**DETROIT MEDICAL CENTER / WAYNE STATE UNIVERSITY INTERNAL MEDICINE RESIDENCY PROGRAM**

 The WSU/DMC Internal Medicine training program is committed to providing the highest level of clinical care and access to all patients. In concordance with ACGME guidelines all trainees are required to complete at least one-third of their training in the ambulatory setting. Given the complexity of scheduling, IM program administration is required to monitor and, at times, restrict modifications to the ambulatory schedule as highlighted below. IM program administrators are quite cognizant that urgent/emergent situations may arise which require modifications to the ambulatory schedule, however, such changes should be kept to an absolute minimum. Attendance records will be monitored by the Ambulatory Chief Medical Resident and any irregularities will be referred to the Program Director or a designee of the PD such as an Associate Program Director or Chief Medical Resident. Any ambulatory schedule changes must receive program approval *prior* to any scheduling modification. Failure to comply with these procedures will result in disciplinary actions.

* Vacations during a residents’ ambulatory block are strictly prohibited.
* Any exchanges to increase the duration of vacation are strictly prohibited as this may result in scheduling inequalities amongst trainees.
* All residents are required to sign in during their clinic sessions.
* The Ambulatory Schedule Change Form must be completed and signed by program administration.
* Upon approval the resident is responsible to notify clinic preceptors.
* Residents shall not modify their active clinical assignment to provide coverage or payback.
* All changes must be approved ***90 days*** in advance (exemption of this policy is at the discretion of PD)

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**Ambulatory Schedule Change Form**

Resident:

Reason for Exchange:

Exchange Date:

Covering Resident:

Payback Date:

Exchange Reasons:

1. Medical Emergency (self or family)
2. Fellowship / Job interview
3. USMLE Step III Exam
4. Board Review Course
5. Other: (please specify)

Program administrator approval by:

Approval date:

Program administrator signature:­­­­­­­­­­­­