University of Wisconsin Hospital and Clinics  
Code of Ethics

The UWHC Code of Ethics applies to all residents and fellows. You must:

1. **SIGN & RETURN the UWHC Request for Approval of Outside Activities form.** This form must be completed whether or not you are asking for approval of outside activities. Please print your name and program at the top of the form. For clarification on what activities are exempt from the need for approval, review the attached (yellow) UWHC Outside Activities Exempt from Prior Approval.

   **If you are not requesting approval for outside activities**, please check the “No Outside Activities Planned” box and sign your name. Return the form to your program coordinator to forward to the GME office.

   **If you are requesting approval for outside activities**, please check the “Request for Approval” box and fill in the rest of the required information. Submit the form to your program director for initial review and approval. Your program coordinator will then forward to GME Office for final review and approval by the Senior Vice President for Medical Affairs.

2. **SIGN & RETURN the below (pink) “Annual Report of Outside Activities for Year 2009” (January 1, 2009-December 31, 2009).** Disclose if you or your immediate family are associated with organizations related to your field of academic interest or specialization, or related to the activities of the department in which you work. List each such organization and describe the nature of the association engaged in a reportable activity during 2009. If you did moonlighting or presented at a conference where you received an honorarium this would be reported on the attached pink form. If you did not engage in a reportable activity then disregard the pink form.

3. **READ the attached (green) UWHC Guidelines Concerning Gifts.** Do not accept prohibited gifts from patients or entities doing business with UWHC. The policy does restrict acceptance of gifts from pharmaceutical companies and other vendors. Please review the policy carefully to determine the limited scope of permitted gifts.

4. **DO NOT USE HOSPITAL RESOURCES FOR PERSONAL USE.** Minimal personal use of local phone calls, personal e-mail, and the like are permitted when they do not interfere with other duties. Other personal uses are not permitted without prior approval from the hospital.

   All documents are available on U-Connect  
   Document & Forms – Graduate Medical Education
University of Wisconsin Hospital and Clinics
Request for Approval of Outside Activities
GME Residents/Fellows

7/1/2009 thru 06/30/2010 Training Year

Name (please print): __________________________ Program: __________________________

Check Appropriate Box:

☐ No Outside Activities Planned: If you do not plan on participating in outside activities this year, check this box and submit form to your program coordinator.
   Note: If your plans change during the year, you will need to complete another form.

Signature: __________________________ Date: __________________________

☐ Request for Approval: If you plan on participating in outside activities this year, check this box, complete the request for approval, and attestation; then submit this form to your program director for approval.

I request approval to undertake the following outside activity:

Location of Activity, if already determined: __________________________

☐ To Be Determined

Nature of Activity: ____________________________________________

Estimated time required: _________________________________________

Estimated duration of proposed activity: ___________________________

Is remuneration expected? Yes ☐ No ☐
   (Note: if yes, review the UWHC Code of Ethics for annual reporting requirements.)

Attestation:
This activity will not adversely affect my primary responsibility to patients at the institutions where I am assigned. I will consider my patient load, reading requirements, rotations and other training responsibilities when scheduling this activity to ensure that this will not compromise my ability to fulfill my training responsibilities. I understand that any approval that is granted may be withdrawn if this activity interferes with my training activities.

I am properly licensed for independent medical practice and have adequate liability coverage, training and skills to carry out this outside activity. I understand that UWHC does not provide liability coverage for activities outside the training program, unless the activities are for UWHC.

The hours I spend providing clinical care as part of my training program plus this outside activity will not exceed 80 hours a week.

Signature __________________________ Date: __________________________

Approval: You must obtain approval from your program director and the Senior Vice President for Medical Affairs, before initiating any outside activity.

Program Director __________________________ Date: __________________________

Senior Vice President for Medical Affairs __________________________ Date: __________________________
Instructions: All non-represented employees of the University of Wisconsin Hospitals and Clinics Authority must annually file this form if he/she engaged in a reportable activity in 2009. If there is a significant change in outside activities during the year, a supplemental report must be submitted.

1. OWNERSHIP OR LEADERSHIP POSITIONS IN OUTSIDE ORGANIZATIONS
Disclose the association of you or your immediate family with organizations related to your field of academic interest or specialization, or related to the activities of the department in which you work. List each such organization and describe the nature of the association.

Definitions:
"Immediate family" includes your spouse and any person who received more than half of his or her support from you or from whom you received more than half of your support.
"Association" means (a) serving as a director, officer or trustee of an organization and/or (b) owning at least 10% of the outstanding equity in the organization.
"Organization" includes a corporation, partnership, proprietorship, firm, enterprise, franchise, association or other legal entity other than an individual or body politic.

2. REMUNERATIVE OUTSIDE ACTIVITIES
If you earned $1,000 or more in a year from a single source of outside activities in your field of academic interest or specialization or in a field related to the activities of the department in which you work, list each such source.

Note that no Hospital Authority employee may engage in an outside activity if it conflicts with his or her public responsibilities to the Hospital Authority.

3. RELATIONSHIPS WITH SPONSORS OF RESEARCH
If you are principal investigator on a research project, disclose any remunerative relationships between you and a non-governmental sponsor of that research.

The above information is true and complete. I understand that an incomplete or inaccurate report can result in disciplinary action up to and including termination.

Signature Of Resident/Fellow: ________________________________ Date: __________
Print Name: _____________________________________________ Program ____________________________

RETURN TO YOUR PROGRAM COORDINATOR