

**2017-2018 UW Health
Appointment Information for Residents and Fellows
In Graduate Medical Education Programs**

UW Health (University of Wisconsin Hospitals and Clinics Authority) and its affiliates are committed to providing a training program for residents¹ that meets all requirements for programs² accredited by the Accreditation Council for Graduate Medical Education (ACGME). The Program Director will be responsible for determining the educational program, the professional responsibilities, specific hours of duty and the rotation schedules necessary to comply with the ACGME requirements.

I. Responsibilities of the resident:

- A.** Participate in safe, compassionate and cost-effective patient care under a level of supervision commensurate with their achieved cognitive and procedural skills.
- B.** Participate fully in the educational activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
- C.** Fulfill the educational requirements of the training program established for their specialty and demonstrate the specific knowledge, skills, and attitudes to demonstrate the following:
 - 1. Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
 - 2. Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
 - 3. Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
 - 4. Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
 - 5. Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
 - 6. Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.
- D.** Participate in institutional programs and activities involving physicians, and adhere to applicable laws (including U.S. Selective Service registration), regulations, rules, policies, procedures and established practices of the sponsoring institution and all other institutions to which they are assigned.
- E.** Participate in institutional committees and councils, especially those related to patient care review activities and residency education.
- F.** Learn and apply reasonable cost containment measures in the provision of patient care.

II. Professional activities outside the educational program: Also see UW Health GME Policy on *Moonlighting and Other Outside Activities* and UW Health *Code of Ethics on Conflicts of Interest*, and *Code of Conduct*.

- A.** The primary responsibility of the resident is to the care of his/her patients and the continuity of care at the hospital to which they are assigned.
- B.** Outside activities shall not adversely affect residents' primary responsibility to patients at the training institution. No compromise of a patient's medical care shall occur to fulfill an outside activity obligation.
 - 1.** Residents are expected to take into consideration duty hour requirements, patient load, reading requirements, rotations, and other training responsibilities when scheduling outside activities (e.g., moonlighting), so as not to compromise their capabilities.
 - 2.** Residents must follow ACGME, UW Health, and departmental policies regarding the scheduling and reporting of outside activities.

¹ To be concise, whenever the term "resident" is used in this document, it is intended to include all residents and fellows in ACGME accredited training programs.

² Further use of "program(s)" in this document will refer to ACGME accredited programs.

³ All UW Health GME policies referred to in this document are available on the uwhealth.medhub.com website and in U-Connect. All other UW Health policies are on the UW Health intranet U-Connect.

3. All clinical moonlighting hours must be recorded in MedHub as duty hours and will count toward the 80-hour work week.
4. Programs must not require residents to engage in moonlighting.
5. UW Health does not provide any liability coverage for moonlighting activities. The resident or the institution/employer where the moonlighting takes place must provide coverage for the moonlighting activities.
6. UW Health does not allow moonlighting for non-Board-eligible residents within UW Health. In order to moonlight within UW Health, physicians must meet Medical Staff requirements.
7. UW Health PGY-1 residents are not permitted to moonlight.
8. The resident education license (REL) applies to work within the training program only. An unrestricted license is required for moonlighting.
9. The procedures for obtaining approval are detailed in the above mentioned moonlighting policy.
10. All alleged infractions of this policy shall be reviewed initially by the Program Director, then by the Designated Institutional Official. Appeals of any decisions may be considered according to the *Appeals of Resident Corrective Action* policy.

III. Appointment, promotion, and stipend

A. Appointments: Also see UW Health GME policies on *Resident Selection & Appointment*, *Evaluation of Residents and Faculty*, and *Academic Improvement and Corrective Action*.

1. Non-discrimination statement: The UW Health does not discriminate on the basis of sex, age, race, color, national origin, religion, sexual orientation, gender identity, disability or any other applicable legally protected status in appointments to, or conduct of, residency programs. Allegations of such discrimination shall be referred to the UW Health Department of Human Resources or GME Office.

a) Harassment/discrimination: It is UW Health's policy to provide a work environment free from unlawful discrimination and harassment for all persons. Discrimination and harassment are unacceptable and will not be tolerated. Complaints of discrimination and harassment will be investigated and resolved in accordance with this policy and any applicable federal, state and local laws. A copy of the UW Health *Equal Opportunity and Non-Discrimination* policy # 9.27 is available on U-Connect. Harassment or discrimination should be reported to a Labor Relations Consultant in the Department of Human Resources (263-6500) or the GME Office.

b) Ethical/religious Beliefs: No resident shall be penalized for refusing to perform medical procedures he/she finds contrary to his/her ethical or religious beliefs, provided that the resident has given reasonable notice of such beliefs. However, residents must complete the training required by the applicable accreditation body before UW Health can certify that the resident has completed the training program.

2. Initial appointments: Initial appointments are for one year.

3. Probationary/remedial appointments: If a resident has been placed on probation due to inadequate scholarship or professional growth and the terms of the probation extend beyond the training year, a special limited-term appointment based on the terms of the probationary letter will be provided. A resident may appeal a probationary decision but not remediation.

4. Non-renewal of appointment: A resident will be notified in writing of non-renewal of appointment with as much notice as possible. A resident may appeal a non-renewal decision.

5. Dismissal: A resident will be notified in writing of dismissal with the reason for dismissal. A resident may appeal a dismissal decision.

6. Resident resignation: Residents may be required to give three months notice, in writing, when intending to leave the program prior to a normal completion date.

B. Stipends

1. Stipend rates: It is the objective of UW Health to maintain resident stipend levels at the 75th percentile of non-profit hospitals nationwide. Annual stipend rates will be based on the levels reported in the AAMC Council of Teaching Hospitals biannual survey and will be adjusted on a yearly basis as necessary.

2. Determination of stipend levels: A resident's annual stipend is stated in the letter of appointment. The stipend level is determined by counting the number of years after receiving an

MD or DO (or equivalent degree) that have been spent in a training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and apply toward (i.e., is required for) board certification in the current specialty or subspecialty in which they are training. Residents may receive up to one additional stipend -level for the following:

- a) UW Health chief resident year;
- b) UW non-accredited research year; or
- c) Completion of Board or ACGME required training that is greater than the PG level in which the current training program begins. For example, the Sleep Medicine fellowship begins at PGY-4. Required residency completion may be in a variety of residencies that vary in length. If a trainee entering the Sleep Medicine fellowship completed a Neurology residency to meet eligibility for this fellowship, they completed four years of residency, would enter the Sleep Medicine fellowship as a PG-4 and be paid as a PG-5.

C. Promotions: Appointments beyond the initial appointment are made for one year, except as specified in Section III. A. 3 or 4 above or Section III. D below. A resident is promoted to subsequent levels in the program unless the Department Chair or Program Director determines that the resident has demonstrated inadequate scholarship and professional growth. Semi-annual evaluations are provided to apprise residents of their progress.

D. Program closure/reduction policy: Also see UW Health GME policy on *GME Program Closure or Reduction*. It is the policy of the UW Health to inform residents as soon as possible of a decision to reduce the size of or close a training program. In the event of such a reduction or closure, UW Health will make every effort to allow residents already in the program to complete their education. If residents are displaced by the closure of a program or reduction in the number of trainees, UW Health will make every effort to assist the resident in identifying a program in which they can continue their education.

IV. Requirements of appointment

A. Medical school graduation: Appointment to a residency/fellowship program is contingent upon graduation from an LCME-accredited or ECFMG-certified medical school. Prior to start date, a copy of a diploma must be provided. In situations where a diploma is not yet available from the medical school, alternate forms of graduation verification from the medical school will be accepted to enable an on-time start. A copy of the medical school diploma must be submitted to the GME Office within 60 days of the resident start date.

B. Visa: Non-U.S. citizens: To enter a UW Health ACGME training program, the resident must acquire or currently hold one of the following to begin training:

1. Lawful Permanent Resident (Green Card);
2. Initial or continuation of a UW Health J-1 "Alien Physician" (clinical training program) which is a temporary non-immigrant visa reserved for education training purposes; or
3. Employment Authorization Document (EAD).

Note: UW Health does not sponsor an H-1b visa or accept an optional practical training (OPT) for graduate medical education training.

C. USMLE or COMLEX:

1. Requirements:

- a) **All PG levels:** All residents entering training at UW Health must have passed USMLE Steps I, II CK and CS or COMLEX Levels I and 2.
- b) **PG-2:** PG-2s who completed the PG-1 year at UW Health are required to complete Step 3 by December 31 of the PG-2 year. PG-2s who completed the PG-1 year elsewhere are required to complete Step 3 by March 1 of the PG-2 year.
- c) **PG-3 and above:** All residents appointed to a PG-3 level and above must have passed USMLE Step III or COMLEX Level 3.

2. Exam fees: All exam and reporting fees are the responsibility of the resident.

D. Wisconsin licensure:

1. **Requirements:** In the state of Wisconsin, all physicians are required to obtain a Wisconsin medical license. Failure to obtain and maintain a valid and applicable Wisconsin medical license will result in termination of appointment.

a) Resident Educational License (REL): All PG-1 and PG-2 residents must obtain and maintain a resident educational license (REL) prior to an unrestricted medical license.

b) Unrestricted Wisconsin medical license: An unrestricted Wisconsin medical license is required for an appointment to a PG-3 year or above. If unrestricted licensure is not obtained by PG-3 year, the resident's stipend will be at the PG-2 level until licensed. PG-2 residents with a preliminary/transitional year outside of UW Health must successfully complete and receive credit for 12 consecutive months of postgraduate training at UW Health and receive an endorsement from the program director confirming an expected completion of 24 months of training at UW Health. These residents will be allowed to promote to a PG-3, prior to unrestricted licensure, required by October 1st of the PG-3 year.

2. Initial license fees: Residents are responsible for the REL application/renewal fee. The UW Health will reimburse PG-2 residents for the initial Wisconsin unrestricted license application fee upon receipt of unrestricted licensure. All other licensure fees are the responsibility of the resident.

3. License renewals: Residents are responsible for maintaining WI medical licensure throughout training at the UW Health. Residents are responsible for all fees related to license renewal.

E. Drug Enforcement Administration (DEA) registration:

1. Requirements: All residents must register with the DEA upon receiving unrestricted licensure. Residents must maintain their DEA registration throughout their training at UW Health. It is the resident's responsibility to maintain the correct contact information with the DEA. Program and/or institutional clinical needs may allow this requirement to be waived by the GME Office. Until residents are eligible and receive a personal DEA registration, a unique provider number (UPN) will be assigned for use with the institutional DEA (iDEA). The UPN/iDEA will expire when a resident obtains a personally assigned DEA or ends employment with UW Health. The UPN/iDEA may only be used in UW Health facilities within the scope of the training program.

2. Registration fees: Following receipt of the DEA (initial and renewal), residents may request a pro-rated reimbursement from the GME office based on the amount of time left in the UW Health training program and the 3-year DEA term. A current DEA required prior to training at UW Health and effective at the start of training at UW Health is not eligible for reimbursement.

F. National Provider Identifier (NPI): All residents are required to obtain an NPI. It is the resident's responsibility to maintain the correct contact information with the NPPES.

G. Medicare and WI Medicaid enrollment for prescribing/referring/ordering providers: All residents are required to be enrolled as a prescribing/referring/ordering provider for Medicare and WI Medicaid, once they are licensed (REL or full licensure). Residents are required to maintain current enrollment information (e.g. change from REL to unrestricted license or a name change).

H. Office of Inspector General Exclusion List: UW Health requires that in order to be appointed to a resident position, physicians must not be listed on any federal Health and Human Services/Office of the Inspector General's (OIG) list of individuals excluded from federal health care programs.

I. Pre-training health assessment and drug screen: In compliance with state law and hospital policy, all residents must undergo a pre-training health assessment through the UW Health Employee Health Service (EHS). All residents must also complete a urine drug screen in accordance with UW Health *Pre-employment Drug Testing Policy for Safety-Sensitive Positions #9.23* and have a current TB test. Residents will need to receive clearance from EHS prior to their hire date.

J. Annual tuberculosis (TB) testing: All residents must have a TB test at least annually, as required by State regulations and UW Health policy.

K. Annual influenza vaccine: All residents are required to receive an influenza vaccine or provide documentation of medical or religious waiver by the provided deadline each year. See UW Health *Influenza Vaccination policy #9.75*.

L. Certification of cardiopulmonary resuscitation & other life-saving interventions: Additional details are found in UW Health *Certification Cardiopulmonary Resuscitation and Other Life-Saving Interventions policy #9.35*.

1. **BLS/CPR:** All incoming residents are required to show current certification in American Heart Association (AHA) basic life support or CPR prior to employment hire date at UW Health.
2. **ACLS/PALS:** Those residents required to be certified in ACLS or PALS must also show current AHA certification or be certified within the first 3 months at UW Health.
3. **ATLS/Advanced PALS:** Those residents who must be certified in AHA ATLS or Advanced PALS must achieve certification prior to the rotations or PG level for which it is required.
4. **Maintenance of certifications:** After receiving certification, residents must maintain AHA certification in all required life-saving interventions throughout their training program unless otherwise indicated in UW Health policy #9.35.
5. **Training fees:** Training sessions are held by the UW Health Emergency Education Center (EEC) throughout the year and are offered at no charge to residents. Fees for training obtained online or outside the UW Health EEC program are the responsibility of the resident.

M. Dress code: White coats are furnished to residents and laundered by the hospital. Resident names on white coats and photo ID badges must be the same and conform to UW Health GME *Resident Use of Legal Name and Name Changes*. Hospital issued photo ID badges are required to be worn. Residents are expected to dress in a professional manner as outlined in the UW Health *Dress Code and Appearance Policy for All Employees #9.16*.

N. Duty hours: All residents must take joint responsibility with their program for abiding by the duty hour requirements of the ACGME and their program. If a resident finds him/herself in a situation where s/he is approaching the limits of the requirements, s/he must notify his/her Program Director immediately. Patterns of problems experienced by the resident should be reported to the Program Director and/or the GME Office for correction or the GME Hotline at 316-9800. Also, see UW Health GME policy on *Resident Duty Hours*.

O. Caregiver background check: Under Wisconsin law, all residents must complete a Background Information Disclosure (BID) form prior to the start of training and every four years thereafter. The Hospital will then perform a criminal and regulatory background check, as required by state law. If certain offenses are disclosed or discovered, the hospital is required by law to terminate an appointment. Completion of the Background Information Disclosure form and not having a forbidden offense are conditions of all resident appointments.

P. New arrests or convictions: All residents have a continuing obligation to report any new arrests and/or convictions as they occur, to the GME Office, who will immediately report the information to a Human Resources (HR) Department's Employee Relations Consultant (ERC) (608/263-6500). A resident may be subject to disciplinary action and/or sanctions if they provide false information on a BID form or if they fail to report new arrests, convictions, findings, or license limitations (UW Health *Caregiver Background Checks* policy # 9.03).

Q. Additional conditions of appointment: Each resident shall notify the Senior Vice President for Medical Affairs or designee within 10 days following the receipt of any of the following. Failure to notify shall constitute grounds for corrective action.

1. Any voluntary or involuntary loss or lapse of any license, registration or certification regarding professional practice; any disciplinary or monitoring measure and any change in such discipline or monitoring measure by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice.
2. Any settlements, judgments, or verdicts entered in an action in which the practitioner was alleged to have breached the standard of care other than those arising out of his/her employment by the UW Health or his/her training at the UW Health.
3. Pending disciplinary or other adverse action by a governmental agency or any other action adversely affecting his or her privileges at another health care facility.
4. The voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation or reduction of clinical privileges at another hospital or institution. The affected resident shall provide the hospital with complete information as to the reasons for the initiation of corrective or disciplinary action and the progress of the proceedings.
5. Each resident shall notify the Senior Vice President for Medical Affairs or designee within 30 days following the receipt of any notice of complaint or investigation by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice. Failure to notify shall constitute grounds for corrective action.

R. Notification: The Senior Vice President for Medical Affairs or designee will forward to the Program Director of the applicable training program and Chair of the applicable clinical service a copy of any notice received under sections III, N, O, or P.

S. No restrictive covenants: No residency or fellowship program sponsored by the UW Health may require that a trainee signs a non-competition guarantee.

T. Restriction or suspension from clinical rotations: Residents may be subject to restriction or suspension from clinical rotations by their Program Director, Department Chair or the Senior Vice President for Medical Affairs or designee, or suspension or dismissal by the Senior Vice President for Medical Affairs during the term of the appointment for misconduct in violation of standards, rules and regulations of the Medical Staff of the UW Health, the hospital, and its affiliated hospitals or for failure to perform at the academic or clinical level required by their program.

V. Leaves: See also the UW Health GME policy on *Resident Absences and Leaves*. When scheduling leave time, residents must adhere to the requirements of UW Health, their RRC and specialty board, and obtain approval from their Program Director. In some cases, the GME Office and the Designated Institutional Official (DIO) must also give approval. Residents should be aware that any leave time taken might extend the length of time required to complete their training. In some cases, space for such additional training time may not be available at this hospital or at the time desired. All leave time must be requested and recorded through the residency management system, MedHub. In addition, the GME Leave Request form must be filled out and forwarded to the GME office where indicated below.

A. Family/medical leave: Federal and state Family & Medical Leave Act FMLA/WFMLA laws mandate minimum family and medical leave benefits. After the resident leave of absence request is submitted in MedHub, the UW Health *Certification of Healthcare Provider* form will be emailed to the resident. This form must be completed and submitted to the UW Health Leave Coordinator for approval.

1. Family leave: UW Health will grant one week of paid family leave for the father/partner following the birth of a child or for either parent following adoption of a child. (See medical leave section regarding paid medical leave after childbirth). In addition, UW Health will grant unpaid family leave (leave due to the birth of a child, adoption or a serious health condition of a spouse, parent or child, which necessitates the resident's care) in compliance with federal and state FMLA/WFMLA laws. The resident must contact the GME Office as soon as possible after deciding that he/she intends to take family leave by submitting the request in MedHub.

2. Sick leave: The Program Director may approve up to one week of paid sick leave per year if needed. For any sick leave exceeding one week, the resident must request a medical leave of absence. All leave of absence requests must be submitted through MedHub.

3. Return to work: Residents on leaves of absence greater than 5 calendar days must obtain medical clearance to return to work from Employee Health Services (EHS) according to UW Health Policy # 9.22 *Fitness for Duty, Health Service Clearance to Return to Work/Continue Work*. If returning from maternity leave without work restrictions, medical clearance to return to work is not required.

4. Medical leave: The hospital will grant unpaid medical leave in compliance with applicable federal and state FMLA/WFMLA laws. In the event of a short-term disability (i.e. a temporary inability to work as a result of illness, injury, childbirth, etc), the hospital may grant paid leave for a "usual and customary" recovery period. Paid leave after childbirth shall be four weeks unless the resident has continuing medical complications certified by the treating physician. Any approved paid leave longer than six weeks will be paid at 75% of stipend, mirroring the long-term disability policy. Available paid sick days must be taken and included within allowed paid medical leave. Paid medical leave does not apply upon return to work with restricted hours (to be paid proportionately to a regular schedule) and will never exceed six months and in some instances may not cover the entire length of absence. Medical leave exceeding six months may qualify for long-term disability benefits, further determined by other requirements of the hospital-provided policy.

B. Personal leave: A resident may be granted a leave of absence without pay at the discretion of the Program Director and the Director of Graduate Medical Education. All unpaid leaves must be reported to the GME Office by the resident and program via MedHub.

C. Bereavement leave: In the event of the death of a resident's spouse/partner, or the child, parent, grandparent, brother, sister, grandchild, (or spouse of any of them), of either the resident or his/her spouse/partner, or any other person living in the resident's household, the resident is granted time off with pay to attend the funeral and/or make arrangements necessitated by the death. However, time off with pay cannot exceed three (3) workdays. Reasonable additional time off without pay may be granted in accordance with religious or personal requirements and must be reported to the GME Office by the resident and program via MedHub.

D. Military leave: Residents may take time off for military service as required by federal and state statutes. The resident is required to provide advance documentation verifying the assignment and pay to the GME Office. (Leave Request form required)

1. UW Health will pay the excess of a resident's standard wages over military base pay for military leaves of three (3) to thirty (30) days to attend military schools and training.

2. For residents who are recalled to active duty, UW Health will pay the difference between the resident's wages and the active duty military pay for up to one year (average hospital pay over the past year minus military pay). For the first month of recall, UW Health will pay the difference between the resident's base pay and hospital pay. For the next eleven months, UW Health will pay the difference between the resident's total monthly military pay (limited to base pay, Basic Allowance for Housing and Basic allowance for Subsistence) and the resident's hospital pay. If the resident's active duty pay is more than his/her hospital pay, UW Health will not compensate any wages.

E. Military Family Member Qualifying Exigency Leave (if eligible under the FMLA): Eligible residents with a covered military family member serving the National Guard or Reserves may take up to 12 weeks of unpaid leave for a qualifying exigency arising out of the fact that the covered military member is on active duty or is called to active duty status.

F. Vacation: UW Health residents are entitled to three (3) weeks (21 days including weekend or 15 days not including weekends) paid vacation per year. This vacation time is to be used during the training year in which it is allotted. In exceptional circumstances, if the resident is unable to use all allotted vacation during the training year due to service requirements; he/she may carry over unused vacation with prior approval of the Program Director (not to exceed one and a half weeks) to the following year. When the resident is leaving UW Health permanently, accrued vacation entitlement must be used prior to termination.

G. Professional meetings: Each resident is entitled to a maximum of one (1) week to attend professional meetings each year with pay. The meeting is to be approved in advance by the Program Director and attendance documented in MedHub. This meeting time is in addition to vacation leave.

H. Holiday leave: When program patient care responsibilities allow and with Program Director approval, UW Health legal holidays will be observed. Residents do not accrue holiday time or have the option of a floating holiday, "comp time" or additional holiday pay. Holidays taken should never exceed the number of UW Health legal holidays observed. Additional holidays observed by the VAH are not included as additional holidays. Residents on a VAH rotation are still obligated to assist with UW Health patient care activities or participate in other training program activities. If residents request time off for a religious holiday, in lieu of legal holidays, they should be allowed comparable leave where scheduling permits. Further information regarding holiday leave may be found in *UW Health GME Resident Absence and Leave Policy*.

I. Career development leave: Each resident is entitled to a maximum of 5 days for fellowship and other employment searches per residency program. Unpaid leave may be granted for additional time. All time used must be approved by the Program Director. The GME Office must be notified of any unpaid time granted via MedHub.

J. Witness leave: Residents may take time off without loss of pay during regularly scheduled hours of work when subpoenaed as a witness in a matter directly related to their work duties. However, when not called for actual testimony, but instead on call, the resident shall report back to work unless authorized otherwise by his/her Program Director. Residents needing time off for witness leave must provide advance notice to their Program Director and provide a copy of the subpoena. If a resident is subpoenaed as a witness in a matter not directly related to their work duties, the resident must use vacation or, if none is available, take time off without pay. The resident and program must report unpaid leave to the GME Office via MedHub.

K. Jury duty leave: Residents may take time off without loss of pay during regularly scheduled hours of work for jury duty. However, when not impaneled for actual service, but instead on call, the resident shall report back to work unless authorized otherwise by his/her Program Director. Residents needing time off for jury duty must provide advance notice to their Program Director and provide a copy of the jury summons. Time off must be recorded in MedHub.

L. Time off to vote: A resident eligible to vote in an election who finds it impossible to vote during non-working hours may be absent from work for up to three (3) hours without loss of pay during regularly scheduled work hours to vote, including travel time. The supervisor can designate the time of day for the absence. The resident must notify his/her Program Director before Election Day of the intended absence and must submit a written statement in advance to their Program Director explaining why they cannot vote during non-working hours. NOTE: All Residents are strongly urged to vote during non-working hours or by absentee ballot. Contact the clerk of your municipality for more information.

M. Exam leave: Residents may take time off without loss of pay for up to 2 days per year to take required licensure or certifying Board exams. Time must be scheduled ahead of time via MedHub with the approval of the Program Director.

N. Accrual of leave time: No leave time described in Section IV is accrued for residents except as described in Section IV. F. Vacation above.

VI. Benefits

A. Liability insurance: Comprehensive liability protection is provided for all residents for any training-related incident. Protection is granted for specific training activities approved by the Program Director and the UW Health Risk Management Office for activities that take place outside the UW Health. No protection is provided for activities outside the scope of the training program, such as moonlighting or unapproved electives not related to the program. Additional information on coverage can be found in the Liability Protection for Health Professionals information on *U-Connect*, the UW Health intranet.

B. Workers compensation for work-related injuries: Residents employed by UW Health may be eligible for workers compensation in the event of a work-related injury as required by the Wisconsin Workers' Compensation Act. More information is provided under UW Health's *Workers Compensation Policy #9.17* on U-Connect.

C. Disability insurance: All residents are covered by a hospital paid long-term disability plan. Details on the current disability insurance plan are available in the GME Office website.

D. Optional insurance and benefit plans: Residents employed by UW Health are eligible for a variety of optional insurance plans, at additional cost. Resident contributions for these insurance plans can be made through payroll deduction. Additional information on these plans, including enrollment deadlines and premiums, is available in the Human Resources Benefits Office.

1. Health insurance: Residents can choose from a variety of comprehensive health plans, including a preferred provider plan with a nationwide network and several health maintenance organizations (HMOs). Individual and family coverage is available. Most offered health plans offer the same level of coverage and include basic dental coverage.

2. Life insurance: Residents are eligible for two term life insurance plans, the supplemental life insurance and the UW Employees Inc plan.

3. Vision and Dental Insurance: Residents are eligible for supplemental major medical, dental, and vision insurance coverage.

4. Accidental death and dismemberment insurance (AD&D): AD&D insurance pays benefits for accidental loss of life, sight, or limb. Residents are eligible for individual or family coverage.

5. Tax sheltered annuity/deferred compensation programs: Residents are eligible to participate in a variety of tax-sheltered annuities and deferred compensation retirement plans. Contributions to the tax sheltered annuity (403b) and deferred compensation plans (457) are made on a pre-tax basis, reducing federal and state taxable income. The contributions purchase retirement benefits that are not taxable until distribution is made, usually at retirement.

6. Flexible Spending Accounts (FSA): The FSA program allows residents to pay for certain expenses, including dependent care and/or approved out-of-pocket medical expenses, with pre-

tax rather than after-tax income. The amount of contribution directly offsets taxable income, resulting in reduced federal and state income tax, and social security tax liability.

E. Benefit Continuation: The resident's insurance benefits will continue during a paid leave and up to three months of an unpaid leave under the same circumstances and conditions as existed prior to the leave, as long as the resident continues to pay his/her share of the premiums. Beginning the fourth month of an unpaid leave, the resident will be responsible for the entire health insurance premium.

F. On-call meals: An allotment for on-call meals is provided to eligible residents on an annual basis based on averages by PG level within their program. The allotment will be added to a GME meal card account associated with the UW Health ID badge. Any unused allotment at the conclusion of the resident's training program will be forfeited. Meriter, St. Mary's and Veterans Administration hospitals provide meals, with limits established by the individual hospital.

G. On-call rooms: On-call rooms are provided for residents required to be in the hospital overnight. A workroom with computers, a television, refrigerator, and microwave oven is also available (F5/606) and at the AFCH. There are programs that have an occasional need for a call room when the resident is called in from home. A hotel type system with dedicated call rooms is available and can be reserved by contacting Bed Control at 263-8775.

H. Parking: Parking is available to residents. Fees are set annually by the University of Wisconsin. Residents will be offered parking on an annual basis and fees will be deducted from the residents' paychecks nine months per year.

I. Safe escort: An after-hours safe escort to a distant parking lot is available by calling UW Health Security (608-890-5555). Access details are posted on U-Connect.

J. Inclement weather car service: During periods when local weather conditions indicate a reasonable probability that residents who are parked on UW Health grounds may have difficulty getting their car started, UW Health will provide free jump-starts. Contact the Security Office if assistance is needed. Access details are posted on MedHub and U-Connect.

K. Safe Ride Home: In the event of fatigue following an extended duty period, a resident will be reimbursed for taxi fares home and back to the hospital, if needed.

L. UW affiliate photo ID (WISCARD): The University of Wisconsin affiliate photo ID allows residents to access library services and recreational facilities on the UW campus. The ID also qualifies residents for discounts at various local businesses.

M. Membership on Medical Staff committees: Residents have voting representation on the UW Health Medical Board and its committees. These representatives are selected jointly by the Chair of the Medical Board and the President of the House Staff Association.

N. Wisconsin Medical Society membership: The UW Health will pay the annual membership dues for the Wisconsin Medical Society for residents during their training at UW Health. Become a member or renew your membership online at www.wisconsinmedicalsociety.org.

O. Counseling and support services: Confidential counseling, support, and assistance with issues such as psychological, substance abuse, marital, legal and financial problems are available to all residents and their immediate family at no cost through the Life Matters Employee Assistance Program. Information is available 24/7 at 800-634-6433 or at mylifematters.com, password: UWH1

P. GME Hotline: Residents that have exhausted intra-departmental complaint resolution mechanisms may call the hotline at 608-316-9800 for additional assistance. Residents may remain anonymous and concerns will be held confidential as appropriate.

VII. Appeals of resident corrective action: The UW Health GME policy on *Appeals of Resident Corrective Action* details the process that provides residents with fair, reasonable, and readily available procedures for appeals and due process. All GME programs at UW Health will promote fair, reasonable, efficient and equitable resolutions for general grievances that may arise in the course of residency training. Actions which result in probation, suspension, non-renewal, non-promotion or dismissal must receive due process in accordance with the ACGME program and institutional level requirements (IR IV.C.1.b).

VIII. Resident Grievances related to Employment Concerns: The UW Health GME policy on *Resident Grievances related to Employment Concerns* details the process that:

A. Provides residents with fair, reasonable and readily available procedures for grievance and due process. It is recognized that misunderstandings, disputes or disagreements may occur related to the:

1. Work environment

2. Issues related to the program or faculty
3. Interpretation of the terms of UW Health Graduate Trainee Appointment Information Document
4. Application of the program's and/or hospital's policies and procedures affecting residents.

This list shall hereby be called employment concerns.

B. The policy does not apply to academic or other disciplinary or corrective actions taken against residents that could result in remediation, warning, probation, suspension, non-renewal, non-promotion or dismissal. See UW Health GME policies on *Academic Improvement and Corrective Action and Appeals of Resident Corrective Action*.

C. This procedure does not apply to allegations of discrimination based on sex, age, race, national origin or disability. Such allegations shall be submitted to the UW Health Human Resources Department.

IX. GME Appeals Committee: The GME Appeals Committee, a standing committee of the Medical Staff, is appointed to deal with grievances and appeals of corrective action decisions filed by residents. The GME Appeals Committee shall consist of three members and one alternate from the medical staff and two members and one alternate from GME trainees in hospital-sponsored training programs. The committee chair shall be appointed by the president of the medical staff from among the medical staff members of the committee. The alternate(s) will serve in case of unavailability or a conflict of interest of any member.

X. Additional Resources

The following UW Health policies and resources are available on U-Connect, the UW Health intranet. Prior to beginning employment, copies of these policies may be obtained by contacting the GME Office.

UW Health Bylaws and Rules & Regulations of the Medical Staff

UW Health Code of Conduct

UW Health Code of Ethics on Conflicts of Interest

UW Health Liability Protection for Health Professionals

UW Health Equal Employment Opportunity and No Harassment/ Discrimination/Retaliation Policy # 9.27

UW Health Pre-employment Drug Testing Policy # 9.23

UW Health Pre-Employment Health Assessment Policy # 9.20

UW Health Certification Cardiopulmonary Resuscitation and Other Life-Saving Interventions Policy # 9.35

UW Health Dress and Appearance Policy for All Employees # 9.16

UW Health Pre-Employment and Renewal Caregiver Background Checks Policy # 9.03

UW Health Fitness for Duty: Health Service Clearance to Return to Work/Continue Work Policy # 9.22

UW Health Employee Assistance Program Policy # 9.15

UW Health Influenza Vaccine Policy #9.75.

The following UW Health GME policies are available on uwhealth.medhub.com, the residency management system and in U-Connect.

UW Health GME policy on Outside Activities including Moonlighting - Resident/Fellow

UW Health GME policy on Resident Selection & Appointment

UW Health GME policy on Evaluation of Residents and Faculty

UW Health GME policy on GME Program Closure or Reduction

UW Health GME policy on Resident Duty Hours

UW Health GME policy on Resident Absences and Leaves

UW Health GME Impaired Resident Summary policy

UW Health GME policy on Appeals of Resident Corrective Action

UW Health GME policy on Resident Grievances related to Employment Concerns

APPROVAL: Graduate Medical Education Committee, March 15, 2017