The University of Wisconsin Hospital and Clinics (UWHC) and its affiliates are committed to providing a training program for Residents* that meets all requirements for programs** 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. Residents are expected to:
      1. Participate in safe, compassionate and cost-effective patient care under a level of supervision commensurate with their achieved cognitive and procedural skills.
      2. Participate fully in the educational activities of their program and, as required, assume responsibility for teaching and supervising other Residents and students.
      3. Fulfill the educational requirements of the training program established for their specialty and demonstrate the specific knowledge, skills and attitudes to demonstrate the following:
         a) Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
         b) 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.
         c) 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.
         d) Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
         e) Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
         f) Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.
      4. 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.
      5. Participate in institutional committees and councils, especially those related to patient care review activities and residency education.
      6. Learn and apply reasonable cost containment measures in the provision of patient care.

II. Professional activities outside the educational program. Also see UWHC GME policy on Outside Activities including Moonlighting – Resident/Fellow and the UWHC Code of Ethics***

*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.

**Further use of “program(s)” in this document will refer to ACGME-accredited programs.

***All UWHC GME policies referred to in this document are available on the uwhealth.medhub.com website. All other UWHC policies are on the UW Health Intranet U-Connect.
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, UWHC and departmental policies regarding the scheduling and reporting of outside activities. UWHC policies regarding outside activities are included in the UWHC Code of Ethics.

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. UWHC 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. UWHC does not allow internal moonlighting for non-Board-eligible residents except as Healthlink superusers.

7. Residents training in subsequent sub-specialty training programs may be allowed to do internal moonlighting if the requirements in the UWHC GME policy on Outside Activities including Moonlighting are met.

8. PGY-1 residents are not permitted to moonlight.

9. The procedures for obtaining approval are detailed in the above mentioned policy.

10. All alleged infractions of this policy will be reviewed initially by the Program Director, then by the Designated Institutional Official. Appeals of any decisions may be considered according to the Grievance and Appeals Policy.

III. Appointment, promotion and stipend

A. Appointments. Also see UWHC GME policies on Resident Selection & Appointment and Evaluation, Discipline, Promotion, Non-Renewal or Dismissal of Residents.

1. Non-discrimination statement. The UWHC does not discriminate on the basis of sex, age, race, color, national origin, religion, sexual orientation or 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 UWHC Human Resources Department or GME Office.

a) Harassment/discrimination. It is UWHC’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 UWHC Equal Employment Opportunity and No Harassment/Discrimination/Retaliation 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 UWHC can certify that the Resident has completed the training program.

2. Initial appointments. Residency and fellowship appointments made through the matching process are made for one year. Residency and fellowship appointments
made outside the matching process are made for the period specified in the appointment letter, not to exceed 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.

4. **Non-renewal of appointment.** Four months written notice with specific reasons for non-renewal is given to a Resident whose appointment may not be renewed. If notice of non-renewal is given less than four months prior to the end of the current appointment, the notice period will run four months from the date it is given, and the Resident will remain at the level in effect at the time notice was given for the four-month period. A special limited-term appointment will be provided.

5. **Terminations.** Terminations for cause during the training year do not require a four-month notice.

6. **Resident resignation.** Residents are 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 the hospital to maintain house staff stipend levels at the mean of Midwest teaching hospitals. Annual stipend rates will be based on the mean levels reported in the AAMC Council of Teaching Hospitals annual 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 that apply toward board certification in the current specialty in which they are training.

Residents may receive up to one additional stipend level for a chief resident year or non-accredited research year completed during their training at UWHC.

**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 UWHC GME policy on GME Program Closure or Reduction. It is the policy of the UWHC 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, UWHC 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, UWHC 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 a LCME-accredited or ECFMG-certified medical school. PG 1s must show proof of medical school graduation at orientation. Graduation of PG 2s will be verified through the AMA profile or the ECFMG. Graduation of PG 3s and above is verified by the WI Department of Safety and Professional Services during full licensure application.

**B. USMLE or COMLEX.**

1. **Requirements.**
   a) **All PG levels.** All Residents entering training at UWHC must have passed USMLE Steps I and II CK (or COMLEX Levels I and 2).
   b) **All PG Levels.** All Residents entering training at UWHC must show evidence of passing USMLE Step II CS by October 1st of their first training year at UWHC.
   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.

3. **Score reports.** Exam score reports must be sent directly from the examining authority to the UWHC GME Office, 600 Highland Avenue, Room H4/831, Mail code 8320, Madison WI 53792. Full WI licensure (not a TEP) or score reports available to Programs through ERAS or ECFMG reports will be accepted in lieu of exam results sent directly from the examining authority.

C. **Wisconsin licensure.**

1. **Requirements.** In the State of Wisconsin, all physicians beyond their first year of postgraduate training are required to obtain a Wisconsin medical license. Failure to obtain and maintain a valid and appropriate Wisconsin medical license will result in termination of appointment.
   
   a) **WI temporary educational permit (TEP).** PG1s must apply for a temporary education permit (TEP) to be effective at the beginning of their PG 2 year. At UWHC, the TEP is intended to be used from the first day of the PG 2 year until the full medical license is obtained.
   
   b) **Full WI medical license.** A full WI medical license is a contingency of appointment to a PG 3 year or above at UWHC.

2. **License fees.** The hospital will pay for the TEP fee ($10) obtained for the PG 2 year for residents that completed their PG 1 year at UWHC. The hospital will reimburse PG 2 residents for the initial license application fee ($165 or $150) upon receipt of full licensure. All other licensure fees are the responsibility of the Resident.

D. **Drug Enforcement Administration (DEA) registration.**

1. **Requirements.** All Residents will be issued DEA registration upon full licensure. Applications are submitted by the GME Office. Residents must maintain their DEA registration throughout their training at UWHC.

2. **Registration fees.** The hospital will pay initial application and renewal fees until the last year of training at UWHC. Residents in their last year of training must pay the application or renewal fees for their DEA. Following receipt of the DEA, Residents may request a pro-rated reimbursement from the GME office.

E. **National Provider Identifier.** All residents are required to obtain an NPI. It is the Resident’s responsibility to maintain the correct address information with the NPPES.

F. **WI Medicaid Enrollment for Prescribing/Referring/Ordering Providers.** All residents are required to be enrolled as a prescribing/referring/ordering provider for WI Medicaid, once they are fully licensed and have a DEA.

G. **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 Employee Health Service. All Residents must also complete a urine drug screen in accordance with UWHC Pre-employment Drug Testing Policy #9.23 before beginning training. Residents will not be allowed to begin their training program prior to being cleared for work by the Employee Health Service.

H. **Annual tuberculosis (TB) testing.** All Residents must have a TB test at least annually, as required by State regulations and UWHC policy. In conjunction with the pre-training health assessment and annual TB testing, Residents will be fit-tested for appropriate respiratory protection prior to caring for patients.

I. **Annual Influenza Vaccine.** All Residents are required to receive an influenza vaccine or provide documentation of medical or religious waiver by December 1 of each year. See UW Health Influenza Vaccine Policy #9.75.

J. **Certification of cardiopulmonary resuscitation & other life saving interventions.**

1. **BLS/CPR.** All incoming Residents are required to show current certification or become certified in basic life support or CPR within the first 3 months at UWHC. Certification must be kept up-to-date throughout training at UWHC.

2. **ACLS/PALS.** Those Residents required to be certified in ACLS or PALS must also show current certification or be certified within the first 3 months at UWHC. Residents required to be certified in ACLS or PALS must keep their ACLS or PALS certification up-to-date throughout their training at UWHC, as well as their BLS/CPR certification.
3. **ATLS/Advanced PALS.** Those Residents who must be certified in ATLS or Advanced PALS must achieve certification prior to the rotations or PG level for which it is required and must keep their ATLS or Advanced PALS certification up-to-date throughout their training at UWHC, as well as their BLS/CPR and ACLS/PALS certifications.

4. **Training fees.** Training sessions are held in the hospital throughout the year and are offered at no charge to the Resident. Fees for training obtained outside the UW EEC program will not be reimbursed.

5. **Residents are released from other responsibilities to attend the training sessions for certification or re-certification (UWHC Certification Cardiopulmonary Resuscitation and Other Life Saving Interventions Policy # 9.35).**

**K. Dress code.** White coats are furnished to Residents. They are laundered by the hospital. Hospital issued photo ID badges are required to be worn. Residents are expected to dress in a professional manner as outlined in the *UWHC Dress and Appearance Policy for All Employees #9.16.*

**L. Duty hours.** Also see *UWHC GME policy on Resident Duty Hours.* All Residents must take joint responsibility with their program for abiding by the duty hours 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 Duty Hours Hotline at 263-8013.

**M. 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.

**N. 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 and Labor Relations Consultant (ELRC) (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 (*UWHC Pre-Employment and Renewal Caregiver Background Checks Policy # 9.03).*

**O. 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 UWHC or his/her training at the UWHC.
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.

P. Notification. The Senior Vice President for Medical Affairs 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., L, M, or N.

Q. No restrictive covenants. No residency or fellowship program sponsored by the UWHC may require that a trainee sign a non-competition guarantee.

R. 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 suspension or dismissal from the house staff 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 UWHC, 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 UWHC GME policy on Resident Absences and Leaves. When scheduling leave time, Residents must adhere to the requirements of UWHC, their RRC and specialty board, and get 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 may 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. State and federal FMLA/WFMLA laws mandate minimum family and medical leave benefits.

1. Family leave. UWHC 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, UWHC will grant unpaid family leave (leave due to 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 state and federal laws. In order to meet notice requirements, the Resident must contact the GME Office as soon as possible after deciding that he/she intends to take family leave. (Leave Request form required)

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 and program must notify the GME Office.

3. Return to work. Any sick or medical leave of more than 5 days requires being cleared to return to work through UWHC Employee Health. (UWHC Fitness for Duty: Health Service Clearance to Return to Work/Continue Work Policy# 9.22)

4. Medical leave. The hospital will grant unpaid medical leave in compliance with applicable state and federal 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 her treating physician. All cases will be individually evaluated by the UWHC Director of Employee Health or designee to determine disability, reasonable recovery period, follow-up requirements, and will consult with the Program Director re: any necessary work-related accommodations. (Leave Request form required)

5. The Designated Institutional Official (DIO) will determine whether some portion of the leave will be paid. Any approved paid leave longer than 6 weeks will be paid at 75% of stipend, mirroring the long-term disability policy. Paid medical leave will never exceed six months (at which time the hospital-provided long term disability insurance may begin), and in some instances may not cover the entire length of absence.
B. **Personal leave.** A Resident may be granted a leave of absence without pay at the discretion of the Program Director. All unpaid leaves must be reported to the GME Office by the Resident and program. (Leave Request form required)

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. (Leave Request form required if more than 3 days)

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. UWHC 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, UWHC 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, UWHC will pay the difference between the Resident’s base pay and hospital pay. For the next eleven months, UWHC 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, UWHC 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.** UWHC Residents are entitled to three (3) weeks paid vacation per year. Three weeks of vacation equals 15 weekdays and 6 weekend days. Vacation may only be taken in full-day increments. This vacation time is to be used during the fiscal 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 UWHC 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. This meeting is in addition to vacation leave.

H. **Holiday leave.** When program patient care responsibilities allow, with Program Director approval, UWHC legal holidays will be observed, and paid leave given. Residents don’t earn or use floating holidays, extra VA holidays or state furlough days. Holidays taken should never exceed the number of UWHC legal holidays as indicated in MedHub. If Residents request time off for religious holiday, in lieu of state holidays, they should be allowed comparable leave where scheduling permits.

I. **Career development leave.** Each Resident is entitled to a maximum of one (1) paid week 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. (Leave Request form required for any unpaid leave)

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. (Leave Request form required for any unpaid leave)

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.

L. Time off to vote. An 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 with 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 UWHC Risk Management Office for activities that take place outside the UWHC. 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 Uconnect, the UWHC intranet.

B. 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.

C. Optional insurance and benefit plans. Residents employed by UWHC 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 GME Office and Human Resources Benefits Office.

1. Health insurance. Residents can choose from a variety of comprehensive health plans, including one fee-for-service plan and several health maintenance organizations (HMOs). Individual and family coverage is available. Most HMO plans include basic dental coverage. Residents are also eligible for supplemental major medical, dental, and vision insurance coverage.

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

3. 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.

4. 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 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.
5. **Employee reimbursement account (ERA).** The ERA 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.

6. **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.

D. **On-call meals.**

1. **In-house call.** Residents scheduled to be on in-house call at UWHC overnight are provided with the evening meal the night they are on-call and breakfast the following day.

2. **Home call.** Core specialty residents who are on-call from home and required to be in the hospital during the night and are unable to return home are provided with a pro-rated breakfast and lunch the following day. Residents in programs averaging 65-88 hours/week will receive the extended meal card rather than the pro-rated card.

3. **Extended call.** Core specialty residents working 14-hour shifts will be provided with an extended meal card in lieu of the pro-rated home call card.

4. **Food in workrooms.** The hospital delivers food to the house staff workroom (F5/606) and the resident workroom at AFCH every evening for Residents who are on-call and are unable to obtain an evening meal during cafeteria hours.

5. **Meriter, St. Mary’s and Veterans Administration hospitals** provide meals, with limits established by the individual hospital.

E. **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.

F. **Parking.** Parking is available to Residents. Fees are set annually by the University of Wisconsin. Additional information can be obtained in the GME Office.

G. **Safe escort.** An after-hours safe escort to a distant parking lot is available by calling UWHC Security. Access details are posted on MedHub.

H. **Inclement weather car service.** During periods when local weather conditions indicate a reasonable probability that Residents who are parked on UWHC grounds may have difficulty getting their car started, UWHC will provide free jump starts. Contact the Security Office if assistance is needed. Access details are posted on MedHub.

I. **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.

J. **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.

K. **Membership on Medical Staff committees.** Residents have voting representation on the UWHC 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.

L. **Counseling and support services.** Confidential counseling, support and assistance with issues such as psychological, 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 in the GME Office.

M. **Physician impairment.** *See also the UWHC GME Impaired Resident Summary policy.* The Life Matters Employee Assistance Program is available to assist Residents with issues of impairment including substance abuse, mental disorders and physical disabilities. Information is available in the GME Office.

N. **Ombudsperson.** The Ombudsperson is available to serve as a neutral, independent and confidential resource, for faculty, Residents and students, for dealing with conflicts with your
colleagues that arise during the course of your training. The Ombudsperson can listen to your concerns, clarify procedures, discuss options and when appropriate, may act as an intermediary. The Ombudsperson can be reached by calling 265-9666.

O. Resident Confidential Complaint Hotline. Residents that have exhausted intra-departmental complaint resolution mechanisms may call the hotline at 263-8013 for additional assistance.

VII. Appeals of Resident Evaluation, Discipline, Non-renewal or Dismissal Decisions. The UWHC GME policy on Appeals of Resident Evaluation, Discipline, Non-renewal or Dismissal Decisions details the process that provides residents with fair, reasonable, and readily available procedures for appeals and due process. The intent of the policy is to minimize conflict of interest by adjudicating parties in addressing academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of a resident’s agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident’s intended career development.

VIII. Resident Grievances related to Employment Concerns. The UWHC 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 UWHC 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 actions taken against residents that could result in dismissal, non-renewal of a resident’s agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident’s intended career development. See UWHC GME policies on Evaluation, Discipline, Promotion, Non-Renewal or Dismissal of Residents and Appeals of Resident Evaluation, Discipline, Non-Renewal or Dismissal Decisions.

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 UWHC 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 non-renewal decisions filed by Residents. Members are appointed by the President of the Medical Staff. The committee consists of two members of the Medical Staff plus one alternate and three Residents plus one alternate. The Committee Chairperson is appointed by the President of the Medical Staff from among the committee members. The alternate(s) serve in case of a conflict of interest of any member.

X. Additional Resources

The following UWHC policies and resources are available on uconnect, the UWHC intranet. UWHC Bylaws and Rules & Regulations of the Medical Staff UWHC Code of Ethics UWHC Liability Protection for Health Professionals UWHC Equal Employment Opportunity and No Harassment/ Discrimination/Retaliation Policy # 9.27 UWHC Pre-employment Drug Testing Policy # 9.23 UWHC Pre-Employment Health Assessment Policy # 9.20 UWHC Certification Cardiopulmonary Resuscitation and Other Life Saving Interventions Policy # 9.35 UWHC Dress and Appearance Policy for All Employees # 9.16 UWHC Pre-Employment and Renewal Caregiver Background Checks Policy # 9.03 UWHC Fitness for Duty: Health Service Clearance to Return to Work/Continue Work Policy # 9.22 UWHC Employee Assistance Program Policy # 9.15 UWHC Pre-employment Health Influenza Vaccine Policy # 9.75.
The following UWHC GME policies are available on uwhealth.medhub.com, the residency management system.

UWHC GME policy on Outside Activities including Moonlighting - Resident/Fellow
UWHC GME policy on Resident Selection & Appointment
UWHC GME policy on Evaluation, Discipline, Promotion, Non-Renewal or Dismissal of Residents
UWHC GME policy on GME Program Closure or Reduction
UWHC GME policy on Resident Duty Hours
UWHC GME policy on Resident Absences and Leaves
UWHC GME Impaired Resident Summary policy
UWHC GME policy on Appeals of Resident Evaluation, Discipline, Non-renewal or Dismissal Decisions
UWHC GME policy on Resident Grievances related to Employment Concerns

For incoming residents, all of the above policies are available on a CD upon request from the GME office, uwgme@uwhealth.org or 608-263-0572.

APPROVAL: Graduate Medical Education Committee March 20, 2013.
GMEOC November 20, 2013
March 31, of your training year

Jane Doe, M.D.
Internal Medicine
Department of Medicine

Dear Dr. Doe:

The University of Wisconsin Hospitals and Clinics Authority is pleased to offer you an appointment in the Internal Medicine program as a postgraduate trainee level 1. This appointment is for one year beginning July 1, (training year). I also known as your clinical start date. The (current year) annual stipend for this level of postgraduate training is $______. There may be a slight increase in July for the (next) training year. In addition, you will be paid for required training and institutional orientation days. Therefore your hire date will be ________.

All terms of this appointment are outlined in the attached (current year – several days before your clinical start date). **UWHC Appointment Information for Residents and Fellows.** The following requirements are among the conditions on which this agreement is made.

- Acquisition of appropriate visa for the (next) training year
- Acquisition of Wisconsin medical license – **by your clinical start date** (see Medical Licensure Information for details)
- Employment eligibility verification (I-9 form) - **within 3 days of your hire date.**
- Completed pre-employment health assessment, urine drug screen & TB test – **by your clinical start date**
- Compliance with CPR and other life saving training (refer to policy 9.35)
- Completion of the Background Information Disclosure (BID) form - **by your clinical start date**
- No disqualifying offenses disclosed on the BID form or background check - **no time limit**
- Annual safety and infection control. (one month after clinical start date)
- Completion of Health Link training (UW Health electronic medical records) and other computer training – **by your clinical start date.**

If you accept this agreement, please sign in the space provided below and return the letter to the Graduate Medical Education Office by April 15, (training year). This letter is the formal, legal document regarding your appointment and your agreement with the terms of training as outlined in the (current year) UWHC Appointment Information for Residents and Fellows document. **All terms of this appointment, including salary and benefits, will cease in the event of (1) a positive drug screen or failure to complete the drug screen; (2) misrepresentation or omission in any of your application materials or the Background Information Disclosure form; (3) any disqualifying offenses; (4) failure to return your signed acceptance by the date stated above; or (5) non-compliance with any other conditions of your appointment.**

If you have any questions, do not hesitate to contact the UWHC Graduate Medical Education Office, 600 Highland Ave., Room H4/831-8320, Madison, WI 53792-0001; (608) 263-0572 or uwgme@uwhealth.org.

Sincerely,

Christopher Green, M.D.
Senior Vice President for Medical Affairs

I hereby accept the position offered to me as stated above.

_________________________  ____________________
Signature       Date
This attestation must be completed by all GME applicants no matter how they are applying for a training position.

NRMP attestation: I have received a current copy of the University of Wisconsin Hospital and Clinics Appointment Information for Residents & Fellows (AID), a sample Appointment Letter, and the Resident Selection and Appointment Policy indicating the conditions of employment should I match with the University of Wisconsin Hospital and Clinics. This information is also available on the UWHC GME website www.uwqme.org. I understand there may be some changes in the AID before my start date.

UWHC applicant attestations (not included in ERAS):

Background Disclosure and Check. I understand that I must fill out a Wisconsin Background Information Disclosure (BID) form and that a background check will be performed as required by state law. The BID form is considered part of this application. I understand that I will not be employed or will be removed from employment if the employer discovers certain crimes or offenses. If I am assigned to work at another site that requires a BID form and check, I authorize UWHC to release this information to the other site.

Health Screening and Drug Testing. I understand that any offer of employment is contingent on successful completion of a pre-employment physical which will include mandatory pre-employment drug testing and which also may include alcohol testing. I understand the UWHC will rescind my offer of employment if I do not comply with all procedures for pre-employment drug testing. I understand that I should consider whether I wish to provide notice of my intent to end my employment with my current employer prior to successfully passing the UWHC's pre-employment drug testing.

Identity and Work Authorization: Federal law requires UWHC to verify the identity and work authorization of each successful candidate. Any offer of employment is contingent upon this verification.

Social Security Number: I understand that UWHC will use the Social Security Administration's Verification Service (EVS) to verify my social security number after hire, if I am hired.

Responsibilities: I am able to carry out the responsibilities of a resident in the specialties and at the specific training programs to which I am applying including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations.

Authorization of Release of Information. I authorize the release of information to UWHC regarding my work history, education, licensing/certification, performance, and malpractice claims history. I understand that any offer of employment is contingent upon UWHC obtaining satisfactory responses to inquiries. I hereby release all persons or entities from all actions, causes of action, liability, claims, demands, either criminal or civil, damages and costs arising from, or in connection with the reviewing or the furnishing of information to said Hospital or the members of the Graduate Medical Education office or residency program staff to facilitate the assessment of my qualifications for appointment to its GME training programs.

Certification of Accuracy and Completeness. I certify that all of the information provided in this application is true and complete to the best of my knowledge. I acknowledge that I may be required to verify information prior to appointment and that any omitted, false or misleading information may disqualify me from employment consideration and may be grounds for termination from employment.

Registered for the draft. If you are a male United States citizen under the age of 25, have you registered for the draft? Yes or No (circle your response).

Signed: ______________________ Date: __________________

Printed Name: __________________ Program: ______

This form should be filed in the program office with application materials until hired or Matched. After hiring upload this form along with the application into Med Hub on their resident page. GME Form updated 10/07/2013