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Owner Anastasia Mortimore:
Admin Dir- Undergrad Med Educ
Area Graduate Medical Education
Applicability Legacy Henry Ford Health System-wide
Document Types Local, Policy and Procedure

Injuries while on Clerkship Rotations (MEP 110)

Applicability

Henry Ford Health

Scope

This policy and procedure applies to Medical Education within Henry Ford Health.

Background

To ensure medical students received appropriate treatment if injured during a clinical clerkship rotation in any Henry Ford Health facility.

Definitions

None

Policy

Henry Ford Health provides all medical students a safe learning environment. Regardless of how cautious Henry Ford Health and its employees are, it is recognized that accidents which cause injuries

and illnesses inevitably occur. Medical students who are injured while performing clinical clerkship rotations will receive emergency treatment in the closest Emergency Department.

Procedure

For Blood and Body Exposure please see [Attachment A](#)

Reporting

Any injury (e.g., needle stick, fall) suffered by or otherwise identified by a medical student engaged in a clinical clerkship rotation, should be reported immediately to the student's supervisor¹ (e.g., supervising resident, chief resident, clerkship director, residency program director). Delays in reporting or the failure to report the injury may result in the subsequent delay of treatment. Knowledgeable failure to report injury or efforts to cover up information relating to an injury incident may be grounds for disciplinary action by the student's medical school.

The supervisor will immediately complete the on-line Incident Report (RL Form) and notify the Clerkship or Residency Program Director.

The supervisor shall be responsible for reporting any conditions or workplace hazards that may have contributed to the accident to the Nurse Manager who will contact appropriate personnel to discuss the need to address the cause of the injury.

The medical student must also report the incident to their medical school's designated official.²

Treatment

The supervisor shall direct the medical student to call the exposure RN during business hours (see [Attachment A](#)); after business hours students will be directed to the Emergency Department to obtain the proper emergency medical attention for the injured/ill medical student. (Medical students are not employees, and therefore are not treated by Employee Health). The medical student will follow-up with their private physician.

Costs

All medical students are required to carry insurance which covers their own health during their Clerkship. The Emergency Department will bill the student's insurance for all treatment. The student is responsible for any expenses not covered by their insurance.

Related Documents

None

References/External Regulations

¹ Wyandotte and Macomb Hospital-In the event that the senior resident on call is not immediately

available, the student should contact the Nurse Manager, Assistant Clinical Manager of the nursing unit, or Supervisor of a non-nursing unit department or to the Nursing House Manager if none of the above is available.

² WSU SOM Students: Wayne State University School of Medicine Health Officer; MSU COM Students: Michigan State University College of Osteopathic Medicine Office of Student Services and the MSU University Physician's Office; MSU CHM Students: NSU Occupational Health Nurse, CHM Associate Dean for Undergraduate Medical Education, Senior Associate Dean for Academic Affairs, and the Community Assistant Dean.

All Revision Dates

8/9/2024, 2/7/2024, 10/20/2021, 3/15/2019

Attachments

[Attachment A - Medical Student Blood Body Fluid Exposure.pdf](#)

Approval Signatures

Step Description	Approver	Date
VP-Medical Education	Jennifer Gibson: VP-Medical Education [CG]	8/9/2024
System Policy Management Office	System Policy Management Office	7/19/2024
Document Owner	Anastasia Mortimore: Admin Dir-Undergrad Med Educ	7/19/2024

Applicability

Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health, Henry Ford Hospital, Henry Ford Jackson Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital

Standards

No standards are associated with this document

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Owner Bilal Dabaja:
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Area Human
Resources
Applicability Henry Ford
Health Enterprise
Wide
Document Enterprise,
Types Policy and
Procedure

Personal Appearance Standards

Applicability

Henry Ford Enterprise Wide

Scope

This policy applies to all employees, students, volunteers, contractors, vendors and others during workdays, weekends, and off hours who work at all Henry Ford Health operating units and locations when they are in their role as an employee of Henry Ford Health. Employees who are required to wear a uniform must comply with their approved policy as established by their local operating unit/department.

The implementation, administration and management of this policy shall be the responsibility of Henry Ford Health operational leadership. Additionally each employee is responsible for complying with this policy.

Background

A key component of promoting "The Henry Ford Experience" is for employees to embrace a diverse environment that takes pride in personal appearance reflecting an image of competence and professionalism. These qualities are essential for the proper, effective, and efficient administration of healthcare services and may contribute to the healing process. Further, the management of Henry Ford Health asks you to support the compliance in relation to infection control/safety protocols and other regulatory requirements of Henry Ford Health. As such, this policy has been established in an effort to engage employees in creating a healthy environment focusing on Patient Care.

Definitions

None

Policy

Henry Ford Health employees are expected to maintain proper hygiene and observe standards of appropriate professional and service excellence focused attire. All Henry Ford Health employees shall present themselves well-groomed, and appropriately dressed at all times while on premises in consideration of the nature of their work, the patients, visitors they serve or interact with, and the team members whom they work with. An operating unit or department (i.e. patient care areas) may choose to implement more restrictive requirements based upon infection control standards and other regulatory or safety requirements. Employees should wear attire appropriate to their work responsibilities and their work environment while presenting a professional appearance to the patients, co-workers, and communities we serve.

The Henry Ford Health workplace personal appearance standards policy can be summarized in two words: "Dress Appropriately"

Procedure

Listed herein are some general guidelines to assist leaders and employees:

Appearance Standards Item	Acceptable Guidelines
Clothing	Clean, neat, pressed, in good repair and appropriate size
Nametags/Patient Call Light System Sensors: (See Employee Identification Program policy)	<ul style="list-style-type: none"> • Worn and visible at all times when at work • Name and picture must be visible. • Badges should be worn above the waistband • Patient Call Light System sensors (at applicable locations) worn at all times when at work. The sensor must be worn in a manner that does not obstruct the signal from the call light system above the waist and not in front of or behind the ID badge.
Hair	<ul style="list-style-type: none"> • Neat, clean and groomed style. • Beards, sideburns and mustaches will be neatly trimmed. • Direct patient care and food service areas: <ul style="list-style-type: none"> ◦ Hair longer than shoulder length should be confined so it will not interfere with customer service or patient care. ◦ Hairnets required to be worn in food services areas.
Nails	<ul style="list-style-type: none"> • Healthcare workers providing direct care should have clean

Appearance Standards Item	Acceptable Guidelines
	<p>and trimmed nails that do not exceed 1/4 inch beyond the fingertip.</p> <ul style="list-style-type: none"> • Artificial nails (acrylic, gel tips, wraps, tapes, bonds, rhinestones, and/or appliquéés) are not permitted for those who provide direct patient care in any Henry Ford Health facility. Note: See Hand Hygiene and Hand Care policy. • Food and Nutrition Service workers should have clean and trimmed nails and may not wear fingernail polish or artificial nails unless wearing intact gloves when working with food. Note: See Infection Control/HACCP Program policy.
Scent	<ul style="list-style-type: none"> • Use of deodorant & light, mild perfume or after-shave, light scented mouth wash • All clothing worn during the shift must be free of the odor of tobacco and/or marijuana. • Breath, skin, and hair must also be free from any scent of tobacco and/or marijuana
Jewelry	<ul style="list-style-type: none"> • Earrings should be complimentary to the clothing; not excessive. Patient care areas refer to Infection Control protocols. Safety is our guide.
Shoes	<ul style="list-style-type: none"> • Style appropriate as defined by department dress code and safety needs. • Shoes should complement the clothing • Open-toed shoes/sandals are permitted in non-clinical office settings provided the employee has no direct contact with patients. • Shoes referred to as “flip-flops” are not permitted. Crocs are required to have back straps and perforated shoes are not permitted due to safety concerns.
Makeup	<ul style="list-style-type: none"> • Complimentary to natural features
Pants/Slacks	<ul style="list-style-type: none"> • In non-clinical business settings and during non-work hour weekends, denim, including jeans, can be worn for Henry Ford Health sponsored employee engagement and/or fundraising activities provided they are in good condition, appropriately fitted, hole/slit free and paired with appropriate business casual attire.
Skirts/Dresses	<ul style="list-style-type: none"> • Sleeveless dresses without jackets are permitted in non-clinical settings provided the employee has no direct contact

Appearance Standards Item	Acceptable Guidelines
	with patients.
Shirts/Blouses	<ul style="list-style-type: none"> • Neat, clean, pressed shirts, blouses or sweaters. • Henry Ford Health approved image apparel. • Approved uniform policy if applicable. • Sleeveless tops without jackets are permitted in non-clinical settings provided the employee has no direct contact with patients.
Tattoos	<ul style="list-style-type: none"> • Tattoos are allowed as long as the verbiage and images are aligned with Henry Ford Health Mission and Values.

Uniform Standardization Color Chart

Henry Ford Health Operating Units have a uniform colors standardization. The following chart details position, uniform color, picture of color, and general guidelines to ensure uniform standardization across Henry Ford Health.

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UNIFORM STANDARDIZATION COLOR CHART

Position	Scrub Color	Picture of color
CAT / NA / MA / ER Techs / Paramedic	Burgundy	
Food & Nutrition Services staff	Emerald Green / Black slacks	
Housekeeper	Olive Green	
LPN	Caribbean Blue	
Clinical Tech/Nurse <i>Extern</i> <i>(Henry Ford Jackson Hospital only)</i>	Royal Blue	
Mammography Technologist	Pink	
Nurse Extern	White	
Patient Transporter	Royal Blue	
Patient Transporter <i>(Henry Ford Jackson Hospital only)</i>	Navy Blue	
Plant Operations/Facilities including skilled trades, electricians, engineers, painters, plumbers, life safety, etc.	Medium blue shirt with Henry Ford Health logo on one pocket and "Plant Operations" on the other. Black slacks. Painters will have the above logo but wear the traditional painter's white shirt & trousers.	
Registered Nurse	Ceil Blue	
Respiratory Therapist (RT) / Express	Black	
Sitter	Khaki / Tan	
Supply Chain (Shipping/Receiving/ Distribution) staff	Purple shirt with Black slacks	
Technician/Technologist (Outpatient procedural settings for example Vascular, Radiology, Cardiac Cath, Pharmacy)	Navy Blue	
Unit Secretary	Steel Gray	
Unit Secretary <i>(Henry Ford Jackson Hospital only)</i>	Red Shirt, black slacks	
Valet Staff	Henry Ford Health blue shirt, black cargo pants, dark blue winter jacket	

General Guidelines

(Position) Uniform Standard (Female/Male)

- A. Scrubs or uniforms must be approved color of (*color*). Scrub top, bottoms, or scrub dress must be solid (*color*).
- B. White, (*color of scrubs*), or color coordinated scrub jacket or warm-up jacket made of fleece or cotton blend may be worn. A print scrub jacket will be a majority of the scrub color.
- C. A solid (*color of scrub*) or white or black short or long sleeve or turtleneck shirt may be worn under a scrub top or scrub jacket.
- D. Hospital laundered scrubs are supplied to staff working in procedure areas, such as the OR, Cath Lab, Interventional Radiology and Labor and Delivery. Other areas using hospital laundered scrubs may be identified by each Operating Unit. Hospital laundered scrubs are expected to be returned to the designated dirty scrub location at the end of each shift. In the case of a Covid-19 or other infectious disease surge, the used of hospital laundered scrubs may expand to those caring for affected patients as identified at the discretion of the Operating Unit or the Incident Command Center, i.e. ICU, Converted Units, ED, EVS, RT, etc.
- E. ORs wears green. For the OR iMRI room we have bright green to differentiate as they have no pockets. That is a safety strategy to keep people from entering the restricted space with anything in their pockets (metal).

Smoking Cessation Assistance

Any employee who wishes to receive information and/or assistance to quit smoking can contact the Center for Health Promotion and Disease Prevention at (313) 874-1885.

General Assumptions/Exceptions

- Dress to show respect for Henry Ford Health customers, patients, colleagues and oneself.
- Take the extra steps to represent oneself to others in a manner that states: "We dress this way because we respect you."
- Be sensible. Review the impact of the specific duties of the department when deciding uniform standards.
- Henry Ford Health has adopted the position for infection control reasons; artificial nails (i.e. acrylic, gel tips & overlays) will not be permitted in any Henry Ford Health facility where patient care is delivered. Acrylic nails that meet length restrictions and appearance standards are permitted only in non-clinical settings.
- In non-clinical business settings and during non-work hour weekends, denim, including jeans, can be worn for Henry Ford Health sponsored employee engagement and/or fundraising activities provided they are in good condition, appropriately fitted, hole/slit free and paired with appropriate business casual attire.
- Henry Ford facilities where direct patient care is not delivered include:
 - Community Care Services – Bingham Farms Office
 - Contact Center
 - Health Alliance Plan (HAP)

- Northfield
- One Ford Place (except Behavioral Health, Research Labs or other patient areas)
- One Jackson Square
- Piquette Medical Records Facility
- Rochester Hills Data Center
- Any Henry Ford Health hospital, medical center, clinic or other facility where there are predominantly patient care services offered is considered a clinical setting

Policy Violations

Employees who fail to comply with the personal appearance code will be sent home to change outfit and expected to return to work in proper attire. Employees will be charged with unscheduled CTO. Employees who are found to be in violation of this policy may also be subject to corrective action, up to and including termination. See [Corrective Action Program](#) policy.

Related Documents

[Corrective Action Program](#)

[Drug-Free Workplace](#)

[Employee Identification Program](#)

[Hand Hygiene and Hand Care](#)

[Infection Control/HACCP Program](#)

[Smoke-Free Environment](#)

Operating Unit/Departmental Policies

References/External Regulations

None

Appendices

Appendix A: Addendum to Personal Appearance Standards Policy

Scope

Henry Ford Health values every team member and recognizes that we each have an important role in serving our patients during this transitional time. The purpose of this policy addendum is to clearly define and standardize the attire requirements for various roles within Henry Ford Ascension Southeast Michigan. This ensures the following objectives are met: Infection Control, Role Differentiation, Compliance with Standards, Enhancing Safety, Employee Satisfaction, and brand Representation.

By implementing and adhering to these attire guidelines, Henry Ford Health aims to create a cohesive, professional, and safe environment that supports optimal patient care and employee satisfaction.

Background

The policy and procedures detailed below apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health, or a covered operating unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy. This policy shall not be considered a contract and Henry Ford Health reserves the right to revise as deemed appropriate to comply with governmental orders or for business purposes.

This addendum outlines the attire requirements for various roles within our Henry Ford Ascension Southeast Michigan to ensure a professional appearance, maintain infection control standards, and support team unity.

The implementation, administration and management of this policy shall be the responsibility of Henry Ford Health operational leadership. Additionally, each employee is responsible for complying with this policy.

Policy

Due to the ongoing joint venture with our partner organization Ascension SE Michigan, employees are currently required to adhere to a flexible dress code concerning scrub colors. Each location may have different designated scrub colors based on local agreements and operational needs. Employees must ensure they wear the appropriate scrub color as specified by their respective site or department to maintain consistency and facilitate clear identification.

It is important to comply with these guidelines to promote a professional and cohesive appearance. We are actively working towards standardizing these colors with Henry Ford Health uniform colors standardization across all locations and will communicate any updates to the Tier 1: Personal Appearance Standards policy as they become available.

Ascension SE Michigan (MIDET)

Role/Department	Scrubs/Clothing	Color Details	Additional Notes
Registered Nurses (RNs)	Navy blue or white scrubs (top & pants)	Solid navy or white; Smocks with navy/white predominant colors	NO characters on smocks except in pediatrics.
PCTs/Nurse Assistants/Nurse Techs/Nurse Externs/Assistive Personnel	Burgundy scrubs (top & pants); Burgundy or professional print smocks	Solid burgundy or smocks with predominant burgundy color	NO characters on smocks except in pediatrics.
Licensed Practical Nurse (LPN)	Olive green scrubs (top & pants)	Olive green	
Health Unit Coordinators (HUCs)	Business casual with khaki jacket and pants; Khaki scrub jacket and pants; Multi-color jacket with khaki predominant	Any coordinating solid color top; Jackets predominantly khaki	Associates in sterile areas (Labor and Delivery, OR) wear hospital-acquired scrubs.

Ascension SE Michigan encourages standardized uniform colors by job classification. However, classifications other than those listed above should not select the standardized uniform colors already established.

Hospital issued Surgical Scrubs are Ascension SE Michigan property and must not be removed from or worn when leaving at the end of the shift.

Ascension Providence Rochester (MIROC)

Role/Department	Scrubs/Clothing	Color Details	Additional Notes
Licensed Nurses	Scrubs	Navy Blue	
Departments with Machine-Obtained Scrubs	Scrubs	Ceil Blue	
Staff Assisting with Patient Care	Scrubs	Maroon	
Scrub/Warm-Up Jackets	Scrub/Warm-Up Jackets		Must match the approved color of the discipline.
Unit Secretaries	Blouse/Top/Polo Shirt	Pastel Yellow, Pink, or Purple	Must be paired with black pants or skirt
	Sweater/Scrub/Warm-Up Jacket	Complimentary color to blouse/top/polo shirt; Print or Pattern fabric acceptable	
Surgical Area	Cover Gowns	Cover gowns are not to be worn outside of the Surgical area.	Strict adherence required to maintain infection control.
Behavioral Health, Rehab Services, Pre-Admission Testing, Maternal Child Areas	Uniforms for these areas are determined by their respective departments.		Staff should refer to departmental guidelines for specific attire.
Holiday Scrub/Warm-Up Jackets and Sweaters	May be worn two weeks prior to the designated holiday.		Holiday attire should be removed promptly after the holiday period ends.

All Revision Dates

12/3/2024, 9/23/2024, 8/16/2023, 9/9/2022, 8/29/2022, 5/25/2022, 4/6/2021, 8/13/2020, 6/1/2018

Attachments

[Attachment A: Uniform Standardization Color Chart](#)

Approval Signatures

Step Description	Approver	Date
Human Resources Executive Team (HRET)	Antonina Ramsey: EVP, Chief Human Res Officer [BD]	12/3/2024
System Policy Management Office	System Policy Management Office	12/3/2024
Document Owner	Bilal Dabaja: Consultant- HR Svc&Governance	12/3/2024

Applicability

Ascension Genesys Hospital, Ascension Providence Rochester Hospital, Ascension SE Michigan, Brighton Center for Recovery, Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health, Henry Ford Hospital, Henry Ford Jackson Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital, Legacy Ascension Laboratory Services, Macomb-Oakland Madison Heights-Warren Campus, Providence Hospital Novi-Southfield Campus, River District Hospital, St. John Hospital, System Search Engine

Standards

No standards are associated with this document

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Owner Mary Voutt-Goos:
Dir- Quality
Safety Initiative
Area Patient Rights
and Ethics
Applicability Legacy Henry
Ford Health
System-wide
Document Policy and
Types Procedure

Tier 1: Informed Consent

Applicability

Henry Ford Health

Scope

This policy applies to all Henry Ford Health System-wide.

Background

The patient has a right to know about a proposed medical or surgical treatment so that an informed decision can be made. A competent adult patient has the right to accept or refuse any and all medical treatment.

Definitions

- **Advanced Practice Provider (APP)** - A provider who partners with a physician as part of a health care team, such as a physician's assistant (PA), nurse practitioner (NP), certified nurse midwife (CNMW) or certified registered nurse anesthetist (CRNA).
- **Adult** - A patient, 18 years or over, or a patient under the age of 18 who is "emancipated"
- **Emancipated minor** - A minor is deemed emancipated, for the purpose of this policy, if the minor establishes that they are married, are on active duty with the Armed Forces of the United States, are emancipated by virtue of a court order, or are in the custody of a law enforcement agency and a parent or guardian cannot be located. The treatment of minors in custody is limited to routine non-surgical care or to emergency care.
- **Emergency Medical Conditions** - An Emergency Medical Condition exists when, in the clinical judgment of the provider, a delay in performing the procedure or treatment could reasonably be expected to result in (A) placing the patient's health in serious jeopardy, (B) serious impairment to bodily functioning, or (C) serious dysfunction of any bodily organ or part. Contact the Office of General Counsel (legal services)

for questions.

- **Legal guardian or surrogate of an adult** – The legal guardian or surrogate of an adult who can legally provide consent must have current Letters of Guardianship.
- **Incompetent** – This refers to situations where the patient has been adjudged incapacitated by a court of law. In such circumstances, Letters of Guardianship designate a legal guardian to consent for the incompetent or legally incapacitated patient.
- **Letters of Guardianship** - Letters of Guardianship are Probate Court documents which, following a formal court hearing, designate and authorize an individual (Guardian) or individuals to act on behalf of a legally incapacitated person (Ward). They must be signed by a judge of the probate court. The powers delegated may be full, temporary or limited and any such modifications will be indicated on the Letters. Letters of Guardianship must be copied and placed in the Health Record.
- **Parent or legal guardian of a minor** – may consent to treatment for the minor child. To establish status as a legal guardian, other than parents, an individual must produce current Letters of Guardianship. Refer to "*Letters of Guardianship*" in the "*Definition(s)*".
- **Minors of at least fourteen (14) years of age for mental health services** may consent to a series of up to twelve (12) outpatient visits for mental health services and an inpatient stay for mental health services if deemed suitable. The Public Health Code dictates "suitability for admission". Contact the Office of General Counsel (legal services) for additional details / information.
- **Minors of any age that fall under Michigan "special rules"** - Generally, a minor may not consent to their own treatment or procedures. However, in Michigan, there are special rules applicable to minors in three specific instances -

- A. **Substance Abuse:** The State Public Health Code provides that a minor who states that they are a substance abuser may consent to treatment for the disease, including surgery. Consent of the minor's parents, guardian, spouse, or in loco parentis is not required.

For medical reasons a treating physician or their authorized designee may, but is not obligated to, inform the spouse, parent, or guardian as to the treatment given or needed. This information may be given or withheld without the consent and over the express objections of the minor.

- B. **Minor Patient with Venereal Disease or AIDS:** The State Public Health Code provides that a minor who states that they may be infected with a venereal disease or HIV, may consent to treatment for that disease, including surgical care, without the consent of a parent, spouse, person in loco parentis, or guardian.

For medical reasons a treating physician or their designee may, but is not obligated to, inform the spouse, parent or guardian as to the treatment given or needed. This information may be given or withheld without the consent and over the express objections of the minor.

The presence of venereal disease in a child who is less than twelve (12) years of age requires a child abuse petition to be filed with Michigan Protective Services.

- C. **Prenatal Care:** A minor may consent for prenatal health care, pregnancy related health care, and health care for the children of the minor. For purposes of this section, health care is defined as "treatment or services intended to maintain the life and improve the health of both the minor and the minor's child or fetus".

The treating physician or APP must inform the minor, before beginning treatment that it is within the physician's or APP's discretion to inform the putative father, spouse, parent, or guardian as to the treatment given or needed. The physician or APP, on the first visit, must ask for permission to contact the minor's parents to obtain additional relevant medical

information.

Contraceptive / Birth Control: There are no statutes in Michigan concerning the minor's ability to consent to birth control related treatment. However, some guidance can be found in the numerous United States Supreme Court cases dealing with an individual's right to privacy. These cases indicate that a minor may consent to birth control related treatment. It should be noted that Henry Ford Health personnel are not required to provide minors with birth control related treatment. A finding should be made by the attending physician or APP that the minor has the capacity to consent for such treatment. Any questions in this area should be directed to the Office of General Counsel (legal services).

- **Next of kin** - Next of Kin may not consent for the "legally incompetent patient". "Legally incompetent" refers to situations where the patient has been adjudged incapacitated by a court of law. In such circumstances, there should be Letters of Guardianship designating an individual to act on his or her behalf. The legal guardian, with current Letters of Guardianship, may provide consent for the legally incompetent patient.

When the patient's medical and/or psychological condition (not medication) has rendered the patient **temporarily incapacitated or functionally incompetent**, the patient's Next of Kin may consent *in very limited circumstances*.

The next of kin, in order of priority – the spouse; adult sons and daughters; parents; adult siblings (when the next of kin is more than one person at the same level, the available group shall designate one person to sign the forms), may consent for the temporarily incapacitated patient if the following conditions apply:

- The Senior Staff Physician, relying on their medical judgment, believes that in the best interest of the patient the procedure, though not emergent, should not be delayed until guardianship is pursued or the patient regains the capacity to give their consent.
- Neither the Senior Staff Physician nor the next of kin knows, or has reason to know, that the patient, if competent, would refuse the procedure under the present circumstances.

The consent of persons, other than the spouse, should be used with great caution. *The Case Management / Social Work Department should be contacted for patients for whom no legal guardianship has been established to request that a Case Manager or Social Worker be assigned. The Office of General Counsel (legal services) should be contacted if emergency Probate Orders are necessary.*

The more distant the relationship between the patient and the next of kin, the greater the probability that the procedure should be delayed until guardianship is obtained. Care should be taken to ensure patient privacy laws are not violated (refer to Henry Ford Health Corporate policy – Privacy of Patient Information). Contact the Henry Ford Health Chief Privacy Officer for questions/concerns. When next of kin is more than one person at the same level:

- The group shall designate one person to sign the forms.
- This designation, and the consent of the others, should be documented by the physician or APP in the Health Record.
- Since there is legal risk associated with such cases, it is mandatory that the Senior Staff Physician provide thorough documentation in the health record for the following:
 - Their discussion with the next of kin.
 - Next of kin agreement.
 - The medical and/or surgical indications for the procedure which identify that

delaying the procedure would be contrary to the best interest of the patient.

If there is uncertainty or disagreement among the next of kin of the highest but equal relationship regarding treatment or where there appears to be no next of kin available, contact the Office of General Counsel (legal services) as emergency Probate Court orders may be necessary

Sensitive Examinations or Invasive Procedures for Education or Training Purposes - These are supervised examinations or procedures performed outside the medically necessary procedure for the sole purpose of education or training. Examinations and procedures include, but are not limited to, breast, pelvic, prostate, and rectal examinations as well as others that are specified under state law involving anesthetized and non-anesthetized patients.

Surrogate - An individual who legally has status to act on behalf of another individual.

- Types of surrogates:
 - A. May look to immediate family – not always sufficient.
 - B. Powers of attorney and **durable** powers of attorney.
 - C. Medical treatment instruments:
 - Advance directive: Surrogate decision maker is the "patient advocate."
 - Legal guardianship (Refer to Tier 1 *Guardianship Policy*).
- Power of attorney (POA) and durable powers of attorney (DPOA):
 - Must be drafted in advance and signed.
 - POA is not effective if the individual becomes incapacitated.
 - DPOA is effective if the individual becomes incapacitated – must state "durable."
 - Powers limited to the express written grant of authority.
 - Not generally applicable to medical treatment.
- Advance directive (refer to Tier 1 *Henry Ford Health Advance Directive Policy*): A document, executed in advance of a patient's incapacitation, by which a competent person states their medical and/or psychiatric treatment choices and/or names another person ("patient advocate") to make decisions on their behalf upon their incapacity. Examples of Advance Directives include Durable Power of Attorney (DPOA) for Health Care, and Durable Power of Attorney (DPOA) for Mental Health.
- Patient Advocate: Person named in an advance directive to make decisions for the patient around health care and/or psychiatric health when the patient is incapacitated and can no longer make decisions for themselves. This patient advocate is only activated when a patient has a completed and verified advance directive and the patient has been deemed incapacitated.
- Legal Guardianship: (Refer to [Tier 1 Guardianship Policy](#)).
 - Petition filed with the Probate Court indicating patient is a legally incapacitated person.
 - Petition outlines the facts and circumstances.
 - Notice given to heirs.
 - Guardian ad litem appointed to review and protect.
 - Hearing will be scheduled.
 - At hearing witnesses present testimony.
 - Typically the guardian is chosen by priority.
 - When appointed the guardian is given "letters of guardianship."
 - Guardians may be removed, changed, limited.

- Guardians may not delegate powers.
 - A legal guardian is empowered to act in the best interests of the patient (Ward). This includes medical treatment decision-making up to and including withdrawal of life support. The legal guardian may give consent necessary for the patient to receive medical or other professional care, counsel, treatment, or service.
 - Certain types of treatment are deemed "extraordinary" and require specific authorization (i.e. sterilization, abortion, organ transplant living donation, and experimental treatment).
 - While most instances of guardianship proceedings for patients involve incapacitated adults, guardianship is also appropriate for non-emancipated minors who present for care and do not have a parent or guardian.
- Other types of documents:
 - Living Wills – Not legally binding in MI.
 - Conservatorship – Relevant to financial issues only.
 - **Teach back** – A method of instruction that ensures the individual being taught understands the material by asking them to explain in their own words specifics on what was taught back to the instructor. The following explains in more detail the "teach back" principle.
 - A. **Why:** Many patients have difficulty understanding basic health information, despite signing consent forms. Asking patients "do you understand?" or "do you have any questions?" will **not** tell you whether they really understand. A lack of dialogue can result if the patient is intimidated, or too poorly informed to know what to ask. Lack of true informed consent for patients increases the chance of a patient safety incident or medical error. Asking patients to "teach back" or "repeat back" information helps you gauge how well they understand, and whether informed consent was really given.
 - B. **Who:** Physicians, APPs, nurses, interpreters, and other professionals who communicate with patients about their healthcare decisions in the informed consent process should use "teach back" or "read back" for all patients, especially those who may have difficulty understanding even basic health information.
 - C. **What:** The patient or surrogate should be able to explain in their own words, key information covered in a teaching session:
 - The diagnosis or health problem for which they need care.
 - The name/type/general nature of the treatment or procedure, including what receiving it will entail.
 - The risks, benefits, and alternatives to the treatment or procedure.
 - D. **When:** "Teach back" or "read back" should be done early in the care process, whenever possible, so that patients have time to think about their options and make informed choices. Repeating the technique, at different points in the informed consent process, helps to reinforce information and decrease the chance of errors. Patient responses can be compared to documentation on the consent form or in the Health Record. "Teach back" is an effective technique that can be used during:
 - Initial physician or APP / patient discussion.
 - Patient education sessions.
 - Pre-surgery call to confirm time of procedure (focus on pre-surgery instructions to ensure comprehension and compliance).
 - As a final step prior to entering the operating room (prevention of wrong site surgery).

- E. **How:** Patients should be able to show they understand and not just be asked to pass a "quiz" or to repeat what you said. Use phrases such as:
- "I want to be sure we have the same understanding..."
 - "It's my job to explain things clearly. To make sure I did this..."
 - "This is important for your safety..."
 - "Can you tell me, in your own words...?"

Policy

Informed consent is obtained from patients receiving care within Henry Ford Health to support full disclosure so that they can make an informed choice regarding treatment options.

The competent adult patient or their representative/surrogate (as allowed under State Law) has the right to make informed decisions regarding their care. Informed consent means the patient or surrogate is given (in a language or means of communication that they understand) the information, explanations, consequences, and options needed in order to consent to a procedure or treatment. Informed consent must be documented in the health record by the person who obtained it. In situations when a consent form is used, the consent form is the documentation of the informed consent.

Procedure

Individuals who can obtain informed consent

- Physicians.
- Advanced Practice Providers (APPs), for procedures they are credentialed to perform within their scope of practice.
- Under the direction of the provider performing the procedure/treatment, a house officer or APP on the provider's team familiar with the procedure/treatment purpose, benefits, alternatives to, risks and probable consequences of declining treatment.
- Specially trained non-physician practitioners (e.g., RN with competency to insert PICC lines) for delegated procedures that they are qualified to perform.

Documentation in the health record should include a statement that the purpose and benefits of the procedure/treatment, including the usual or most frequent risks, anticipated problems during recovery, likelihood of achieving goals, alternatives to the procedure/treatment and probable consequences of declining treatment have been explained to the patient or surrogate, and that the patient or surrogate expresses their desire to proceed with the procedure/treatment. The provider conducting the informed consent discussion shall document the informed consent in the health record or sign the informed consent document when the document is used.

Consent in Emergency Medical Condition Situations

- When, in the provider's clinical judgment, an Emergency Medical Condition exists and the patient cannot consent for themselves and there is not a surrogate decision maker available, consent is implied by law.
 - For the adult patient with an Emergency Medical Condition, medical care or surgical procedures may be performed if the physician documents in the health record the details that explain why an Emergency Medical Condition exists.
 - Where the emergency treatment of a minor or incompetent person is necessary, the following

steps should be taken if, in the judgment of the attending physician or APP, there is time and if a parent or legal guardian is not available:

- The provider responsible for obtaining informed consent shall explain the procedure and relevant risks, benefits, alternatives, likelihood of achieving goals, consequences of declining treatment and anticipated problems during recovery to a legally responsible person over the telephone and document the explanation and time of the call in the patient's Health Record.
- When the parent or guardian cannot be reached or refuses consent to emergency treatment for a minor, treatment may be initiated if consequent delay compromises the health of the minor. Contact the Office of General Counsel (legal services) for questions.

Validation of Informed Consent Form

Validation of the presence of a signed consent form will occur when a patient has presented for a procedure which requires an informed consent form.

Validation Procedure

- Confirm that a signed informed consent form is included in the health record.
- If a signed consent form cannot be located, notify the responsible provider.
- If a patient or surrogate expresses unanswered questions or voices concerns, the provider responsible for informed consent must be notified so that all such concerns are addressed prior to the procedure. Document this notification in the health record.

Informed Consent Requires 3 Steps

- A. Determine competence or capacity to consent.
- B. Inform the patient – Effective communication.
- C. Document in the Health Record.

Determine competence or capacity to consent

- The following individuals ARE authorized to provide consent:
 - Competent adults (age 18 or older).
 - The legal guardian or surrogate of an adult incompetent patient.
 - Next of kin (*under very limited circumstances*).
 - Parent or legal guardian of a minor.
 - Minors of at least fourteen (14) years of age for mental health services.
 - Minors of any age that fall under Michigan "special rules":
 - Pregnancy.
 - Treatment for substance abuse.
 - Treatment for venereal disease, HIV, or AIDS.
 - Special considerations for birth control related treatment are described under definitions at the end of this document. A minor may consent to birth control related treatment if the attending physician or APP determines that they have the capacity to consent for such treatment.

- Patients without legal guardians: Refer to [Tier 1: Guardianship Policy](#).
 - Contact Case Management / Social Work Department and request that a Case Manager or Social Worker be assigned.
 - Contact Next of Kin under limited circumstances. Reference "Next of Kin" in "Definition(s)".
 - Contact the Office of General Counsel (legal services) if emergency Probate Orders are necessary.
- Incapacitated and/or mentally handicapped adults: Refer to [Tier 1: Capacity for Medical Decision-Making Policy](#).
 - Assessment of a patient's decision-making capacity is an essential part of the informed consent process for medical care.
 - Any member of the healthcare team that suspects a patient may have an issue with decision-making capacity will notify the treating physician so that an assessment can be completed.
 - In consideration of the incapacitated and/or mentally handicapped adult, the health care team should anticipate any apparent lack of competence to give informed consent as early as possible in the hospitalization and begin appropriate measures to obtain a legal guardian through the family if the patient does not have one.
 - If a physician, APP, nurse, or other hospital personnel feels that a patient is unable to make decisions or give valid consents, they should notify the Case Management / Social Work Department and request that a Case Manager / Social Worker be assigned.
 - An incapacitated adult or mentally handicapped adult, without legal guardian, should not have any non-emergency, surgical procedures until a guardian is appointed. Current Letters of Guardianship, issued by a probate court, confirming the legal guardian's authority to act for the patient, must be copied and placed in the Health Record.
 - In the event of a life-threatening emergency, the consent requirement may be waived. A physician or APP should document, in the Health Record, the emergency, nature of the procedure, and the circumstances which override the usual consent procedure.
- Incapacitated adults - Reference "Next of Kin" in "Definitions".
- Medicated patients – A patient that has received a narcotic, barbiturate or tranquilizer:
 - No informed consent discussion may take place, nor a consent form signed, after the administration of a narcotic, barbiturate, or tranquilizer until the patient is sufficiently alert to execute a valid consent and a physician or APP has examined the patient and determined that, in the physician's or APP's judgment, the patient is conscious, alert, and capable of giving an informed, voluntary consent. This examination should be documented in the progress notes. A next of kin may not be substituted in the consent.
 - If a consent is found to be invalid before a procedure, and the patient has received a narcotic, barbiturate, or tranquilizer, the procedure must be delayed until the patient is sufficiently alert to execute a valid consent form. A next of kin may not be substituted in the consent. The physician or APP must examine the patient to determine if the patient is conscious, alert and capable of giving an informed, voluntary consent. This examination should be documented in the progress notes.

Inform the Patient - Effective Communication

- In obtaining Informed Consent, the patient or patient representative must be given **information in a language or means of communication that they understand**.
 - If a patient communicates principally in a language other than English, an interpreter must be arranged to facilitate effective communication during the consent discussion.

- Utilize Henry Ford Health approved interpreter services. Refer to the Interpreter Services webpage on OneHENRY under Quick Links for information on how to obtain qualified interpreter services.
- Use of simple, living-room language is recommended for all patients.
- Use of the "teach back," or "repeat back" or another method appropriate to the patient, should be used to verify comprehension.
- Verbal Consent: If a patient is unable to sign the consent form because of illiteracy or physical disability, a verbal consent may be obtained. Choose the Phone/Verbal consent button on the e-signature form. Document the name of the person consenting and the reason for no signature in the required e-signature form field.
- Telephone Consent: In circumstances where a person authorized to consent for a patient cannot be physically present, verbal consent may be given by telephone. Choose the Phone/Verbal consent button on the e-signature form. Document the name of the person consenting and the relationship to the patient in the required e-signature form field. A witness is not required.
- The provider responsible for obtaining informed consent discusses with the patient or surrogate and, when appropriate, the family:
 - The treatment plan, benefits, alternatives, likelihood of achieving goals, anticipated problems during recovery, risks, and consequences, including the possible risks and consequences of refusing care, treatment and services.
 - If practitioners other than the primary surgeon, including but not limited to residents, will be performing important tasks related to the surgery. The Centers for Medicare and Medicaid (CMS) define important tasks as opening and closing, dissecting tissue, removing tissue, harvesting grafts, transplanting tissue, administering anesthesia, implanting devices, and placing invasive lines.
 - Product related consultants.

Document in the health record – When to use a consent form

- The surgical consent process is in accordance with CMS guidelines. Consent is obtained for the surgical procedure. An anesthesia professional meets with the patient separately to discuss risks, benefits, and options for the creation of an anesthesia plan. No separate consent form is required for the anesthesia plan. Documentation of the plan and the consent discussion is completed in the Health Record.
- The bullets below provide guidance for non-surgical procedures and use of consent forms:
- A consent form shall be used for:
 - All procedures or medications which pose more than a slight risk of harm to the patient.
 - All procedures involving therapeutic radiation or therapeutic radioactive materials.
 - All procedures that require conscious sedation or general anesthesia.
 - All procedures that require more than local anesthetic.
 - All other procedures for which the medical staff, the attending physician or APP determines that it is advisable that the patient sign a consent form.
- In some circumstances, consent form signatures may not occur at the same time. When this occurs, it is understood that the informed consent discussion will take place prior to patient signature.

- Refer to policy *Tier 1: Electronic Signature to support the Electronic Health Record* for guidance on how consent forms are signed.
- A patient has the **right to refuse any and all treatment**. The provider must explain the consequences or possible results of not receiving care. Should a patient refuse any treatment, including but not limited to invasive procedures and the transfusion of blood and/or blood components, a Patient Refusal of Treatment form, is to be signed by the patient or surrogate and a witness, and placed in the Health Record. Should the patient refuse to sign, explain the potential consequences of treatment refusal and document the discussion in the Health Record.
- For consents involving sidedness (laterality), documentation is on the consent form. When multiple sided procedures are performed, the sidedness (laterality) of each individual procedure should be specified in the 'Planned Procedure' section of the consent form.
- For consents involving recurrent procedures or a treatment series, a single consent form may be used.
 - Consent form documentation should identify the planned procedure as a recurring procedure or treatment series.
 - The informed consent discussion with the patient or patient representative will include a discussion of the treatment goals guiding the endpoint for the recurring procedure or treatment series.
 - A change to the planned procedure or treatment requires a new informed consent discussion and consent form.
- In consideration of **time limits on consents**, if some time has passed between the informed consent discussion, the signature on the consent form, and the actual date of the procedure/treatment, the provider responsible for informed consent should apply a reasonable or common sense approach. Factors to consider include:
 - Has there been any change in the physical condition of the patient?
 - Has there been any change in the nature or scope of the procedure/treatment?
 - Does the patient or legal representative continue to demonstrate a willingness to undergo the planned procedure?
 - Under no circumstances, may the time span of an informed consent include more than one hospitalization.
- Humanitarian/emergency/for humanitarian use/emergency use of a medical device not approved by the FDA, including unapproved drugs, are exempt from the effectiveness requirements of sections 514 and 515 of the FD&C Act however, consent must be obtained by the Principal Investigator performing the procedure. Refer to IRB policies for further guidance: Institutional Review Board Policy Manual Updated Jan2023.docx (hfhs.org)

Examinations or Invasive Procedures for Education and Training Purposes

Consent is required for sensitive examinations outside the medically necessary procedure performed by supervised trainees or students for educational and training purposes.

The patient or legal guardian has the right to refuse such examinations or procedures. Refusals will be documented on the consent form.

Sensitive examinations or invasive procedures conducted for educational and training purposes include, but are not limited to, breast, pelvic, prostate, and rectal examinations as well as others specified under state law.

Sensitive Examinations of Minors involving Vaginal or Anal Penetration

Refer to Tier 1 policy: *Consent for Medical Treatment, Procedure, or Examination involving Vaginal or Anal Penetration of a Minor.*

Medicaid Sterilization Consent

The Medicaid consent process is a federally mandated process designed to protect patients. The goal of the process is to ensure that patients are giving informed consent to sterilization procedures. Consent must be obtained 30 days prior to the procedure. Exceptions apply when the consent form is signed and, during the 30-day waiting period, a premature delivery or an emergency abdominal surgery is necessary. To avoid additional surgery at the conclusion of the required 30-day waiting period, federal regulations permit the sterilization to be performed at the same time as the premature delivery or emergency abdominal surgery, if 72 hours have elapsed since the beneficiary signed the consent form.

For Medicaid purposes, a sterilization procedure is defined as any medical procedure, treatment, or operation for the purpose of rendering a beneficiary (male or female) permanently incapable of reproducing. Surgical procedures performed solely to treat an injury or pathology are not considered sterilizations under Medicaid's definition of sterilization, even though the procedure may result in sterilization (e.g., oophorectomy).

The physician/provider is responsible for following the federally mandated consent process outlined on the consent form (MSA- 1959 Informed Consent to Sterilization) 30 days prior to surgery (Medical Services Administration).

All federally mandated steps related to obtaining informed consent to Medicaid Sterilization procedures, documentation, billing, and submission of consent forms must be followed. Specific information about the Medicaid Sterilization Consent process and requirements can be obtained in the Medical Services Administration published PDF document located at: <http://www.michigan.gov>. Search using: *Family Planning Clinics Coverages and Limitations.*

Please note: Consent forms with holes punched or stapled will not be accepted for reimbursement. Care should be taken to utilize processes that keep forms intact.

Related Documents

[Tier 1: Henry Ford Health Blood and Blood Product Transfusion](#)

[Tier 1: Guardianship](#)

[Tier 1: Capacity for Medical Decision-Making](#)

[Tier 1: Henry Ford Health Advance Directive](#)

[Tier 1: Henry Ford Health Patient Rights and Responsibilities](#)

[Tier 1: Verbal Authorization of Designated Decision Maker/Surrogate by patients](#)

[Tier 1: Electronic Signature to support the Electronic Health Record](#)

[Tier 1: Consent for Medical Treatment, Procedures, or Examinations Involving Vaginal or Anal Penetration of a Minor.](#)

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- 482.13(b)(2) CMS Condition of Participation: Patient Rights.
- 482.24(c)(1) CMS Condition of Participation: Medical Records.
- 482.24(c)(4)(v) CMS Condition of Participation: Properly executed consent forms
- RI.01.02.01 Joint Commission Standard - Patient Rights.
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- R325.45193 Surgical patient record, informed consent.

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Step Description	Approver	Date
Chair, Quality, Safety and Reliability Council (QSRC)	Adnan Munkarah: President, Care Deliv Sys/CCO [KP]	10/14/2024
Provider Affairs Steering Committee	Kelly Ratowski: Dir-Office of Provider Affairs	10/10/2024
Chair Chief Nursing Officer Council (CNOC)	Eric Wallis: SVP-Chief Nursing Officer & PCS [JP]	7/2/2024
Pharmacy Review	Rox Gatia: VP-Pharmacy Shared Svcs	6/7/2024
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Document Owner	Mary Voutt-Goos: Dir- Quality Safety Initiative	6/7/2024

Applicability

Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health, Henry Ford Hospital, Henry Ford Jackson Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital

Standards

No standards are associated with this document



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Owner Crystal Gyiraszin:
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Document Types Local, Policy

Supervision and Accountability (MEP 430)

Applicability

Henry Ford Health

Scope

This applies to Henry Ford Health Medical Education programs, including all enrolled trainees, house officers, PGY, GTP residents, and fellows (“Trainees”).

Background

To ensure an appropriate supervision of house officers. Henry Ford Health is committed to providing a supportive learning environment where sound academic and clinical education is carefully planned and balanced with concerns for patient safety and house officer well-being.

Definitions

None

Policy

- A. Henry Ford Health is committed to providing a supportive learning environment where sound academic and clinical education is carefully planned and balanced with concerns for patient safety and house officer well-being. Henry Ford Health fosters a culture of professionalism

that supports patient safety and personal responsibility. Henry Ford Health is committed to providing an educational and work environment which encourages residents to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

- B. The clinical responsibilities for each house officer are based on PGY-level, patient safety, education, severity and complexity of patient illness/condition. House officers care for patients in an environment that maximizes communication, utilizes interprofessional teams and ensures effective transitions of care.
- C. Each program must ensure that the learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching and didactic educational events, without excessive reliance on house officers to fulfill non-physician service obligations. The learning objectives must also ensure manageable patient care responsibilities. All programs must comply with all training program accreditation requirements.
- D. Each patient must have an identifiable, appropriately credentialed and privileged attending physician responsible and accountable for patient care. Schedules must be structured to provide house officers with appropriate supervision. Each program must demonstrate that the appropriate level of supervision in place for all house officers is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.
- E. Attending Physicians and senior house officers must be cognizant of the level of competence of house officers and medical students under their supervision when assigning clinical responsibilities. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each house officer must be assigned by the program director and faculty members. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each house officer and medical student to delegate the appropriate level of patient care authority and responsibility. The Clinical Competency Committee evaluates resident progression through milestone assessment.
- F. Programs must establish a written program-specific supervision policy consistent with the institutional policy and the respective training program accreditation requirements.
- G. Programs must use the following classification of supervision to promote appropriate house officer supervision while providing for graded authority and responsibility:
 - 1. **Direct Supervision:** The supervising physician is physically present with the house officer during the key portions of the patient interaction or the supervising physician and/or patient is not physically present with the house officer and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
 - 2. **Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the house officer for guidance and is available to provide appropriate direct supervision.
 - 3. **Oversight:** The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

- H. The program must ensure that house officers receive direct supervision for all bedside procedures at any Henry Ford Health location until they are able to establish that the resident has demonstrated competence to allow indirect supervision. This is to be documented in the procedure tracking tool in the Electronic Residency Management System.

Related Documents

None

References/External Regulations

Accreditation Council for Graduate Medical Education (ACGME), Council on Podiatric Medical Education (CPME), Commission on Dental Accreditation (CODA), other accrediting organizations for individuals on a GME contract

All Revision Dates

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VP-Medical Education	Jennifer Gibson: VP-Medical Education [CG]	7/8/2024
System Policy Management Office	System Policy Management Office	7/8/2024
Document Owner	Crystal Gyiraszin: Exec Dir-Medical Education	7/8/2024

Applicability

Henry Ford Behavioral Health Services, Henry Ford Community Care Services, Henry Ford Health, Henry Ford Hospital, Henry Ford Jackson Hospital, Henry Ford Kingswood Hospital, Henry Ford Macomb Hospital, Henry Ford Medical Group, Henry Ford West Bloomfield Hospital, Henry Ford Wyandotte Hospital

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Procedure

Observership or Shadowing Experiences (MEP 237)

Applicability

Henry Ford Health

Scope

This policy and procedure applies to Medical Education within Henry Ford Health.

Background

To define the conditions under which observerships or shadowing experiences may be obtained.

Definitions

None

Policy

Observerships or shadowing experiences may be available. The sponsoring physician, program or clinical department may only accept observers onto their own clinical service and must ensure that all encounters with patients are directly supervised. **Direct patient care is not allowed during observerships or shadowing experiences.** All shadowing or observership participants must provide proof of Henry Ford Health required vaccines, (See [Mandatory Vaccines](#)) TB test results and display an approved form of

Henry Ford Health identification.

Procedure

Medical School Students

Medical School Students – *Affiliated Schools*. Observerships or shadowing experiences for medical school students from schools with a formal affiliation with Henry Ford Health are available in some clinical departments. Students interested in observerships or shadowing experiences must make arrangements with a physician willing to sponsor the student. The sponsoring physician must obtain the approval of the residency or fellowship program director and then contact the Medical Education Office for final approval and to initiate the process of on-boarding. The student from the affiliated school must participate in Medical Education Office Observer Orientation prior to participation; appropriate identification will be provided.

Medical School Students – *Non-Affiliated Schools*. Observerships or shadowing experiences for medical school students from schools without a formal affiliation with Henry Ford Health may be available through individual sponsoring physicians in some clinical departments. Students interested in observerships or shadowing experiences must make arrangements with a physician willing to sponsor the student. The sponsoring physician must obtain the approval of the residency or fellowship program director and then contact the Medical Education Office for final approval and to initiate the process of on-boarding. Thirty days in advance of the approved experience, the student must provide proof of current immunizations, TB test results and a copy of their Medical School identification. They must participate in Medical Education Office Observer Orientation prior to participation; appropriate identification will be provided.

For more information about official medical student rotations, see [Clerkship Rotations](#).

Medical School Graduates

Residents & Fellows in a GME Program. Observerships for residents and fellows currently enrolled in an approved GME program may be available in structured programs approved by the DIO at least 90 days in advance of the start of the observership. The observership must be approved by the sending and receiving residency or fellowship program director/ The program director or coordinator will contact the appropriate Henry Ford Health Medical Education Office for final approval and to initiate the process of on-boarding. Thirty days in advance of the approved experience, the resident or fellow must provide proof of current immunizations, TB test results and a copy of their GME program identification. They must participate in Medical Education Office Observer Orientation prior to participation; appropriate identification will be provided.

Medical School Graduates *not* in a GME Program. Observerships for medical school graduates who are seeking additional U.S. experience prior to applying for a residency or fellowship position may be available in structured programs approved by the DIO at least 90 days in advance of the start of an observership.

Observers must obtain approval from the residency or fellowship program director for permission to

engage in an observership. Once permission has been obtained for the observership, the program director or coordinator will contact the appropriate Henry Ford Health Medical Education Office for final approval and to initiate the process of on-boarding. Thirty days in advance of the approved experience, the medical school graduate must provide a copy of their medical school diploma, proof of current immunizations, TB test results and a copy of government-issued identification. They must participate in Medical Education Office Observer Orientation prior to participation; appropriate identification will be provided.

Established Clinicians

Observerships for established clinicians, licensed and practicing medicine in a specialty area, seeking exposure to highly specialized diagnostic and therapeutic medical care, may be available through clinical departments. Established clinicians must contact the Henry Ford Medical Group division providing the diagnostic or therapeutic technique to arrange the observership. The sponsoring physician must contact the Physician Staff Services to initiate the process.

Related Documents

[Mandatory Vaccines](#)

[Clerkship Rotations](#)

References/External Regulations

ACGME



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Standards

No standards are associated with this document

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