holding Accredited New Program status *must*:

- a. Hold a master's degree in the discipline of genetic counseling;
- b. Have current certification in genetic counseling by the ABGC or the American Board of Medical Genetics and Genomics (ABMGG);
- c. Recertify with ABGC;
- d. Have at least five years of experience as a certified genetic counselor, a minimum of three of which must be in a patient-facing role (clinic or research);
- e. Have been the course instructor/instructor of record for at least six credit hours of post-secondary education;
- f. Be available for program administration year-round;
- g. Complete a minimum of two hours per year of continuing training/coursework in curriculum design, assessment, evaluation, or educational andragogy; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice;
- h. All individuals becoming a program director for the first time must have completed at least 10 hours of training/coursework in curriculum design, assessment, evaluation, educational andragogy, or principles of diversity, equity, inclusion, and justice within the last 10 years;
- i. All individuals becoming a program director for the first time must have provided fieldwork supervision for at least five genetic counseling graduate students for a minimum of 500 total contact hours in the last 10 years; and
- j. Document training, workshops or other experiences related to:
 - i. Leadership;
 - ii. Professional development;
 - iii. Management;
 - iv. Scholarly activities;
 - v. Mentoring;
 - vi. Academic advising;
 - vii. Andragogy; and
 - viii. Diversity, equity, inclusion, and justice

A2.2.3 Responsibilities

At a minimum, the program director/co-director is responsible for the following:

- Maintaining program compliance with the standards;
- Developing, reviewing, and revising the program's strategic plan, which may include mission, vision, goals, and/or philosophy;
- Providing academic advising, as well as monitoring, evaluating, and remediating student performance;
- Long-term planning to ensure the program's fiscal stability;
- Serving as the primary contact for communication with ACGC;
- Communicating with the ACGC about compliance with the standards, such as significant staffing, administrative, financial, and/or fieldwork training changes.
- Incorporation of principles of diversity, inclusion, equity, and justice; and
- Fostering an inclusive environment where all individuals are valued and supported.

A2.3 Additional Leadership Positions

At least one other additional program leadership position must be filled to complement the role of the program director, fulfill the program leadership FTE requirement in Standard A2.2.1, and provide immediate oversight of the program in the event of an unexpected leave of absence of the program director. Additional program leadership positions may include:

- Medical director; and/or
- Associate/assistant program director; and/or
- Director, assistant director, or associate director of:
 - Curriculum,
 - Fieldwork training, or
 - Research.

A2.3.1 Qualifications

Individuals fulfilling additional program leadership positions may have a complementary professional background other than genetics. However, this individual must:

- a. Hold a master's degree or beyond;
- b. Have professional board certification in the specific field, if available and applicable;
- c. Have a minimum of three years of experience in the field;
- d. Have knowledge of and experience with the genetic counseling profession and practice; and
- e. Have knowledge and experience with the leadership roles assigned.
- f. Complete two hours per year of training/coursework related to their position in the program; including at least one hour of training/coursework related to principles of diversity, equity, inclusion, and justice

A2.3.2 Responsibilities

The other program leadership positions are responsible for working in collaboration with the program director(s) to fulfill the responsibilities outlined in Standard A2.1.1.

A2.4 Program Leadership Policies

A2.4.1 Program Leadership Full-Time Equivalent (FTE) Requirements

- a. There is a required minimum ratio of paid FTE dedicated to program leadership per total student enrollment (full or part time):
 - i. ≤ 10 students: 1.0 FTE
 - ii. 11-15 students > 1.0 FTE
 - iii. 16-20 students > 1.25 FTE
 - iv. 21-25 students > 1.5 FTE
 - v. ≥ 26 students: >1.75 FTE
- b. A program director or co-director, specifically, must have at least 0.5 FTE dedicated to academic and administrative responsibilities in support of the program.
- c. ACGC recognizes that program leaders often hold other roles within the institution or spend non-program time in clinical practice, administration, or research, but these roles may not be included in the FTE requirements.
- d. The above ratio requirement for an individual program may be increased if, based on the judgment of ACGC, the above-listed ratios are insufficient to meet the needs of a specific program.

A2.4.2 Program Leadership Personnel Change Policy

The program has a responsibility to promptly communicate to the ACGC all personnel changes involving program leadership positions. Except in cases of an emergency change in personnel, the ACGC must be notified in writing at least 30 days prior to commencement of any program leadership change (additions, departures, and leaves of absence). In the case of sudden, unplanned loss of program leadership personnel, ACGC must be notified in writing within two weeks of the occurrence, and a plan/timeline for replacement must be provided. Written notification to ACGC must include the following items (*Please see form to report program leadership change*):

- a. The expected date of the personnel change;
- b. A formal plan and timeline for the change;
- c. The contact information of the new/interim/replacement individual(s) who will be responsible for fulfilling the duties of the position – if more than one, designate primary contact for communications with ACGC;
- d. The time commitment (FTE) of each new/interim/replacement individual; and (Note: During interim appointments and leaves of absence, the total FTE for the program director position is still expected to account for at least 0.5 FTE, and total program leadership is required to be maintained at minimum requirements for student enrollment.)
- e. The ACGC bio sketch form for the new/interim/replacement individual for ACGC to confirm their qualifications.

A2.4.3 Interim Program Director or Co-Director

- a. During interim leadership, the program must submit quarterly reports to ACGC that include the composition of the search committee, job placement postings, number of applicants, progress in recruiting qualified personnel, and changes in the recruitment plan.
- b. An interim program director or co-director who is serving in a temporary capacity may not serve more than six months without prior authorization from ACGC.

A2.4.4 Program Leadership Leave of Absence

- a. A leave of absence is defined as being absent from a program leadership position for 30 or more consecutive days. A leave of absence may be anticipated (e.g., due to parental or family leave) or unanticipated (e.g., due to illness).
- b. In addition to the required notification information listed above, leave of absence notifications must also include:
 - i. The expected length of time the program leadership personnel will be absent; and
 - ii. The anticipated date of return.
- c. The program is expected to have a current operational plan in place at all times for sustaining the activities handled by the program leadership personnel during extended absences. This plan must be outlined in every accreditation application.

A2.5 Instructional Faculty/Staff

The instructional faculty/staff may include genetic counselors, physicians, basic scientists, psychologists, social workers, and/or other individuals with advanced degrees or experience in a relevant field or discipline.

A2.5.1 Qualifications

The instructional faculty/staff must be qualified through:

- a. Academic preparation and/or experience in assigned subject
- b. Knowledge about the roles and responsibilities of genetic counselors
- c. Completion of two hours per year of training/coursework in course design, assessment, evaluation, or educational andragogy; includes at least one hour of training/coursework in principles of diversity, equity, inclusion, and justice

A2.5.2 Requirements

The program is required to:

- a. Ensure sufficient depth and breadth of instructional staff to provide students with adequate attention, instruction, and supervised practice to acquire the necessary knowledge and to support the development of the PBCs needed to complete the program;
- b. Provide opportunity for continuing education; and
- c. Submit ACGC bio sketches of primary instructional faculty/course directors as part of the accreditation application or the self-study or for new instructors at the time of the annual report of current status.

A2.5.3 Responsibilities

The members of the instructional faculty/staff must provide an atmosphere that is conducive to student learning. The instructional faculty/staff is responsible for the following items:

- Classroom and fieldwork teaching;
- Assessment and communication of student performance;
- Identifying students who are not achieving defined objectives;
- Providing remedial instruction;
- Supervising student research when appropriate;
- Incorporation of principles of diversity, inclusion, equity, and justice; and
- Fostering an inclusive environment where all individuals are valued and supported.

A2.6 Fieldwork Supervisors

The program must ensure that the students have sufficient access to fieldwork supervision by board-certified genetic counselors who represent a broad range of genetic counseling techniques and styles. Programs must assess and document the credentials and qualifications of those who will be supervising the students' fieldwork experiences.

The standards below are specific to those supervisors who are involved in the **50 required participatory fieldwork cases** (see Standard **B3.1**). For cases that are not part of the 50 required participatory fieldwork **experiences**, the participating faculty and staff **may also include** medical geneticists, social workers, psychologists, non-genetics physicians, and other health professionals with adequate training, experience, and credentials in their respective fields.

A2.6.1 Qualifications

- a. Current genetic counselor certification by ABGC, the Canadian Association of Genetic Counsellors (CAGC), or ABMG[G];
- b. At least one (1) year of experience as a clinical genetic counselor or in relevant fieldwork placement; and
- c. Complete one (1) hour per year of training/coursework related to fieldwork supervision; including at least 0.5 hour of training/coursework related to principles of diversity, equity, inclusion, and justice.

A2.6.2 Responsibilities

The fieldwork supervisors are responsible for student supervision and performance assessment in fieldwork training sites. Fieldwork supervisors work with the program leadership to:

- Establish fieldwork training goals specific to their setting;
- Define how students will be involved, supervised, and evaluated in client care and related activities;
- Observe, monitor, and evaluate student/client encounters;
- Provide an inclusive atmosphere conducive to student learning;
- Provide environments conducive to student learning; and
- Communicate with program leadership when situations of poor student performance arise.
- Incorporate principles of diversity, inclusion, equity, and justice into patient care and mentoring
- Foster an inclusive environment where all individuals are valued and supported.

A2.7 Administrative Support Staff

At a minimum, the program must have 0.5 FTE of administrative support staff time. The personnel assigned to provide administrative support report to the program leadership, and the program leadership will define the specific responsibilities of the administrative support staff. The ACGC may determine if the FTE allotted to program administrative support should exceed 0.5 FTE based on the number of students, the academic and administrative complexity of the program, and the responsibilities required.

A3 Operational Policies and Procedures

A3.1 Sponsoring Institution

A3.1.1 The sponsoring institution is required to publish information about the program. All announcements and advertising must accurately reflect the program offered and be in compliance with applicable accessibility policies and legislation.

A3.1.2 Student, faculty, and staff recruitment, faculty and staff employment, and student admission practices must be non-discriminatory in alignment with applicable federal, state, and provincial non-discriminatory policies and legislation.

A3.1.3 Students, faculty and staff must be informed about the institution's defined written policies and procedures for processing student and faculty grievances and allegations of harassment.

A3.1.4 Students must be informed about, and have access to, student health and counseling services.

A3.1.5 The health, safety, and privacy of clients, students, faculty, and staff associated with the educational activities must be reasonably safeguarded by the institution.

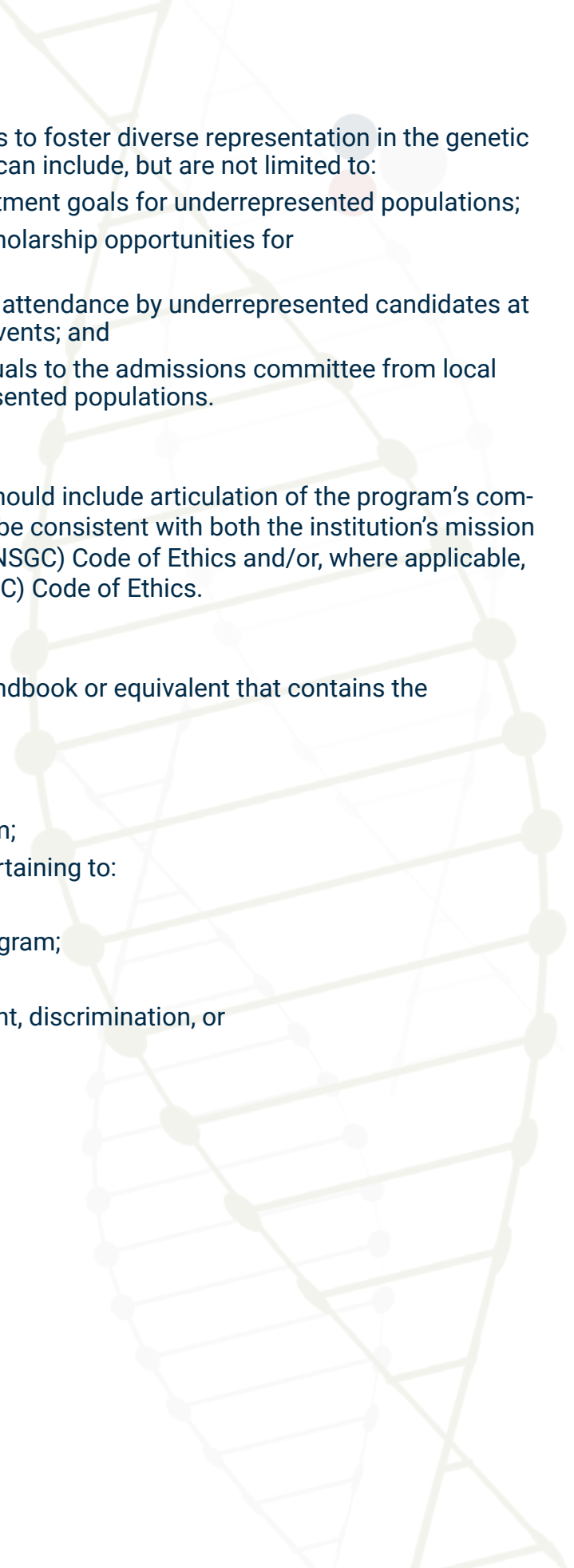
A3.2 Graduate Program

A3.2.1 Program policies apply to all students, principal faculty, staff, and program leadership regardless of location, unless otherwise noted by institutional, state, or provincial requirements.

- a. The program must inform students, staff and faculty of program policies and practices.
- b. The program must have written policies that provide for timely access and/or referral of students to appropriate support services.
- c. If the program has additional policies (other than those of the institution's policies or policies) that supersede institutional policies related to grievances and harassment, the program is expected to document these and make them readily available to students, staff, and faculty.

A3.2.2 Admissions

- a. Admission of students must be made in accordance with clearly defined and published practices of the institution.
- b. The program must define, publish, and make readily available on the program website the admission practices of the program. At a minimum, programs are required to include the following information on the program's website:
 - i. Accreditation status.
 - ii. Mission and objectives.
 - iii. Admission requirements regarding prior education (including prerequisite courses), work, and volunteer experiences.
 - iv. All required academic standards for enrollment.
 - v. Degree requirements.
 - vi. Estimation of all costs (tuition, fees, etc.) related to the program.
 - vii. Cumulative first-time board examination pass rates (number of test takers who passed/total number of test takers and percentage) for the three most recent classes. For new programs, the first time this posting would be expected is within one year of graduating their third class.
 - viii. Attrition rate (number of students who have left the program/total number of matriculated students and percentage) for the past three years.
 - ix. Job placement rate (number of students who secured a position within 3 months of graduation/total number of graduates and percentage).
 - x. Institutional services/offices such as disability services, diversity offices, first generation services, tutoring/writing support, underrepresented student groups, and affinity groups.

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- c. Programs are expected to develop strategies to foster diverse representation in the genetic counseling profession. Possible strategies can include, but are not limited to:
 - The program establishes annual recruitment goals for underrepresented populations;
 - The program identifies new student scholarship opportunities for underrepresented populations;
 - The program documents activities and attendance by underrepresented candidates at local, regional, and national outreach events; and
 - The program adds one or more individuals to the admissions committee from local community groups serving underrepresented populations.

A3.2.3 Mission Statement and Objectives

A program's mission, vision, and/or value statement should include articulation of the program's commitment to diversity, equity, inclusion, and justice and be consistent with both the institution's mission and with the National Society of Genetic Counselors (NSGC) Code of Ethics and/or, where applicable, the Canadian Association of Genetic Counselors (CAGC) Code of Ethics.

A3.2.4 Student Handbook

The program must provide students with a student handbook or equivalent that contains the following information:

- a. Program mission and vision statement;
- b. Required academic standards;
- c. Requirements for progression in the program;
- d. Policies and procedures and information pertaining to:
 - i. Remediation;
 - ii. Withdrawal and dismissal from the program;
 - iii. Processing of student grievances;
 - iv. Processing of allegations of harassment, discrimination, or maltreatment related to their training;
 - v. Availability of support services; and
 - vi. Student advising/guidance.

A3.2.5 Length of Training

All graduate programs in genetic counseling are required to provide training over a minimum of 21 months or two academic years.

A3.2.6 Student Records

- a. Student files kept by the program and/or institution must include documentation showing--
 - i. That the student has met the published admissions criteria;
 - ii. That the student has met institutional and program health screening and immunization requirements;
 - iii. Student performance while enrolled, including all student evaluations;
 - iv. Referrals for support or academic services, including follow-up as allowed by the program's institutional regulations and requirements;
 - v. Remediation efforts and outcomes;
 - vi. Formal academic guidance/advising the student received;
 - vii. Primary and summary documents regarding any formal academic and/or behavioral disciplinary action taken against a student by faculty, staff, or others; and
 - viii. That the student has met the requirements for program completion.
- b. Students must have access to their own records, but must not have access to the academic records or other confidential information of other students, staff or faculty.
- c. Student health records are confidential and must not be accessible to or reviewed by the program or instructional faculty or staff except for immunization and tuberculosis and drug screening results, which may be maintained and released with written permission from the student.
- d. All student records, electronic and/or paper, must be stored securely by the program and institution. These records must be made available for review by ACGC or their representatives upon request.
- e. Grades and credits for courses must be available in the form of an official transcript and must be permanently maintained by the sponsoring institution.

A3.2.7 Program Leadership Records must be kept by the program and must include:

- a. Current job descriptions that include duties and responsibilities specific to each program leadership position;
- b. Current curriculum vitae updated annually; and
- c. Annual employee/faculty/program leadership evaluations.

SECTION B: CURRICULUM AND INSTRUCTION

An entry-level genetic counselor must demonstrate attainment of the [ACGC Practice Based Competencies](#) (PBCs).

Each program will develop and maintain its own curriculum and unique methods for developing these competencies. However, the curriculum must establish a strong foundation in the core areas of genetics/genomics and psychosocial counseling while always emphasizing the importance of remaining current with the dynamic field of genetic counseling.

Educational experiences, including didactic courses, fieldwork training, research, and additional experiences such as case conferences, seminars, and journal clubs, must demonstrate breadth and depth to provide students with the necessary knowledge and skills to perform, accurately and reliably, as genetic counselors.

B1 Instructional Plan

B1.1 Instruction must follow a plan that documents and assesses appropriate learning experiences and curriculum sequence to develop the PBCs necessary for graduation. A variety of methods and materials can be used, including online learning and distance education. The curriculum design must reflect a progression that enables students to develop the PBCs necessary for current and evolving genetic counseling practice.

B1.2 For each curricular component, the program must define and publish instructional objectives that guide student acquisition of required PBCs. Instructional objectives must be stated in measurable terms and allow assessment of student progress in developing the PBCs. Instructional objectives must address learning expectations of students and the level of student performance required for success.

B1.3 The program is expected to work collaboratively with faculty in designing and implementing courses with appropriate learning outcomes and student assessment tools that reflect the learning outcomes expected of students.

B1.4 The program must demonstrate educational adequacy and equivalency of course content and/or fieldwork experiences when instruction is:

- Conducted at geographically separate locations;
- Provided using different andragogical and instructional methods or techniques for some students; and
- Provided outside the home department.

B1.5 The program is required to review its curriculum annually and subsequently update the corresponding syllabi.

B1.6 The program is required to review its curriculum annually, including a review of content for bias and diversity, and subsequently update the corresponding syllabi.

B2 Instructional Content

B2.1 Content Areas

General content areas required to support the development of the PBCs in genetic counseling must include, but are not limited to, the following:

B2.1.1 Diversity, Equity, Inclusion and Justice

The topics addressed in B2.1.1 should be incorporated across all content areas in section B2.1.

- a. Awareness and appreciation of multiple forms of identity including, but not limited to: age, race, ethnicity, sex, gender, sexual orientation, socioeconomic status, country of origin, culture, language, religion, spiritual beliefs, legal status, health history, and disability;
- b. Personal identity and implicit bias;
- c. Critical historical events that affect diverse client populations and their interaction with the genetic counseling field, as well as the broader healthcare system;
- d. Systemic health care disparities and social determinants of health; and
- e. Addressing and preventing instances of prejudice/discrimination.

B2.1.2 Principles of Human Genetics/Genomics

- a. Mendelian and non-Mendelian inheritance;
- b. Population and quantitative genetics;
- c. Human variation and disease susceptibility;
- d. Family history and pedigree analysis;
- e. Normal/abnormal human development;
- f. Human reproduction;
- g. Personalized genomic medicine;
- h. Cytogenetics;
- i. Biochemical genetics;
- j. Molecular genetics;
- k. Embryology/developmental genetics;
- l. Teratology; and
- m. Variant classification and interpretation.

B2.1.3 Principles of Genetic Counseling and Clinical Genetics

- a. Clinical features and natural history of a broad range of genetic diseases, complex common disorders and syndromes of unknown etiology;
- b. The diagnostic process, including dysmorphology, syndromology, physical assessment, and differential diagnoses;
- c. The process for managing a case in the context of different genetic counseling specialties, including but not limited to: preconception, prenatal, pediatrics, general genetics, cancer, cardiology, neurogenetics, genomic medicine, and laboratory genetic counseling;
- d. Modalities, methods, and applications of cytogenetic, molecular, and biochemical tests, including new/emerging technologies;
- e. Incorporation of individual client factors, including medical history, family history, and systemic barriers to select the most appropriate genetic testing plan;
- f. Responsibilities related to ordering genetic testing, including but not limited to: interpretation of results, awareness of follow-up implied by results, and liability implications of test practices;
- g. Approaches to choosing appropriate clinical and research laboratories and the role of analytic validity, clinical validity, and clinical utility in the evaluation process;
- h. The role of genetic counselors and other professionals in laboratory settings (e.g., commercial, academic, research, and/or public health screening laboratories), including their involvement in the performance and interpretation of genetic/genomic tests, test development and implementation, customer liaison and support, and sales and marketing;
- i. Risk assessment; and
- j. Use of genetics literature, bioinformatics, and computerized tools.

B2.1.4 Psychosocial Content

- a. Theories of counseling;
- b. Interviewing techniques;
- c. Promoting informed decision making;
- d. Facilitating adaptation;
- e. Psychosocial development;
- f. Psychosocial assessment;
- g. Family dynamics;
- h. Dynamics of grief and bereavement; and
- i. Crisis intervention.

B2.1.5 Social, Ethical, and Legal Issues in Genetics

- a. NSGC/CAGC Code of Ethics ;
- b. Patient/subject privacy issues;
- c. Genetic discrimination and related legislation.

B2.1.6 Health Care Delivery Systems and Principles of Public Health

- a. Health and social policy;
- b. Community, regional, and national resources;
- c. Financial/reimbursement issues;
- d. Population-based screening (e.g., newborn screening and carrier screening); and
- e. Genetics/Genomics as a component of public health services.

B2.1.7 Education

- a. Identification of the genetics educational needs of clients, patients, community and lay groups, students, and health and human services professionals;
- b. Development of educational tools and materials appropriate to a given audience; and
- c. Delivery and evaluation of educational tools and materials.

B2.1.8 Research Methods

- a. Clinical and laboratory research methodologies and protocol development using both quantitative and qualitative methods;
- b. Formulation of research question(s), data collection, and data analysis;
- c. Dissemination of findings (both oral and written); and
- d. Recognition of human subjects' protection and Institutional Review Board (IRB) processes.

B2.1.9 Professional Development

- a. Certification examination preparation;
- b. Employment preparation;
- c. Transitioning into the workforce;
- d. Credentialing and licensure;
- e. Opportunities for professional growth; and
- f. Self-care topics to prepare students for genetic counseling practice.

B3 Fieldwork Training

Fieldwork experiences must support the development of the PBCs by integrating didactic and experiential training. The program must regularly train, orient, evaluate, and communicate with its supervisors so that program administration, supervisors, and students have a common, clear understanding of the objectives, expectations, and evaluation measures for fieldwork placements.

B3.1 General Description Fieldwork Training: Participatory Cases

B3.1.1 Refers to participatory encounters (cases) with a client that support the development of the PBCs. "Client" can refer to individuals seen in a clinic setting; as standardized patients; or in certain research participant encounters.

B3.1.2 Must include a minimum of 50 required participatory cases. At least 40 of the 50 required participatory cases must be with individuals being evaluated for risk of or affected by diverse genetic conditions across the lifespan (i.e., patients; not individuals who are being consented to research; and not standardized patients).

B3.1.3 The 50 required participatory cases described above must be supervised by an experienced ABGC/ABMGG/CAGC certified genetic counselor.

B3.1.4 Programs must demonstrate that participatory cases and other field experiences are conducted (1) across multiple specialties, including prenatal, pediatric, cancer, and other adult; (2) in a variety of diverse settings that may include clinical, laboratory, research, industry, and/or other environments; and (3) using more than one service delivery mode, such as telephone, group, in-person, and/or telemedicine.

B3.1.5 Programs must provide sufficient opportunities such that students are prepared to practice in each of the main specialties and settings. All participatory encounters (not just the minimum 50 required participatory cases) must be distributed across prenatal, pediatric, cancer, and other adult with no one specialty dominating.

B3.2 General Description Fieldwork Training: Fieldwork Supervision

B3.2.1 Programs must use a flexible and graduated supervision plan where the level of supervision is commensurate with each student's documented skills and competencies. A student in the early part of their training must be directly supervised at all times. After the student consistently achieves specific skills, the focus of direct supervision is expected to position the student to develop not-yet achieved or emerging skills. Programs are expected to monitor their supervisory protocols regularly and to protect students from taking on responsibilities they are not yet ready to handle or that are inappropriate for a student. The program is responsible for ensuring clients are not seen independently by a student who has not yet achieved the necessary skills to provide competent genetic counseling. Furthermore, the program must guard against students being used to compensate for inadequate genetic counselor staffing levels at given fieldwork training sites.

B3.2.2 Programs must ensure that the number of fieldwork supervisors enables equitable and comparable supervision experiences for all enrolled students.

B3.3 Programs must ensure that the number and variety of fieldwork opportunities offer all enrolled students equitable and comparable fieldwork training experiences that provide exposure to the full range of practice settings and full range of PBCs.

B3.4 Programs must develop clear objectives for each fieldwork placement.

B3.5 Programs must outline outcome measures for each fieldwork experience, document student progress, and monitor student activities during the placement.

B3.6 Programs must maintain documentation of all student fieldwork experiences.

B3.6.1 Each program should determine how each student's fieldwork training will be tracked (e.g., a traditional "logbook" format, portfolio format, etc.). This documentation must provide a complete picture of each student's fieldwork training experiences.

B3.6.2 Documentation of fieldwork training must be maintained within each student's record and include the entirety of the student's fieldwork encounters, without client identifiers. These files must be available for review during site visits as part of the accreditation review process.

B3.6.3 The collection of documents demonstrating each student's ongoing fieldwork training as defined in **B3.1** must include:

- Fieldwork name;
- Term and year of client encounter;
- PBC(s) addressed;
- The type of practice setting (e.g., clinical, laboratory, research, industry, other);
- The type of service delivery model (e.g., in person, telephone, telemedicine, group, other);
- The type of client (e.g., clinic patient, standardized patient, healthcare provider, research participant);
- Stage of lifecycle for the client (e.g., prenatal, pediatric, adult);
- The primary indication/diagnosis; and
- The fieldwork supervisor.

B4 Supplemental Fieldwork Experiences

B4.1 In order to enhance a student's acquisition of the PBCs, programs must ensure that fieldwork training for students is augmented with supplemental experiences such as, but not limited to:

- Observational experiences;
- Fieldwork experiences with non-genetics providers (physicians, nurse practitioners, etc.);
- Cases seen with genetics professionals who are not certified by ABGC/CAGC or by the ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or the Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics;
- International fieldwork experiences;
- Community centers/clinics that serve groups experiencing disadvantages;
- Public health genetics-related activities and settings;
- Experiences with genetic counselors that do not meet Standard B3.1.3, which may include, but are not limited to, variant interpretation; test development, implementation, and performance; utilization management; customer liaison and support; sales and marketing; leadership and management; and case coordination; and
- Involvement with support groups and other advocacy organizations.

B4.2 Documentation

B4.2.1 Programs must document the credentials and qualifications of those who will be supervising the students in supplemental fieldwork experiences.

B4.2.2 Programs must develop clear objectives and outcome measures for student experiences and monitor student activities during the supplemental fieldwork placements.

B5 Additional Requirements

B5.1 Student Teaching Experience

B5.1.1 Programs are required to include teaching opportunities for their students. This can be accomplished in a variety of ways, including but not limited to the following:

- Educational presentations to various populations of learners;
- Peer education presentations;
- Formal teaching assistant experience;
- Class exercises or projects to develop patient, professional, or community educational materials; and
- Professional genetics presentations such as journal clubs, research seminars, platform, or poster presentations.

B5.2 Research and Scholarly Endeavors

Programs must require that students perform research and other scholarly activities.

Programs can utilize a variety of ways to meet this requirement, including a formal thesis, other independent research project, or capstone project. Programs should encourage and facilitate dissemination of their students' research and scholarly endeavors.

SECTION C: EVALUATION

To ensure that competencies specified by the educational program and the ACGC are maintained, program and student evaluation must be a continual process. This includes internal and external curriculum validation in consultation with employers, faculty, fieldwork supervisors, students, and alumni. On an annual basis, evaluation findings must be shared with the Advisory Board as explained below, and a plan and timeline must be developed for appropriate modifications to be incorporated into the curriculum. The manner in which programs seek to comply with these evaluation requirements may vary; however, both the process and outcomes need to be well defined and documented.

C1 Advisory Board

C1.1 Programs are required to establish and maintain an Advisory Board that is familiar with the genetic counseling profession, the clients served by genetic counselors, and the requirements for accreditation.

C1.2 The purpose of the Advisory Board is to provide program leadership with guidance on program development, implementation, and ongoing evaluation. Additionally, the Advisory Board should participate in the program's self-study evaluations and, where appropriate, assist in the development of modification plans regarding areas identified for improvement.

C1.3 The Advisory Board is required to meet at least once a year to discuss, review, and act upon suggested modifications to the program based on feedback from both internal and external evaluations. Each program will be expected to define the specific expectations, goals, and processes of its Advisory Board.

C1.4 Advisory Board membership must include program leadership and instructional, research, and/or fieldwork faculty. Advisory Board membership must include 1) at least one individual with work, advocacy, and/or lived experiences with underrepresented populations in genetic counseling and 2) a medical geneticist (holding current certification by ABMGG, Royal College of Physicians and Surgeons of Canada (RCPSC) in Medical Genetics and Genomics, or Canadian College of Medical Geneticists (CCMG-CCGM) in Clinical (Medical) Genetics). Additional members may be alumni, consumers, and representatives of community organizations. At least one member of the Advisory Board must be external to the program leadership, faculty, fieldwork supervisors, staff, and the sponsoring/partnering institution(s).

C2 Program Evaluation Outcome Measures

At a minimum, the following outcome measures must be included in the program's ongoing evaluative processes.

C2.1 Student Performance on the ABGC Certification Examination

Programs must annually document and evaluate the performance of their alumni on the ABGC board certification examination.

- Programs that fall beneath a first-time board pass rate of 80% over a three-year period must submit a plan for remediation at the time of submission of their Report of Current Status or self-study.
- A program may be put on probation if ACGC identifies programmatic deficiencies that have not been addressed.

C2.2 Alumni Feedback

Programs are required to conduct surveys and/or interviews with their alumni at least once every four years. Data collected through this process must focus on alumni who graduated since the last four-year cycle. Data must include, but not be limited to, the following:

- Employment setting/type of practice;
- Extent to which fieldwork, didactic, and research skills were adequately addressed in the educational program;
- Identified knowledge or skill gaps;
- Major professional achievements; and
- Evaluation of program leadership; and
- Evaluation of the utility, effectiveness, and satisfaction with diversity, equity, inclusion, and justice-related efforts and education

Soliciting summative feedback from employers, fieldwork supervisors, and research mentors, is encouraged but not required.

C2.3 Personnel Evaluations

Programs must define a process for evaluating the performance of key program personnel, including program leadership, staff, and primary instructional faculty/course directors, that provides measurement of delineated job responsibilities. This process may be determined by the program's institutional policies.

C2.3.1 Program Leadership

- a. Evaluations must include input from some combination of the following individuals as appropriate for each position:
 - i. students,
 - ii. primary faculty,
 - iii. fieldwork supervisors,
 - iv. department chair, and/or
 - v. fellow program leaders
- b. Evaluations must include self-reflection, goal setting, and measurable performance objectives.

C2.3.2 Primary Instructional Faculty/Course Directors

- a. Program leadership must have a mechanism to review the performance of primary instructional faculty/course directors, including teaching methods and effectiveness, conducted as part of the standard course evaluations; and
- b. Where concerns are noted, a meeting with the faculty member that includes plans for modification/improvement should be documented.

C2.4 Course Evaluations

C2.4.1 Course evaluations must be completed for each course taught within the genetic counseling program. The evaluations must be reviewed by both the program leadership and the primary instructional faculty/course directors involved. There must be appropriate documentation of assessment and plans for modification/improvement.

C2.4.2 The program leadership must obtain copies or summaries of evaluations for required courses that students take through other schools or departments. Alternatively, the program may conduct internal assessments of these external courses to ensure they are meeting the expectations of the students and program.

C2.5 Evaluation of Fieldwork Experience

The program must define, maintain, and document effective processes for the initial and ongoing evaluation of all fieldwork experiences to ensure that sites and supervisors meet program-defined expectations for learning outcomes and performance evaluation measures.

C2.5.1 Fieldwork sites

- a. The program must document that each fieldwork site provides the student access to physical facilities, client populations, and supervision necessary to fulfill program expectations of the experience.
- b. Program leadership must regularly monitor each fieldwork site to ensure that each student has completed the expected learning outcomes.
- c. Students must be provided the opportunity to evaluate each fieldwork site.

C2.5.2 Fieldwork supervision

- a. Program leadership must document that supervisors are providing appropriate feedback and mentoring throughout the student fieldwork experience.
- b. Students must be provided with the opportunity to anonymously evaluate the primary supervisor(s) for each fieldwork experience. This feedback must only be shared in aggregate, and after a sufficient number of students have contributed, so as to maintain confidentiality.

C3 Student Evaluation

The program must define the process by which it will perform regular and ongoing student evaluation and identify areas for growth and remediation. All documentation regarding student performance and evaluation must be maintained in the student's record.

C3.1 Student Notification

Each matriculating student must be provided in writing, at the beginning of their training, with the following:

C3.1.1 The criteria for successful completion of the program and for graduation;

C3.1.2 The evaluation methods that will be employed during training;

C3.1.3 The program's remediation policy; and

C3.1.4 Policies regarding academic probation or dismissal.

C3.2 Guidelines for Student Evaluation

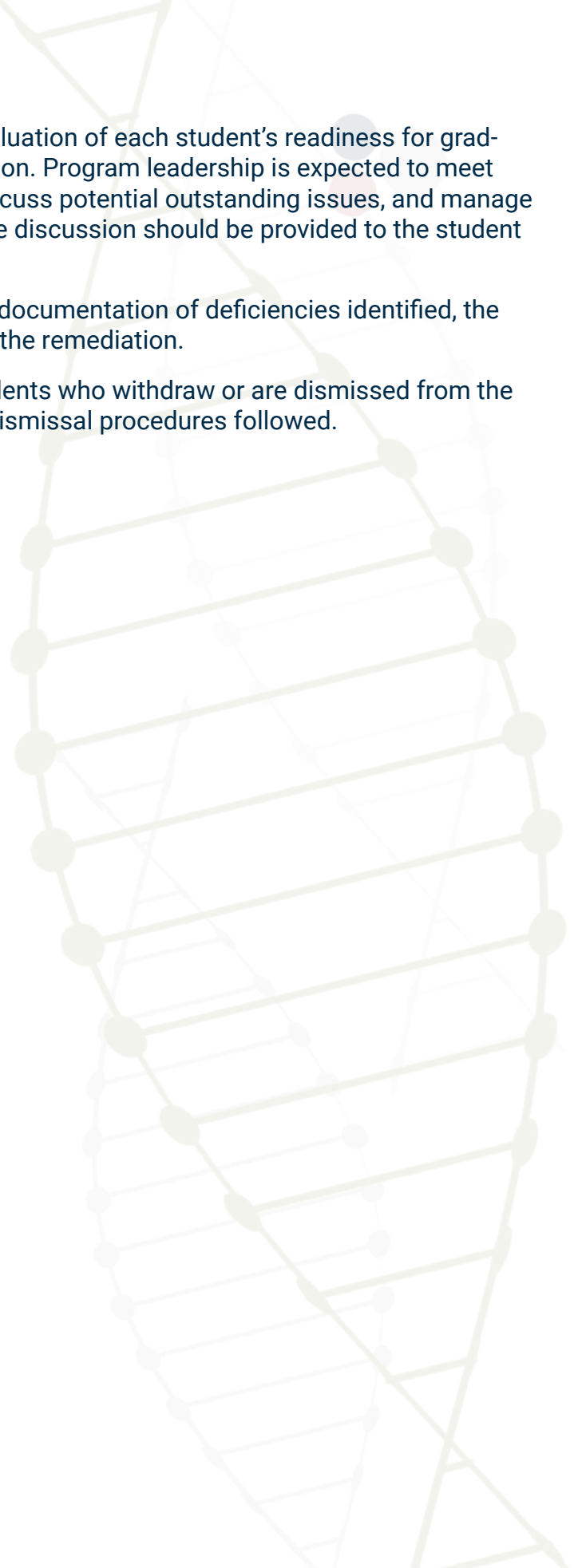
C3.2.1 The constellation of student evaluations employed must encompass the program's stated objectives.

C3.2.2 The evaluations must include measures for assessing the acquisition of the PBCs. The evaluations must reflect the student's ability to meet defined learning objectives in all components of the program.

C3.2.3 Each student must receive specific and timely feedback at regular intervals on the acquisition of PBCs from supervisors and/or instructors, as well as formal summative evaluations at the end of each program component. For fieldwork training, mid-rotation evaluations are required; for coursework and research, students must be made aware of their progress prior to completion.

C3.2.4 Formal evaluations must be (1) documented in writing, with evidence of direct input by the appropriate faculty/supervisor; (2) reviewed by the program leadership; and (3) maintained in the student's record.

C3.2.5 There must be a formal mechanism by which the program leadership regularly communicates with each student about their overall progress, individual educational needs, and goals (minimum of twice per year). This communication must be documented in writing with a general summary of the topics discussed, and a copy must be placed in the student's record.



C3.2.6 Program leadership must conduct a formal evaluation of each student's readiness for graduation at least three months prior to program completion. Program leadership is expected to meet with each student to communicate their readiness, discuss potential outstanding issues, and manage timelines for completion. Written documentation of the discussion should be provided to the student and placed within the student's record.

C3.2.7 When remediation is necessary, there must be documentation of deficiencies identified, the remediation plan that is agreed upon, and outcome of the remediation.

C3.2.8 Documentation must be maintained for all students who withdraw or are dismissed from the program, including reasons, retention efforts, and/or dismissal procedures followed.

SECTION D: ACCREDITATION STATUS AND DECISIONS

The following information describes the possible outcomes of decisions made by the Accreditation Council for Genetic Counseling (ACGC) with respect to accreditation status. All decisions regarding accreditation shall be at the sole discretion of the ACGC. The ACGC aims to make accreditation decisions in a consistent manner that aligns with the intent of the existing rules, and reserves the right to make exceptions and/or modify conditions of accreditation as needed to address specific circumstances or situations. Students who start a program that holds an accreditation status of Accredited New Program, Full Accreditation or Probationary Accreditation at the time of matriculation are eligible to sit for the American Board of Genetic Counseling's (ABGC) certification examination.

D1 Accreditation Status

D1.1 Candidacy

Candidacy applies to a developing program that has submitted an Application for Candidacy which has been determined by the board to meet all of the requirements for candidacy. This status indicates that the program's administrative structure, proposed educational plan, and evaluative components meet ACGC Standards for providing a master's degree in genetic counseling.

Candidates must select an accreditation review cycle from one of the next three available cycles. Candidates that fail to submit an application by the selected deadline or transfer to a future cycle forfeit their candidacy status and must resubmit another Application for Candidacy before moving forward. Candidates may choose to withdraw from candidacy status by providing written notification to the ACGC Executive Office.

D1.2 Accredited New Program

This status applies to a developing program that has submitted an Accreditation Application for New Program and has undergone a successful review of the application.

D1.3 Accreditation with Contingencies

If a program does not fully comply with one or more ACGC Standards or has deficiencies that, in the judgment of the ACGC, have the potential to negatively affect student progress or success, it may receive Accreditation with Contingencies. Contingencies may include a shortened accreditation period, a requirement to adjust class size and/or numbers of faculty, staff, or supervisors, denial of new class matriculation; or requirements for additional reporting to document progress in achieving compliance with the standards.

D1.4 Full Accreditation

To achieve Full Accreditation, a program must conduct and document a self-study, undergo a site visit, and demonstrate through this process that it meets or exceeds all or substantially all of the ACGC Standards. A program may receive accreditation for a period of up to eight years.

D1.5 Probationary Accreditation

When a program is out of compliance with standards and this non-compliance is causing serious, pervasive compliance issues that interfere with student training, the ACGC may change the status of the program to Probationary Accreditation. Probationary Accreditation indicates that the educational effectiveness of the program is in jeopardy. Although the program retains accreditation, it must, together with its Advisory Board, develop a plan for remediation that addresses all of the areas of non-compliance. ACGC may impose contingencies and require programs on Probationary Accreditation to host a site visit. Probationary Accreditation is a public accreditation status; accordingly, it is posted on the ACGC website and requires notification by the program to students and prospective students.

D2 Accreditation Decisions

Board decisions to grant candidacy or accreditation, to change the status of a program's accreditation, and/or to deny or revoke accreditation subject to reconsideration and appeal are described in the Accreditation Manual.

D2.1 Voluntary Withdrawal of Accreditation

Programs may voluntarily withdraw from accreditation by notifying the Executive Director of ACGC in writing.

D2.2 Lapse of Accreditation Status

In the event a program that holds the status of Full Accreditation, Probationary Accreditation or Accreditation with Contingencies does not, after notice from ACGC, submit a timely application for re-accreditation, its accreditation may be deemed to have lapsed. A lapse in accreditation is not subject to reconsideration or appeal.

APPENDIX 1 STANDARDS REVISION FREQUENTLY ASKED QUESTIONS

1. How does ACGC define diversity, equity, inclusion, and justice (DEIJ)?

Diversity: the representation of shared and distinct personal and group characteristics and identities and how they may intersect, including, but not limited to, race, ethnicity, national origin, age, religion, disability, veteran status, sex, sexual orientation, gender identity/ expression, pregnancy, genetic information, socioeconomic class, geographic location, and socioeconomic background. Additionally, diversity may also include characteristics that describe genetic counseling programs, such as location of the academic institution, institution type (private, public, other), and methods of delivering didactic, clinical, and research components of genetic counseling training.

Equity: fair accessibility to, and opportunities for advancement within, a community or organization, regardless of shared or distinct personal and group characteristics and identities. Equity should guide the continuous activities of genetic counseling education access and delivery, including, but not limited to, identifying and eliminating barriers to full participation in genetic counseling training programs, creating and reviewing standards for genetic counseling education, and evaluating genetic counseling programs to foster an environment that is supportive of faculty, staff, and students.

Inclusion: intentionally inviting, welcoming, and engaging all members of diverse communities, including staff, volunteers, students, and community members, to contribute and fully participate in all aspects of organizational work including, for example, program evaluation and management.

Justice: The deliberate creation of diverse and equitable opportunities, and the continued reassessment and dismantling of barriers and systems that prevent access to such opportunities. Striving towards justice requires active work to address differentials in power and privilege, including provision of information and standards for program operations.

2. Which Standards were revised?

Section A

A1.1.1, A1.1.2, A1.1.4, and A1.3.1

A2.1.1, A2.2.2, A2.2.3, A2.3.1, A2.4.1, A2.5, A2.5.1, A2.5.2, A2.5.3, A2.6.1, and A2.6.2

A3.1.1, A3.1.2, A3.2.2 a & b, A3.2.2 c, A3.2.3, and A3.2.4

Section B

B1.6

B2.1.1, B2.1.2, B2.1.3, B2.1.3 e, B2.1.4, B2.1.5, B2.1.6, B2.1.7, B2.1.8, and B2.1.9

B3.6.1

B4

Section C

C1.4

C2.1, C2.2, and C2.3.1

C3.1, C3.1.2, and C3.2.5

3. Why were only some Standards revised for this revision? How did the Standards Committee determine which Standards required revision?

The ACGC Diversity Taskforce was convened in the winter of 2019 with the goal of outlining recommendations for updates to the existing ACGC Standards for Accreditation related to the topics of diversity, equity, inclusion, and justice. These recommendations were provided to the ACGC Board of Directors in the summer of 2021. In 2022, the ACGC Standards Committee was charged with incorporating the Diversity Taskforce recommendations into the existing standards as well as reviewing the standards for inclusive language. These recommendations were circulated for public comment in December 2022 and the revisions were finalized in summer 2023. The ACGC Diversity, Equity, Inclusion, and Justice Committee was convened in 2022 and were consulted by the Standards Committee as the public comment was incorporated into the revisions.

4. Why were some Standards revised that do not appear to be related to diversity, equity, inclusion, and justice?

The ACGC Board of Directors requested that the Standards Committee revise two standards off-cycle as follows:

- a. A1.1.1: The ACGC Board of Directors requested that “regional accrediting organization” be changed to “institutional accrediting organization” to mirror the language used by the United States Department of Education. The United States Department of Education refers to those agencies as institutional accrediting agencies, not regional accrediting agencies, and many of the “regionals” are now accrediting institutions outside of their traditional geographic region.
- b. A2.4.1: The ACGC Board of Directors requested revision of this standard because the leadership FTE amounts overlap between categories. The revision defines the minimum amount of leadership FTE based upon the number of students. At the next full review, the Standards committee will assess whether the minimum amount of leadership FTE should be adjusted.

5. When is the next full revision?

The next full revision will begin in 2024 and historically has taken 24 months to complete. This process includes input from the ACGC Board of Directors, identification and survey of community partners, and a public comment period.

COMPLIANCE

1. When are programs required to be in compliance with the 2023 revisions?

Standards

At time of application: All Candidacy and New Program applications accepted by ACGC must be in compliance with the August 2023 Standards.

August 1, 2024: All Accredited Programs must be in compliance with the August 2023 Standards by August 1, 2024.

Practice-Based Competencies

Applications accepted in 2024: Candidacy and New Program applications accepted by ACGC as of January 1, 2024, must be in compliance with the August 2023 Practice Based Competencies.

June 15, 2025: All Accredited Programs must be in compliance with the August 2023 ACGC Practice Based Competencies by June 15, 2025.

TERMINOLOGY

1. What does it mean to incorporate DEIJ principles?

This means incorporating DEIJ principles when developing and delivering every aspect of a program from recruitment and admissions to curriculum, clinical training, and research. Some examples include having diverse staff and students, creating opportunities to learn about DEIJ topics, practicing cultural humility, protecting and amplifying the needs and voices of individuals in vulnerable positions, and prioritizing self-reflection. Incorporating DEIJ should not entail a single event, lecture, course, etc., though these are examples of ways to incorporate these principles within a program's structure. The Association of American Medical Colleges provides a description of what equity-mindedness looks like in academic medicine here.

2. How does ACGC define *underrepresented in genetic counseling*?

ACGC defines *underrepresented in genetic counseling* as all individuals with characteristics and identities that are not equitably included or represented in the profession, with consideration for the demographics of the communities we serve. These characteristics include, but are not limited to age, race, ethnicity, sex, gender, sexual orientation, socioeconomic status, country of origin, culture, language, religion, spiritual beliefs, legal status, health history, and disability.

3. Why were the terms *professional* and *professionalism* removed from the Standards?

The terms *professional* and *professionalism* were removed from the Standards due to the Eurocentric history of these words and their use in medical, educational, and workplace environments to perpetuate discrimination against historically excluded groups. In place of the words *professional* or *professionalism*, we encourage the description of specific expectations and/or criteria.

4. What resources were consulted to determine appropriate terminology?

The following resources were used to identify terminology throughout the Standards in an effort to use language that is reflective of health equity.

- A [guide](#) from the American Medical Association's Center for Health Equity and the Association of American Medical College's Center for Health Justice entitled, "Advancing Health Equity: A Guide to Language, Narrative, and Concepts".
- The [Center for Disease Control's](#) health equity guiding principles for inclusive communication.

SECTION A

1. How did the Standards Committee determine what amount of coursework/training related to the principles of diversity, equity, inclusion, and justice would be sufficient?

The Standards Committee researched several allied health professional groups and their related training programs' accreditation standards. Based on this information, the Standards Committee determined best practices for genetic counseling training programs. Minimum requirements were set forth for ongoing training/coursework related to roles and responsibilities within the program, encompassing DEIJ training.

2. What types of activities would be appropriate to meet the annual continuing education requirements in diversity, equity, inclusion, and justice?

- Individuals are encouraged to engage in a variety of activities related to DEIJ, which could include but are not limited to:
 - Lectures, seminars, webinars, and related talks
 - Workshops, retreats, and focus groups
- Can be found through resources such as:
 - Employer or school-sponsored programs (either in person or online)
 - Professional organizations, such as: NSGC's resources: <https://www.nsgc.org/Policy-Research-and-Publications/Justice-Equity-Diversity-and-Inclusion-JEDI/DEI-Resources> and AMA's online classes for DEIJ: <https://www.amanet.org/training-topics/diversity-and-inclusion/>
- JOGC CEU articles, books, podcasts,
- Tied to CEUS, certificates.
- Committee, advisory board, task force, community engagement

3. How should programs determine if they are in compliance with applicable policies and legislation about privacy, accessibility, and non-discrimination?

All programs are required to be in compliance with federal, state, and provincial laws regarding student privacy, accessibility, and non-discrimination. It is encouraged to consult with your university's office for disability/accessibility services for applicable federal, provincial, and state legislation. Some examples include (but are not limited to): FERPA (Family Educational Rights and Privacy Act), The Accessible Canada Act, Title IX, and the Americans with Disabilities Act.

4. Why are cumulative first-time board pass rates for the last three graduating classes required to appear on program websites? How should this be formatted?

Success with respect to student achievement is at the heart of accreditation. In the interest of transparency, accrediting agencies that are recognized or are seeking such recognition (which ACGC is working towards) by the Council on Higher Education Accreditation (www.chea.org) are required to have the institutions and programs they accredit make available to the public evidence of student success, including board pass rates, attrition rates, and job placement rates.

All programs should format this data in the following way: “For the three most recent graduating classes (Year – Year), the [insert Name of Graduate Program] has a [insert % (n of first –time test takers who passed/number of first-time test takers) first-time pass rate on the American Board of Genetic Counseling’s Certification Examination.”

It should be noted that programs are also able to and encouraged to publish their overall ABGC Board Pass Rate.

SECTION B

1. What does it mean to review content for bias and diversity?

Programs may identify a variety of means to review curricular content for bias, gaps, demonstration of balanced representation of diverse populations, and elucidate disparities in healthcare. Programs have discretion on how to perform such reviews, but one example of a tool that can be used is the [TACCT](#) (Tool for Assessing Cultural Competency Training) created by the American Association of Medical Colleges. Programs may wish to consult with their Office of Multicultural Affairs/Diversity Office for guidance.

SECTION C

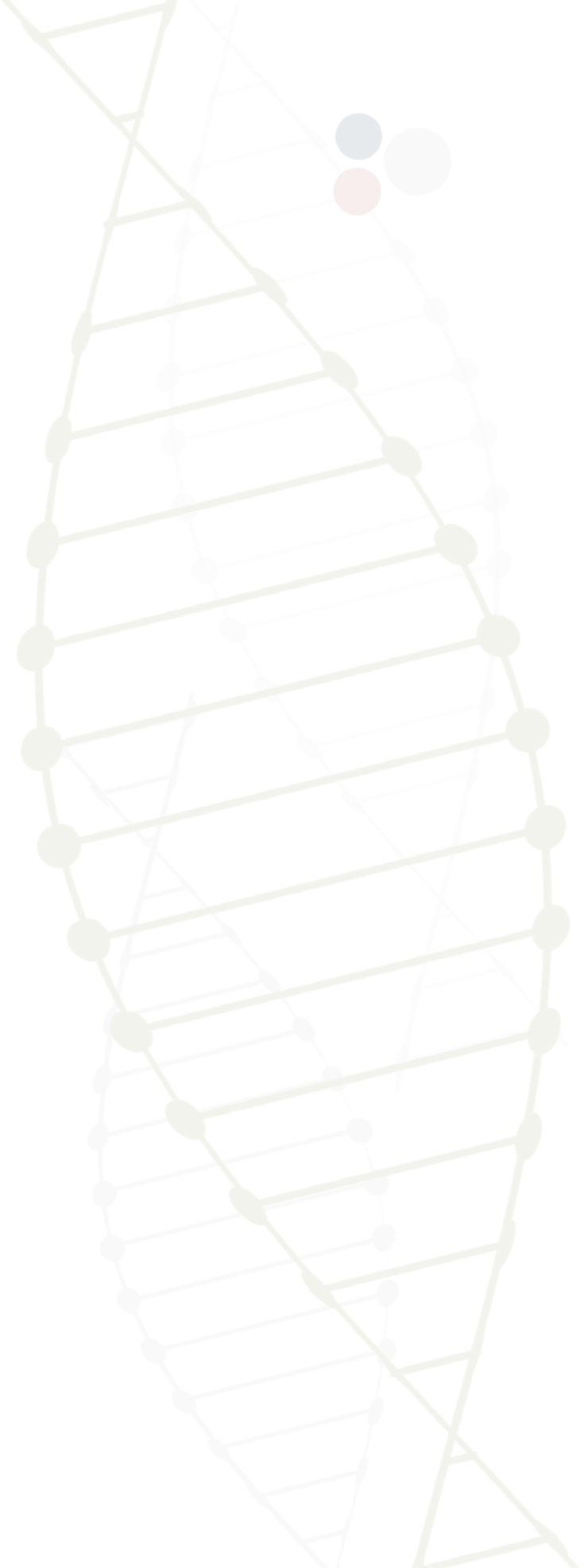
1. **Why was an 80% first-time board pass rate over a three-year period selected as the threshold for submitting an examination report?**

During this off-cycle revision of the ACGC's Standards Committee had extensive discussions about defining a standard related to the American Board of Genetic Counseling (ABGC) Board Examination Pass Rate. A 3-year period was again selected in order to include several years' worth of graduate data to prevent issues that may arise due to small class cohorts. Since the passing score for the certification exam is an absolute criterion and not a comparative one, it stands to reason that this should work in a similar manner. The 80% pass rate was also maintained because it is consistent with what is used for certification exams for other similar organizations. The 80% threshold is also below the first-time board pass rate of 87.5% reported in the paper by Myers and colleagues for individuals who took the test for the first-time between 2010 and 2018 (Myers et al., *J Genet Counsel.* 2021; 31:302-315).

If a program falls below this threshold, they are required to complete an additional instrument in Armature. This allows the program an opportunity to determine if there are any changes which could be made to their curriculum that could enhance student performance on the board examination and develop a plan to address these issues.

2. **How can programs measure utility, effectiveness, and satisfaction with diversity, equity, inclusion, and justice-related efforts and education?**

Programs may utilize a variety of tools including (but not limited to) graduate exit interviews, alumni surveys, employer surveys, advisory board input, and faculty feedback to assess these metrics. Programs may wish to see the [NSGC Professional Status Survey](#) Professional Diversity, Inclusion, and Satisfaction reports for example questions. Programs may wish to consult with their Office of Multicultural Affairs/Diversity Office for guidance.





Center for Molecular Medicine and Genetics

Division of Clinical Genetics

Genetic Counseling Graduate Program Handbook Section 9

Forms



Wayne State University Genetic Counseling Program Student Forms

The program uses a number of forms to track student progress/help students track their own progress in meeting program objectives and practice-based competencies. Digital versions of these forms, as listed below, will be provided to students as needed at the relevant point in the program. The clinical forms are available in the Program Documents section of the Typhon Online system. The research forms are available under MGG 7999, Research Project in the Canvas Online System.

1. Student Contact Information <https://forms.gle/h3k4jsaE8cSFyVw4A>
2. Technology Assessment Form <https://forms.gle/twSbcqd9E17xGYWj9>
3. Student Progress Form
4. Student Evaluation Form-Introductory Clinical Internship
5. Student Evaluation of Introductory Internship
6. Student Evaluation Form-Formal Clinical Internship
7. Student Evaluation of Formal Internship Site
8. Anonymous Student Evaluation of Formal Internship
9. Supervisor Evaluation of Students Specialty Internship
10. Student Evaluation of Specialty Internship
11. Student Evaluation Form-Laboratory Internship
11. Student Evaluation of Laboratory Internship
12. Self-Evaluation and Goal Setting Form
13. Research Project Proposal Form