

UWHealth

Graduate Medical Education Resident & Fellow Handbook



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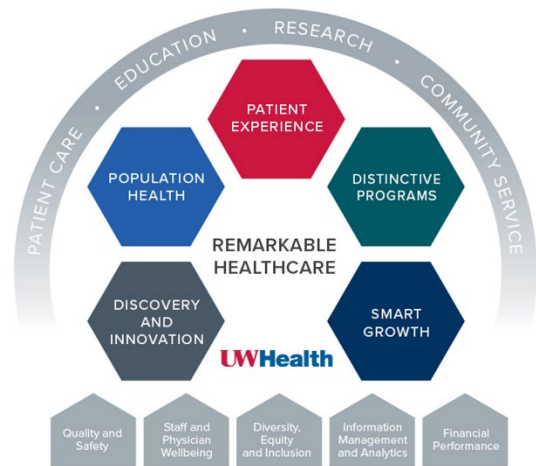
Message from GME Leadership

Dear Residents and Fellows,

Welcome to UW Health! We are excited that you are a part of the UW Health Graduate Medical Education community. We want to ensure you are fully equipped and prepared as you embark on your journey at the #1 Hospital in Wisconsin (U.S. News and World Report). UW Health (University of Wisconsin Hospitals and Clinics Authority) sponsors over 80 graduate medical education programs in ACGME-accredited specialties and subspecialties across all clinical departments of the University of Wisconsin School of Medicine and Public Health and comprises approximately 750 residents and fellows.

The mission of UW Health is advancing health without compromise through:

- **Service** – providing the best possible patient care experience and outcomes for all those who need our services as well as programs that support the health and wellness of patients and populations;
- **Scholarship** – delivering contemporary education for the current and future generations of health professionals;
- **Science** – conducting a broad range of research to discover the most promising ways to promote health and to prevent, detect and treat illness in people and in communities; and
- **Social Responsibility** – doing what is best for the individuals and communities we serve through policy advocacy, health care delivery and public health.



All policies and procedures pertaining to UW Health Graduate Medical Education programs are developed, approved, and implemented by the Graduate Medical Education Committee (GMEC). To ensure you are aware of current policies and procedures, please review this handbook in its entirety. Any policy changes and/or updates will be reflected on the residency data management system - MedHub, the UW Health intranet – U-Connect, and our shared folder via UW Box.

As we strive to meet the ever-growing demands of healthcare, we want to thank you in advance for your hard work and dedication to providing remarkable healthcare. Our training programs touch the lives of thousands of patients and families each year, and we are honored to train outstanding physicians who are prepared to meet the evolving health care needs of Wisconsin and beyond.



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UW Health Graduate Medical Education: General Information

UW Health (University of Wisconsin Hospitals and Clinics Authority) as the sponsoring institution, 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 work, the rotation schedules, and information related to [eligibility for specialty board examinations \(ABMS.org\)](#) necessary to comply with the ACGME requirements and prepare residents for independent practice. The following information is subject to policy³ changes made during the training year.

I. Resident and Fellow Job Description

- a. Graduate Medical Education resident physicians (resident) in Accreditation Council for Graduate Medical Education (ACGME) accredited programs are responsible for patient care activities within the scope of their respective training program and level of training. As a physician in training, a resident is both a learner and care provider. The resident shall participate in patient care under the supervision (direct or indirect) of physicians whose clinical privileges are appropriate to the activities in which the resident is engaged. Residents are given progressive levels of responsibility for the care of patients. The determination of a resident's ability to provide care to patients is based on formative and summative evaluations of the resident's clinical experience, judgment, knowledge, and technical skill.
- b. Please review the [resident and fellow job description](#) in its entirety for details regarding job summary, major responsibilities, job requirements, and other pertinent information.

II. Credentialing

- a. In addition to requirements for appointment and credentialing at UW Health, residents must obtain and maintain credentialing requirements at all affiliate sites. Qualifications to begin training (including [pre-employment health screening](#)) must be met at all major rotation sites, including, but not limited to, the William S. Middleton Memorial Veterans Administration Hospital, and UnityPoint Health-Meriter. Please see the [Credentialing and Conditions of Appointment policy \(43.30\)](#), as well as contacting individual programs for training site information. Additional information may be found in training site onboarding materials.

III. Benefits

- a. Insurance
Residents employed by UW Health are eligible for a variety of insurance plans. Resident contributions for these insurance plans may be made through payroll deduction. Additional information, including enrollment deadlines and premiums, is available on the [UW Hospitals and Clinics Benefit Summary](#).
- b. Other coverage
 - i. 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 UW Health Risk Management Office for activities that take place outside UW Health. No protection is provided for activities outside the scope of the training program,

¹ The term “resident” or “GME Physician” shall refer to residents, fellows, and post-doctoral fellows

² The term “program(s)” shall refer to UW Health ACGME-accredited programs

³ All UW Health and UW Health GME policies referenced in this document are available on [UW Health MedHub](#), [U-Connect](#) (UW Health intranet), and the shared [UW Box folder](#)

such as moonlighting or unapproved electives not related to the program. Additional information on coverage may be found in the Liability Protection for Health Professionals information on U- Connect.

- ii. Worker’s 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 Worker’s Compensation Act. More information is provided under [UW Health Policy 9.17](#), Worker’s Compensation, on U-Connect. Additional information regarding reporting an employee injury may be found on U-Connect on the [Worker’s Compensation page](#).

IV. GME Well-being Benefit

Subject to leadership approval every year, an annual well-being stipend of \$500 is added to the base PGY stipend, paid across pay periods over the year.

V. UW Health Resources

- a. Parking: Parking is available to residents. Fees are set annually by the [University of Wisconsin Transportation Services](#). Residents will be offered parking on an annual basis (Sept. 1 – August 31) and fees will be deducted from the residents’ paycheck across the year. Parking for incoming residents and fellows for the remainder of the parking year (time of arrival to August 31) is made directly through UW Transportation Services.
- b. Safe escort: An after-hours safe escort to a distant parking lot is available by calling UW Health Security at (608) 890-5555. Access details are posted on U-Connect.
- c. Inclement weather car service: During periods when local weather conditions indicate a reasonable probability that residents who are parked in a UW parking ramp 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.
- d. Safe Ride Home: In the event of fatigue following an extended work period, a resident will be [reimbursed](#) for taxi fares home and back to the hospital, if needed.
- e. 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.
- f. Membership on Medical Staff committees: Residents have voting representation on 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.
- g. Wisconsin Medical Society membership: If a resident chooses to join, UW Health will pay the annual membership dues for the Wisconsin Medical Society for residents during their training at UW Health. Membership or renewal may be obtained online at www.wisconsinmedicalsociety.org.
- h. 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. For more details and additional well-being resources, please visit [Employee Well-Being](#).
- i. 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. In addition, UW Health Provider Services and Employee Health Services (EHS) can assist with providing resources for employees with non-work-related medical problems.

Please contact Employee Health at HREmployeeHealth@uwhealth.org or (608) 263-7535.

- j. GME Sleep Rooms: UW Health provides private sleep rooms for residents 24-hours, 7 days per week, in our hospitals. Some sleep rooms are dedicated to specific programs, while others are part of our “GME hotel system.” Sleep rooms available through the GME hotel system may be reserved up to 3 days in advance. GME hotel rooms will only be reservable through the online system by going to <https://uwhealth.resourcescheduler.net/resourcescheduler>. If on the UW Health network, you should be directed to the site by single sign-on. If not on a UW Health network, log in with your UW Health email and password. A link from U-Connect Quick Links will be available soon. Environmental Services cleans the rooms one time per day. Please check the room schedule for the assigned cleaning time. When you are done using the room, place your used linens in the soiled linen cart in the room. Clean linens are available in each room, if needed.

Graduate Medical Education and UW Health Policies

As the sponsoring institution, UW Health must have GME specific policies that address elements required by the ACGME. In addition to the policies listed below, please review the specific policies detailed in the next section for more in-depth information regarding appointment information, resident responsibilities, and institutional policies and procedures.

For a comprehensive list of all Graduate Medical Education and UW Health policies pertinent to residents and fellows, please review the hyperlinks below (accessible if connected on the UW Health network), MedHub, and via the [Policies folder](#) in UW Box. In addition, all UW Health policies can be found via the [policies page on U-Connect](#).

UW Health GME-Specific Policies

[Academic Improvement](#) (43.2)
[Annual Institutional Review \(AIR\)](#) (43.3)
[Resident and Fellow Credentialing and Conditions of Appointment](#) (43.30)
[Disaster Management](#) (43.5)
[Evaluation of Residents and Faculty](#) (43.7)
[Graduate Medical Education Committee Charge](#) (43.25)
[Graduate Medical Education Institutional Commitment Statement](#) (43.26)
[Parental Leave for Residents and Fellows](#) (43.31)
[Program Closure or Reduction](#) (43.12)
[Program Offsite Activities](#) (43.15)
[Program Position and Funding Requests](#) (43.11)
[Promotion of Residents](#) (43.13)
[Recruitment and Selection of Residents and Fellows](#) (43.16)
[Resident Expectations and Discipline](#) (43.4)
[Resident Grievances Related to the Learning and Working Environment](#) (43.8)
[Restrictive Covenant Prohibition](#) (43.17)
[Shared Educational Resources](#) (43.28)
[Standardization, Security and Retention of Resident Files](#) (43.14)
[Stipend Administration for GME Trainees](#) (43.18)
[Supervision of Residents](#) (43.19)
[Time Off Policy](#) (43.1)
[Training and Certification for Central Vascular Access Devices \("CVADs"\)](#) (43.20)
[Transitions of Care / Handoff Policy](#) (43.22)
[Well-Being Policy](#) (43.29)
[Work Hours and Moonlighting](#) (43.27)

Selected UW Health Policies

[Appropriate use of UW Health Chat, Paging, Instant Messaging, and Text Messaging Technologies](#) (1.54)
[Caregiver Background Checks](#) (9.03)
[Certification Cardiopulmonary Resuscitation & Other Life Saving Interventions](#) (9.35)
[Conscientious Objections](#) (9.44)
[Corrective Action for Non-Compliance with Confidentiality of Protected Health Information](#) (9.11)
[Disability Accommodation](#) (9.68)
[Dress Code and Appearance Policy](#) (9.16)
[Drug Free Workplace](#) (9.05)
[Discrimination, Harassment and Retaliation](#) (9.27)
[Fitness for Duty](#) (9.34)
[Health Clearance to Return to Work or Continue to Work](#) (9.22)
[Influenza Vaccination](#) (9.75)
[Mobile Device](#) (1.46)
[Patient Care Orders](#) (3.4.2)
[Personal Protective Equipment](#) (12.44)
[Prescriber DEA Registration Numbers](#) (1.63)
[Prospective Employee Health Assessment and Drug Screening](#) (9.20)
[Reporting Unexpected Events and Determination of Sentinel Event Status](#) (1.3.2)
[Social Media](#) (1.47)
[UW Health Code of Conduct](#)
[Workers Compensation](#) (9.17)

Parental Leave for Residents and Fellows

Policy Number: 43.31

I. Purpose

UW Health is committed to creating and maintaining a work environment that supports residents and fellows in their efforts to balance work, education, and family needs. This commitment is critical for the organization if it is to continue the path to preeminence, achieve the goal of diversity, and maintain competitiveness in the successful recruitment and retention of the brightest and the best residents and fellows. The Parental Leave Policy supports these goals and values by allowing parents additional flexibility and time to bond with their new child(ren), adjust to their new family situation, and balance their professional obligations.

II. Scope

This policy will apply to all residents and fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited training programs sponsored by the University of Wisconsin Hospitals and Clinics (UW Health). This policy provides residents with a period of paid time off for care of and bonding with their new child(ren), whether through birth, adoption, foster care, or legal guardianship, which occurs during employment in their graduate medical education (GME) program.

III. Definitions

Resident: The term “resident” shall refer to both residents and fellows.

Program(s): Will refer to ACGME-accredited program(s).

UW Health: For this policy, the term “UW Health” shall mean the University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. “UW Health” is the trade name of the University of Wisconsin Hospitals and Clinics Authority and its affiliates.

Program Administration: Will refer to the program coordinator, director, or associate director.

Day: Working day, as defined by program policy, unless otherwise specified.

Week: Workweek, as defined by program policy.

Intermittent leave: Leave taken in non-contiguous periods of time due to a single illness or injury, rather than for one continuous period of time. Examples of intermittent leave would include leave taken on an occasional basis for medical appointments or leave taken several days at a time spread over a period of six months, such as for chemotherapy.

Continuous leave: Leave that is taken and not broken up by periods of work.

IV. Policy Elements

A. **Planning for Leave:** New parents may consider paid and unpaid time off options when planning to welcome a new child or children by birth, adoption, foster care, or legal guardianship. When ready to share the news, the resident must begin conversations with the program’s administration as far in advance as possible to allow ample opportunity to plan the resident’s schedule, both before and after their return. The program must receive notice of the resident’s intent to request the Parental Leave benefit at least 30 days before the anticipated leave of absence, understanding that sometimes circumstances change or will not allow this much time. Here are important considerations for planning:

1. It is essential to understand the potential effects that leave time may have on the expected program completion date and the subsequent timing of board certification

exams. The program director is responsible for providing this information to residents considering parental or other types of extended leave.

2. Residents should not be required to make up call shifts from their leave time (but may opt to), and no night shifts or call should be scheduled for the first 28 days after the resident's return to work.
 3. The return schedule should accommodate lactating parents for breast milk expression.
- B. **Disability Accommodation:** A temporary medical condition, such as pregnancy, may result in the need for reasonable accommodation. Refer to the policy [UW Health Disability Accommodation](#) 9.68 for information related to this policy and procedure.
- C. **Medical Leave:** Residents giving birth may be eligible for personal medical leave to support recovery from childbirth. Medical leave must be taken immediately following birth and runs concurrently with parental leave. See the *GME Time Off Policy* for information related to personal medical leave.
- D. **Parental Leave:** Residents will be allowed to take up to six (6) weeks of paid parental leave following the new child(ren) by birth, adoption, fostering, or legal guardianship. For residents who are less than full-time employees, the leave time will be pro-rated.
1. Parental leave is exclusive of vacation, sick, or caregiver leave.
 2. Vacation, caregiver, or unpaid leave may be taken to extend the parental leave with the approval of the program director and the director of GME or designee.
 3. Federal Family Medical Leave Act (FMLA), Wisconsin FMLA, and any eligible personal medical leave run concurrently with parental leave.
 4. Residents may take leave non-concurrently with coordination of scheduling with their program and with program director approval.
 5. Leave must be taken within six months after the entry of the child(ren) into the family when not taken with concurrent medical leave.
- E. **Return from Leave:** Programs are responsible for the following:
1. In preparation for the resident's return, the program will provide the resident information about resources for new parents through UW Health and outside clinical sites.
 2. No night shifts or call will be scheduled for the first 28 days after the initial return to work. However, the resident may opt-out of this requirement.
 3. Accommodations will be made for the scheduling needs of lactating parents for breast milk expression.

V. Procedure

All resident leave must be coordinated and approved at the program level and documented in MedHub. Medical leave, if taken, must additionally be approved by the GME Director or designee. After discussing the plan for parental leave with program administration, the leave request must be recorded in MedHub using the absence request process.

- A. **Parental Leave Concurrent with Medical Leave:** For a parent who will require personal medical leave immediately after giving birth, the request should be submitted in MedHub as "personal medical leave (paid)." A medical certification form (Certification of Health Care Provider, [WH-380-E](#)) will not be required for recovery from birth if time off required is immediately following birth and no greater than six weeks. If the personal medical leave taken is less than six weeks, the remaining weeks of parental leave may be used within the first six months after the entry of the child(ren) into the family. See the *GME Time Off* policy for more information about medical leave.

B. **Parental Leave without Medical Leave:** Requests must be recorded in MedHub as “family leave (paid).” The leave is available for use within six (6) months of the entry of the child(ren) into the family.

VI. References

UWH [Time Off policy 9.40](#)

UWH [Health Clearance to Return to Work or Continue to Work policy 9.22](#)

VII. Coordination

Sr. Management Sponsor: Susan Goelzer MD, MS

Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee, Effective 7/1/2023

Promotion of Residents

Policy Number: 43.13

I. PURPOSE

The University of Wisconsin Hospitals and Clinics Authority, as the ACGME sponsoring institution, requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's appointment.

II. PERSONS AFFECTED

This policy applies to all Graduate Medical Education (GME) programs sponsored by the University of Wisconsin Hospital and Clinics Authority (UWHCA).

III. DEFINITIONS

- A. The term "resident" refers to residents and fellows.
- B. Program(s) will refer to ACGME-accredited program(s) sponsored by UWHCA.
- C. UW Health: For the purpose of this policy, the term "UW Health" shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. "UW Health" is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.

IV. POLICY

Residents may be promoted to the next year of training if their performance indicates their ability to perform at the subsequent level and they are meeting the conditions of appointment as outlined in the UWHCA appointment letter and addendum (AID). Promotion to the next level of training and/or reappointment is made annually based on consideration of evaluation results and at the discretion of the Program Director with the advice of the Clinical Competency Committee.

As the position of resident involves a combination of supervised, progressively more complex and increasing responsibility in the evaluation and management functions of patient care, reappointment and promotion will be dependent upon meeting the academic standards and curricular requirements of the program. Each program must have a policy describing the criteria for promotion and graduation. The policy must include a provision for written notification to a resident when that resident's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training at the expected time, or when that resident/fellow will be dismissed (IR IV.C.1.).

V. PROCEDURE

- A. Promotion: If the program director determines that a resident should be promoted, the program coordinator will promote the resident in MedHub as requested by the GME Office.
- B. Non-Promotion: If the resident is not to be promoted at the end of the appointment year, he/she will receive as much written notice of the intent not to promote as circumstances permit. A decision not to promote a resident is subject to the Academic Improvement and Corrective Action policy and procedures and the Appeal of Corrective Action policy and procedures set forth in UWHCA GME policies (IR IV.C.1.b.).
- C. Written Notification: Residents will receive written notification (includes electronic) of all promotion/non-promotion decisions.
- D. The GME Office will be notified as soon as possible and copied on any non-promotion communications

VI. COORDINATION

Sr. Management Sponsor: Susan L. Goelzer, M.D., M.S., Designated Institutional Official

Author: Director, Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee, Effective 7/1/2021

Resident and Fellow Credentialing and Conditions of Appointment

Policy Number: 43.30

I. Purpose

To ensure all residents and fellows in clinical service areas are properly screened and credentialed in accordance with The Joint Commission, Centers for Medicare and Medicaid Services (CMS), the Accreditation Council for Graduate Medical Education (ACGME), UW Hospitals and Clinics (UW Health) policies, and state and federal law. This policy covers initial and annual credentialing and resignation or termination of an appointment and procedures for all departing residents.

II. Scope

This policy will apply to all residents and fellows in ACGME-accredited training programs training within UW Health (UWH), not including UWH Northern Illinois Hospitals.

III. Definitions

Resident: The term “resident” shall refer to both resident and fellow physicians, including post-doctoral fellows (unless otherwise specified).

Program(s): Will refer to ACGME-accredited training program(s).

UW Health: For this policy, the term “UW Health” shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. “UW Health” is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.

Credentialing: Credentialing is the process of obtaining, verifying, and assessing the qualifications of a clinician to provide care or services in or for a healthcare organization.

GME Administration: For GME programs sponsored by the University of Wisconsin School of Medicine and Public Health (UWSMPH), GME Administration shall be the Department of Family Medicine and Community Health GME Administration. For all other residents and fellows, GME Administration shall refer to UW Health GME Administration.

Legal Name: The first and last name (surname) a resident has listed with the United States Social Security Administration.

IV. Procedure

Residents must be fully credentialed by GME Administration prior to commencement of training in a UW Health or UWSMPH GME program, and prior to reappointment. Some requirements must be met to begin employment, when applicable. Appointment to a GME program is conditional and contingent upon successful completion of the appointment and credentialing process, which includes satisfactory completion of the criminal background check process, verification of satisfactory prior training (when applicable), and eligibility for employment with UW Health or UWSMPH.

Residents must also comply with the credentialing requirements of all participating sites to which assigned. If a resident is unable to become credentialed at a required rotation site, the program will determine whether a change in curriculum can be reasonably accommodated. In cases where the curriculum change cannot be reasonably accommodated, a waiver or release from the relevant Matching service shall be requested when necessary (e.g., National Resident Matching Program, San Francisco Match, or incumbent), subsequently, the resident appointment may be rescinded. If training has already commenced, the resident may be terminated.

Failure to timely complete, or maintain, credentialing and appointment requirements may result in rescission of offer of appointment, administrative suspension, or discipline up to and including termination.

Additionally, residents employed by UWSMPH must adhere to all UWSMPH policies and procedures regarding resident credentialing and conditions of appointment. If requirements differ, UWSMPH-employed residents will follow the SMPH policies if in a UWSMPH-sponsored training program.

A. Initial Appointment

Residents must complete and submit all appointment and credentialing requirements using their legal name, as directed by GME Administration. Additional appointment documentation required by specific training programs may be communicated to residents directly by the program.

1. Submitted by the resident, list not inclusive of all requirements:

- Signed training appointment letter
- Medical (MD or DO) or graduate (PhD for post-doctoral fellows only) school diploma copy within 60 days of start or similar date as specified by GME Administration
- Milestone Evaluation (for PGY-2s and above)
- Verification of prerequisite GME training by hire date. GME Administration may grant additional time for receipt of verification as necessary due to delays from previous training site. Clinical start will be delayed until prerequisite training may be verified.

2. Additional submissions in the list below do not apply to post-doctoral fellows:

- DEA registration copy (if applicable for training program)
- Registration with Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP)⁴
- Lifesaving certification as appropriate for training program (reference UWH Policy 9.35 and program policy)
- Verification of required medical licensure (maintenance of a Wisconsin medical license, educational or unrestricted, is required throughout training). PGY-3s and above must obtain an unrestricted license unless waived by GME Administration, in which case a resident education license would be required.
- National Provider Identifier (NPI)
- Medicare Provider and Supplier Enrollment, Chain, and Ownership System (PECOS) enrollment
- Wisconsin Medicaid enrollment (assisted by GME Administration)
- GME Summative Evaluation from previous training program (for transfer residents)

3. Additional Responsibilities

- Prospective Employee Health Assessment and Drug Screening, which includes a urine drug screen (reference UWH Policy 9.20)

⁴ Residents that have an unrestricted medical license and use an institutional DEA (iDEA) will not be able to register for ePDMP.

- I-9 Employment Eligibility Verification (completed at Employee Health appointment for UWH sponsored programs)
 - Completion of GME institutional new-hire orientation
4. Background Checks
- Residents must consent to an online background check through a national background check screening service provider, and federal regulatory checks as part of onboarding.
- Caregiver Background Checks (performed on hire and then every four years) (Reference UWH Policy 9.03)
 - Office of Inspector General List of Excluded Individual/Entities clearance
5. Additional Conditions of Appointment
- Each resident shall notify the Director of GME or designee within 10 days following the receipt of any of the following. Failure to notify shall constitute grounds for disciplinary action.
- 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.
 - Any settlements, judgments, or verdicts entered in an action in which the clinician was alleged to have breached the standard of care other than those arising out of their employment by UW Health or their training at UW Health.
 - Pending disciplinary or other adverse action by a governmental agency or any other action adversely affecting their privileges at another health care facility.
 - 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.
 - Each resident shall notify the Director of GME 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 disciplinary action.
6. Use of Legal Name
- Residents will use their legal name for most purposes at UW Health, including but not limited to employment documentation, certification, licensure, and other registrations. In the case that multiple names have been used during the application and employment process, the legal name will be the one used by UW Health. A resident's legal name will be verified at the time of hire by viewing a Form I-9 acceptable document that establishes identity. Credential detail on hospital ID badge and lab coats shall be consistent with UW Health policy/guidance.

B. Annual Reappointment

The following requirements will be completed for annual reappointment. Sections IV.B.2. and IV.B.3. do not apply to post-doctoral fellows.

1. Appointment and credentialing documentation required from residents:

- a. Signed training appointment letter. Residents must sign a new appointment letter for each year appointed.
- b. Compliance with all policy and regulatory requirements, including:
 - Required e-learnings, such as Safety and Infection Control and Annual Compliance
 - Respiratory Protection Program (a.k.a., fit testing)
2. PGY-2s advancing to PGY-3: PGY-2s who have completed the PGY-1 year in the same training program are required to complete Step 3 by December 31 of the PGY-2 year. PGY-2s who have completed the PGY-1 year in a different program (regardless of whether it was at the same institution or at another institution) are required to complete Step 3 by March 1 of the PGY-2 year (UW Health-sponsored programs only).
3. PGY-3s and above (UW Health-sponsored programs only): All residents appointed to a PGY-3 and above must have passed USMLE Step 3, or COMLEX Level 3. Continuing residents who do not pass one of these tests by the beginning of PGY-3 year will be promoted to the next PGY level as appropriate, but the stipend will remain at the PGY-2 level. Continuing residents will be given up to one year to pass the exam. If unsuccessful at passing the exam by the end of the PGY-3 year, the resident will be terminated for not meeting employment requirements. Under exceptional circumstances, GME Administration may waive or allow extensions of time for this requirement.

C. Resignation, Termination, or Nonrenewal of Appointment

1. Resignation of Appointment

When a resident chooses to resign from an appointment prior to the completion of the program, the resignation must be submitted in writing (email is acceptable) to the program director and GME Administration. Residents must provide at least 12 weeks' notice. Exceptions to this notice requirement may be considered by the program director and GME Administration when there are exceptional circumstances. Prior to the resignation effective date, the program director must allow sick, medical, and parental leave when the request is compliant with the GME *Time Off* policy. Vacation may only be used if the program can accommodate the resident's time away, which is at the discretion of the program director. No other paid time off is allowed.

2. Termination or Nonrenewal of Appointment

Terminations are typically effective on the day of notice to the resident. A nonrenewal of appointment will result in termination at the end of the current appointment period. Residents will be given as much notice as possible after the decision not to renew their appointment is made, but no more time than the end of the current appointment. For residents with nonrenewed appointments, allowed time off and the procedures for GME Administration and the program are the same as resignations listed above.

3. Administrative Responsibilities for All Departing Residents

GME Administration will:

- Submit a UWH HR ServiceNow ticket
- Notify any affiliate hospitals
- Notify UWSMPH HR
- Deploy Exit Checklist to resident via MedHub

Program administration will:

- Collect the resident's white coats, pager, badges, keys, computer equipment, and any other UWH and UWSMPH property.
- Provide outgoing resident with a copy of their final (summative) evaluation which must be dated on or after their final day of training.

Resident will:

- Complete all tasks detailed in Exit Checklist

B. Visiting Residents

Required documentation:

- Visiting Resident Application
- Letter from home program director stating approval of rotation and confirming that resident is in good standing
- Medical school diploma (copy)
- Wisconsin medical license (valid through duration of the resident's training)
- Medicare provider enrollment
- Wisconsin Medicaid provider enrollment
- DEA certificate (if applicable)
- Certificate of liability insurance
- Background check verification (must be on institution letterhead, include date of background check, and signature of individual completing verification)
- Current life-saving certifications as required for the program and service through which visiting resident will rotate.
- Home institution employee health certification of all required immunizations, including Tuberculin (TB) skin test, flu vaccination, and COVID vaccination. TB test and flu vaccination (or waiver) must be current at time of UWH rotation. COVID waivers will not be accepted.
- ECFMG certificate (if applicable)
- If training under J-1 visa, home program will submit to ECFMG the Required Notification of Off-site Rotation/Elective request providing approval to train outside of home institution

V. Coordination

Sr. Management Sponsor: Susan Goelzer MD, MS

Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee, Effective 9/21/2022

Resident Grievances Related to the Learning and Working Environment

Policy Number: 43.8

I. Purpose

The University of Wisconsin Hospitals and Clinics (UW Health) as the Sponsoring Institution for Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs jointly with the Graduate Medical Education (GME) programs must provide a learning and working environment in which residents may raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner.

This policy does not apply to academic or other disciplinary actions taken against individual 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 the following UWHC GME policies:

1. Academic Improvement (43.2)
2. Resident Expectations and Discipline (43.4)
3. Evaluation of Residents and Faculty (43.7)
4. Promotion of Residents (43.13)
5. UW Health policy: Employee Assistance Program (9.15)
6. UW Health Code of Conduct (Search U-Connect UW Health Code of Conduct. PDF located under the Resources tab)

This policy does not apply to allegations of harassment or discrimination. Instead, refer to the UWH Equal Employment Opportunity and Non-Discrimination policy 9.27.

II. Scope

This policy will apply to all residents and fellows in ACGME-accredited training programs sponsored by UW Health.

III. Definitions

Resident: The term "resident" shall refer to both resident and fellow physicians including post-doctoral fellows (unless otherwise specified).

Program(s) : Will refer to ACGME-accredited program(s).

UW Health: "UW Health" is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.

Days: Will refer to calendar days exclusive of Saturdays, Sundays, and legal holidays.

Concerns related to learning and work environment: Concerns related to the program, teaching faculty, and program or hospital policies and procedures affecting residents.

Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for all ACGME-accredited Graduate Medical Education programs.

IV. Procedure

A concern may be brought related to the program, teaching faculty, and program or hospital policies and procedures affecting residents. No resident shall be penalized in any way for filing a grievance. At any step of the grievance process, the resident may be aided or accompanied to any meeting by another member of the medical profession.

For confidential reporting:

- Call the UWH hotline for GME concerns: 608-316-9800
- Report mistreatment of any kind through the UWSMPH Student Mistreatment online form: <https://www.med.wisc.edu/education/mistreatment-discrimination-harassment-of-students/student-mistreatment-reporting-form/>
- Email Provider Services: ProviderServices@uwhealth.org

- A. The resident should first attempt to resolve the concern informally by consulting with a chief resident, senior fellow, appropriate faculty, or program director.
- B. If the resident is unable to resolve the concern informally, they may submit the concern in writing to the department chair and the designated institutional official (DIO). The concern should include a description of the concern and the desired resolution. The chair or DIO (or their designee) will acknowledge receipt of the grievance within five days. The chair, DIO (or a designee), and/or a Provider Services consultant will meet with the resident at a mutually agreeable time within fourteen days of the receipt of the concern. The timeframe may be extended to a mutually agreeable date. The chair or DIO (or designee), after fully reviewing and considering the matter, will issue a written decision to the resident regarding the concern, and provide a copy to the program director.
- C. The chair, DIO, or Provider Services may include other UW Health departments as necessary based on the nature of the concern.
- D. Resident notice of concern may be served upon the department chair or the DIO via e-mail. Written decisions may likewise be supplied to the resident via e-mail. This decision is final.
- E. Copies of all concerns, review requests, and decisions mentioned above will be maintained by the GME Office.

V. Coordination

Sr. Management Sponsor: Susan Goelzer, MD, MS, Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee, Effective 1/19/2022

Stipend Administration for GME Trainees

Policy Number: 43.18

I. Purpose

To administer a fair and consistent stipend program that supports the UW Health mission by maintaining competitiveness and establishing market-based compensation compliant with applicable government regulations.

II. Scope

This policy applies to all Graduate Medical Education (GME) residents and fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited programs sponsored by UW Health (UWH).

III. Definitions

Resident: The term “resident” shall refer to both residents and fellows (includes post-doctoral fellows unless otherwise specified). Also known as GME physicians.

Chief Resident: For this policy, the term applies to a resident or fellow that has administrative responsibilities in addition to their required duties and educational activities within their ACGME-accredited training.

Resident Super User: For this policy, the term applies to a resident or fellow with documented competency using Health Link, who acts as a liaison between the users within their department / program, and the Information Services (IS) Health Link Team.

Program(s): Refers to ACGME-accredited program(s).

UW Health: For the purpose of this policy, the term “UW Health” shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. “UW Health” is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.

Stipend: The term used to describe the base compensation, or other periodic sums of money granted to residents for services, or to defray expenses.

Program Standard Post-Graduate Year (PGY) Level: The starting level of the program based on the number of years of accredited prior training which meet prerequisite requirements as indicated by the ACGME or certifying board. For a program with prerequisite requirements of varying lengths, the starting level of the program will be based on the minimum number of years of accredited prior training required for the appointed program as indicated by the ACGME or certifying board.

IV. Procedure

- A. Classification and compensation decisions will be made in a fair and equitable manner and will comply with all legal and regulatory requirements.
- B. Promotions to the next post-graduate (PG) level are made in consultation with the program director for each training program and are based on successful completion of the current PG year and dates. Special pay programs will be developed and administered as appropriate. Appointments beyond the initial appointment are made for one year, except as specified in the [UW Health GME Resident and Fellow Handbook](#). 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 or professional growth. Semi-annual evaluations are provided to apprise residents of their progress (see [GME policies Evaluation of Residents Faculty and Programs 43.7](#), [Academic Improvement 43.2](#), [Promotion of Residents 43.13](#), and [Resident Expectations and Discipline 43.4](#)). The resident’s start date

and progress towards meeting PG level requirements are the basis for determining a resident's eligibility for a stipend change.

- C. The director of GME, and the director of total rewards and service delivery (or designee), work together to determine recommended stipend levels. Stipend changes are not effective until they are reviewed and approved by the UWH Graduate Medical Education Committee and the UWHC Authority Board. Residents will be informed by GME Administration of their individual stipend in the annual appointment letter or by email.

D. Stipend and Post-Graduate Year Levels

It is the objective of UWH to maintain resident salaries at a competitive level as compared to sponsoring institutions nationwide.

1. Residents and Non-post-doctoral Fellows

- a. Resident PGY levels will be set at the program standard PGY level. Additional training outside of the standard prerequisite requirement is not recognized when establishing the PGY level for entry into a program.
- b. Stipend levels will be based on the rates reported in the Association of American Medical Colleges (AAMC) annual *Survey of Resident/Fellow Stipends and Benefits Report*. To ensure competitiveness with GME programs nationwide, UWH strives to set stipends at the 75th percentile of programs nationwide.
- c. The resident stipend level will correspond to the program's standard PGY level. Residents may qualify for a total of one additional stipend level for any of the reasons listed below:
 - A UWH dedicated non-accredited chief resident year;
 - A UW non-accredited research year as part of UWH ACGME-accredited program training;
 - Completion of prerequisite GME training that is longer than the standard requirement. Prerequisite training will only be considered if specified in ACGME requirements or an official specialty board pathway.

2. Post-doctoral Fellows

- a. Stipends are assigned based on the National Institutes of Health Postdoctoral Intramural Research Training Awards corresponding level.
- b. The stipend will be set at experience level 4-5 with "initial stipend range" for the first year and "second year range" for the second year. The stipend will be set at the 25th percentile of the range.

E. Ancillary stipends

1. Well-being

Subject to leadership approval each year, a well-being stipend will be distributed to all residents. This is added to the base PGY stipend and paid across pay periods over the academic year.

2. Chief Resident

- a. A resident may receive a lump sum stipend for a chief resident year. If there is more than one chief resident per training program, the stipend will be evenly split unless directed by the program in writing, with specific allocation amounts.
- b. A resident may serve more than one term
- c. Qualifications to receive stipend:
 - served during an ACGME-accredited year of training
 - in line with any specialty board requirements, if applicable
 - training program is three or more years in length

- training program has a total program complement of more than five GME physicians in accredited years of training per year (e.g., a three-year program would need two or more residents per training year)

3. Resident Super User (RSU)

- a. A resident may receive a stipend, divided into two installments, twice per year, for acting as a liaison between Health Link and a clinical department.
- b. A resident may serve more than one term.
- c. Qualifications to receive stipend:
 - must pass a knowledge assessment with a minimum score of 80%
 - must attend 60% of the training meetings throughout an academic year

F. Stipend policy sharing with applicants: An applicant invited to interview for a resident position must be informed of stipend information, in writing or by electronic means, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointment. (IR IV.B.3.)

VI. Coordination

Sr. Management Sponsor: Susan Goelzer, MD, MS, Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee, Effective 7/1/2023

Supervision of Residents

Policy Number: 43.19

I. Purpose

To establish an institutional supervision policy to ensure all residency and fellowship training programs provide increasing amounts of responsibility with appropriate supervision of residents for safe patient care.

II. Scope

This policy applies to all residents and fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited training programs sponsored by the University of Wisconsin Hospitals and Clinics (UW Health) and visiting residents rotating within UW Health.

III. Definitions

Resident: The term “resident” shall refer to both residents and fellows.

Program(s): Will refer to ACGME-accredited program(s).

UW Health: For this policy, the term “UW Health” shall mean the University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. UW Health is the trade name of the University of Wisconsin Hospitals and Clinics Authority and its affiliates.

Visiting Residents: Refers to residents from ACGME-accredited training programs rotating within UW Health (UWH) from programs sponsored by institutions other than UWH.

III. Policy Elements

a. **Program Policies**

All UWH GME training programs must create a program-specific supervision policy that aligns with ACGME program requirements, this policy, the Bylaws Rules and Regulations of the Medical Staff of the University of Wisconsin Hospital and Clinics, the Joint Commission, law, and other hospital policies. In the case of inconsistent requirements, the most restrictive must be followed.

b. **Supervision of Residents**

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is ultimately responsible and accountable for the patient’s care.

- i. This information must be available to residents, faculty members, patients and other members of the health care team.
- ii. Residents and faculty members must inform each patient of their respective roles in that patient’s care when providing direct patient care.
- iii. Each program must keep the general supervision requirements by training year level in the online supervision table up to date (<https://uwhealth.medhub.com/functions/jcaho>).
- iv. In all cases where residents are providing care, the ultimate responsibility rests with the supervising/attending physician, who determines the level of supervision required for appropriate training, and to assure quality of patient care.
- v. The program must define when physical presence of a supervising physician is required (CPR VI.A.2.b).(2))

c. Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, programs must use the classification of supervision detailed below. In addition, review committees may further specify requirements, and may describe conditions under which PGY-1 residents progress to be supervised indirectly (CPR VI.A.2.c)).

i. Direct Supervision:

1. The supervising physician is physically present with the resident during key portions of the patient interaction, or PGY-1 residents must initially be supervised directly, only as described in CPR (VI.A.2.c).(1).(a).
2. The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
(Permissibility specified by each Review Committee.)

ii. Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direction supervision.

iii. Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

d. Progressive Authority and Responsibility

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. In addition, the program director must evaluate each resident's abilities based on specific criteria guided by the Milestones.

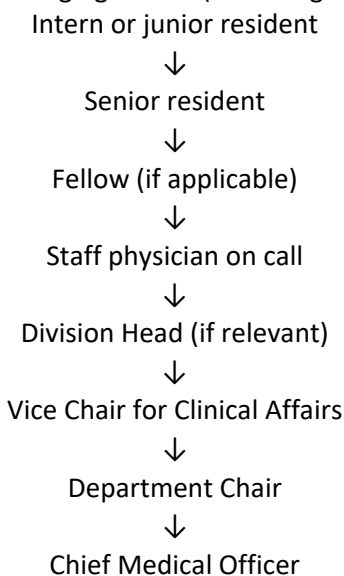
The program is responsible for the following:

- i. Demonstrating that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity.
- ii. Evaluating each resident's ability based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- iii. Ensuring that faculty members functioning as supervising physicians are delegating portions of care to residents, based on the needs of the patient and the skills of the residents.
- iv. Ensuring faculty supervision assignments are sufficient in duration to assess the knowledge and skills of each resident and delegate to them the appropriate level of patient care authority and responsibility.
- v. Ensuring that senior residents or fellows have the opportunity to serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
- vi. Setting guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
- vii. Informing each resident of the limits of his/her scope of authority, and the circumstances under which they are permitted to act with conditional independence.

- viii. On-call schedules and rotation schedules are developed to provide residents with a variety of patient experiences. Supervision is available at all times through more senior residents and faculty attending physicians.

IV. Procedure

- a. At a minimum, each program must establish and review annually, a program-level policy, supervision table, and the procedures associated with supervision of residents, that incorporates the standards set forth in this policy.
- b. Program-level policy must include circumstances in which clinical trainees must communicate with the supervising physician, including but not limited to, end of life decisions, discharge against medical advice, and transfer to an intensive care unit.
- c. Programs are responsible for educating their residents and faculty regarding appropriate supervision for patient care activities.
- d. Program-level policy must assure supervising physicians and clinical trainees receive and understand the lines and levels of supervision for each graduate level and rotation (when appropriate).
- e. Each program will post, and keep current, their supervision policy on MedHub in the trainee job description area, to be available to hospital staff (<https://uwhealth.medhub.com/functions/jcaho>). Updates shall be made as needed. Additional procedure documentation requirements may be set by UWH leadership, as needed.
- f. In the event the need arises for a provider, to reach a supervisory physician, (e.g. due to the inability to reach the physician on call, or resolve an unresolved concern after discussion with the physician on call), it is encouraged that the matter be escalated up the chain of command. This brings awareness of the chain of command to front-line clinical staff. In general, the Paging and Messaging Center (UWH Paging) will follow this algorithm:



If an individual does not respond, UWH Paging will move to the next line of the algorithm. The goal is to provide timely high-quality care to all of our patients.

V. References

ACGME Institutional Requirements, Policies and Procedures Manual, and Common Program Requirements (www.acgme.org)

Bylaws and Rules and Regulations of the Medical Staff of the University of Wisconsin Hospitals and Clinics

UW Health Clinical Policy #1.63 Indirect Surgical Supervision in the Intraoperative Area

UW Health Clinical Policy #2.3.29, Adult Procedural Sedation

UW Health Clinical Policy #2.3.30, Pediatric Procedural Sedation

UW Health Clinical Policy #2.3.32, Operative, Invasive, and Other Procedures

UW Health Clinical Policy #2.3.36, Scheduling OR Cases

VI. Coordination

Sr. Management Sponsor: Susan Goelzer MD, MS

Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee, Effective 5/4/21

Time Off Policy

Policy Number: 43.1

I. Purpose

To establish a uniform policy that ensures all appropriate steps are taken when a resident or fellow requests time off from work/training. This policy will apply to all involuntary and voluntary time off.

II. Scope

This policy will apply to all residents and fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited programs sponsored by the University of Wisconsin Hospitals and Clinics (UW Health). While all residents and fellows in UW Health programs will be allowed the time off associated with the below leave types, the pay will be determined by the employer. For the purposes of this policy, pay is assumed to be for employees of UW Health.

III. Definitions

Resident: The term “resident” shall refer to both resident and fellow physicians, including post-doctoral fellows (unless otherwise specified).

Program(s): Will refer to ACGME-accredited program(s).

UW Health: The name “UW Health” shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. “UW Health” is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.

Affiliate Site: A training site outside of the UW Health system, also referred to as secondary (e.g., UPH-Meriter, SSM Health St. Mary’s Hospital, Veterans Administration Hospital)

Serious Health Condition: A serious health condition will generally occur when the resident receives inpatient care at a hospital, hospice, or nursing home or receives outpatient care that requires the resident to miss work for a continuous period of time. The definition of what qualifies as a serious health condition should be verified by referencing the resource for whichever leave is being taken (i.e., Department of Labor for FMLA, Department of Workforce Development for WFMLA, etc.).

Qualified Family Member: The definition of family should be verified by referencing the resource for whichever leave type is being taken.

Day: Working day, as defined by program policy, unless otherwise specified.

Week: Workweek, as defined by program policy.

Intermittent Leave: Leave taken in non-contiguous periods of time due to a single illness or injury, rather than for one continuous period of time. Examples of intermittent leave would include leave taken on an occasional basis for medical appointments or leave taken several days at a time spread over a period of six months, such as for chemotherapy.

Continuous Leave: Leave that is taken and not broken up by periods of work.

IV. Procedure

In the current healthcare environment, residents and other healthcare providers are at increased risk for burnout and depression. Psychological, emotional, and physical wellbeing are critical in the development of the competent, caring, and resilient healthcare provider. Selfcare is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Wellbeing is supported by having time away from work/training to engage with family and friends, as well as to attend to personal needs and to one’s own health. This means programs must give residents the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during

their work hours (ACGME CPR VI.C.1.d.(1)). Physicians, both in training and in practice, are an integral part of UW Health and the vision of providing “Remarkable Healthcare.” This policy supports UW Health’s strategic plan foundational competency of staff and physician wellbeing.

Each program must have policies and procedures in place, aligning with this policy, that ensure coverage of patient care if a resident is unable to perform their patient care responsibilities for reasons including, but not limited to, fatigue, illness, and family emergencies. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work (ACGME CPR VI.C.2). When scheduling time off, residents must adhere to the requirements of UWH, their ACGME Review Committee (RC), and specialty or subspecialty board. All resident requests for time off must be approved by their program director, or delegate, and in some cases, approval must also be granted by the director of Graduate Medical Education (GME), the Designated Institutional Official (DIO), or GME Administration delegate. To meet ACGME or Board requirements, residents may be required to make up leave taken. A program must provide its residents with accurate information regarding the impact of extended time off upon the criteria for satisfactory completion of the program and upon a resident’s eligibility to participate in examinations by the relevant certifying board(s) (ACGME IR IV.H.1.g). In some cases, space for such additional training at the time desired may not be available at UW Health (UWH).

This policy is not intended to cover affiliate sites. Any relevant affiliate sites affected by a resident leave should be notified directly per the GME program policy and procedures. All resident program time must be scheduled in the residency management system, MedHub, unless otherwise specified. All leave time must therefore be recorded in MedHub which contains the official schedule that feeds billing for affiliate sites and Centers for Medicare & Medicaid Services (CMS) cost reporting. Accuracy of the MedHub schedule is critical. All leave must be entered in full days using a 365 day/year convention to align with CMS and other billing rules. There is no mechanism to request nor approve partial days of leave in MedHub due to the CMS billing requirements. When a resident needs a partial day off (e.g., for a wellness appointment, sick child, or family emergency) and is still able to complete the majority of most of the day’s work, it should be allowed and tracked outside of MedHub. Leave time shall be allotted for each academic year (e.g., July 1- June 30), except for specified leaves indicated below as being available once per training program. Unused leave may not be carried over to the next year except as provisioned in “Vacation” below. No additional compensation will be paid for unused leave. A pro-rated amount shall be allotted for partial training years or working less than full-time.

When possible, residents are asked to notify UWH GME Administration at least 30 days before the date of the anticipated extended leave. Residents should first notify their program director or program coordinator. A leave request must be submitted in MedHub. In cases of illness and/or an emergency, notice must be given as soon as possible, but no later than three (3) days after the occurrence of the reason for leave. Failure to make timely notification of the need for leave may result in the delaying of paid leave until proper notification is received. A leave request form is required for specific leaves (please see reference grid for specifics). The Veterans Administration Hospital (VAH) requires 45 days’ notice for any leave (does not include sick leave). Requests submitted less than 45 days require chief of staff approval and are assessed on a case-by-case basis.

A. **Leave Types:** The following leave types, paid and unpaid, are available to residents:

1. **Vacation:** UW Health residents are entitled to three (3) weeks 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, the resident may carryover up to one week of vacation to the following year with prior approval of the program director. When the resident is leaving UWH permanently, accrued vacation must be used prior to termination or it shall be forfeited.
2. **Career development:** Each resident may take up to a maximum of five (5) days for exam preparation, fellowship interviews, or other employment searches per training program. Unpaid leave (personal, unpaid) may be granted, or vacation used for additional time. All time used must be approved by the program director or delegate. GME Administration must be notified through MedHub of any unpaid time granted.
3. **Professional development (away conference, board prep, etc.):** Each resident may take up to a maximum of one (1) week to attend professional meetings, or courses, each year with pay. The leave is to be approved in advance by the program director and attendance documented in MedHub. This leave time is in addition to vacation and may not be carried over to the following year. At the discretion of the program director, additional professional development time may be allowed to meet UWH program requirements, such as scholarly activity, or remediation needs of the resident. Professional development time may not be used for off-site elective rotations.
4. **Jury duty:** 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 for jury duty, the resident shall report to work unless otherwise authorized by the resident's 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.
5. **Witness service:** Residents may take time off with 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 as a witness, the resident shall report to work unless otherwise authorized by the resident's 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 either vacation time or time off without pay. The resident and program must report unpaid leave to GME Administration through MedHub.
6. **Bereavement:** A resident may take time off for a death in their immediate family. (For UWH's definition of immediate family reference UWH Time Off policy 9.40.)
 - a. Residents may use sick leave for needed time off. If additional time off is needed, or if the death is not an immediate family member as defined in UWH policy 9.40, residents may use vacation or request unpaid (personal) time.
 - b. Time away from employment/training shall be used within the seven (7) -day period immediately following the death. Where mitigating circumstances exist (i.e., delayed, or postponed funeral arrangements), and with the program director's approval, bereavement time may be used later for reasons directly related to the death.

7. **Holidays:** Residents do not accrue holiday time or have the option of a floating holiday, “comp time,” or additional holiday pay. Residents must be available for clinical work as assigned by the program director. If residents request time off for a religious holiday, in lieu of legal holidays, they should be allowed comparable leave where scheduling permits. The list of observed legal holidays may be found on the UWH intranet.
8. **Personal:** A resident may be granted a leave of absence without pay at the discretion of the program director and the director of GME. All unpaid leave must be reported to GME Administration by the resident and program through MedHub. Personal leave for more than four (4) weeks will only be allowed in extraordinary circumstances and require the approval of the residency program director, director of GME or delegate, or the DIO, or delegate.
9. **Living Bone Marrow and Human Organ Donor:** A resident may request up to six (6) weeks leave in a 12-month period for the purpose of serving as a bone marrow or organ donor. See UWH Time Off policy 9.40 for details.
10. **Parental, Caregiver, and Personal Medical:** A resident may take up to six (6) weeks of leave at 100 percent of their stipend for Parental, Caregiver, and Personal Medical. Residents have one week of paid time off reserved for use outside of the first six weeks of the first approved Parental, Caregiver, or Personal Medical leave of absence taken (IV.H.1.b.) in the current training program. UW Health accomplishes this by providing paid sick and vacation leaves, which are not required to be used during of the forementioned leaves. Federal Family Medical Leave Act (FMLA), and Wisconsin FMLA, run concurrently with parental, caregiver, and personal medical leave, when applicable. See A.12. below.
 - a. **Parental:** Residents may take up to six (6) weeks of paid parental leave. Reference the Parental Leave for Residents and Fellows policy for more information.
 - b. **Caregiver:** Residents may take up to six (6) weeks of approved caregiver leave for qualifying reasons once per training program at 100 percent of their stipend (IR IV.H.1.a)).
 - i. Residents are eligible for caregiver leave upon the first day of resident orientation/first day of employment and may be taken at any time during training.
 - i. Residents may take leave intermittently with coordination of scheduling with their program and with program director approval.
 - ii. A *Certification of Health Care Provider for a Family Member’s Serious Health Condition* [form WH-380-F](#) must be completed.
 - c. **Personal medical:** Personal medical leave is granted to residents for a personal serious health condition as defined by FMLA/WFMLA. While FMLA does not require the allowable weeks to be paid, UWH grants paid personal medical leave up to a limited number of weeks as detailed below, while maintaining compliance with applicable federal and state FMLA/WFMLA laws.
 - i. Approved personal medical leave is granted as follows for qualifying medical events within a 12-month period beginning on the first approved day of personal medical leave:
 - up to six weeks will be paid at 100% of stipend

- leave longer than six weeks will be paid at 75% of stipend, for up to an additional six weeks.
 - Any additional approved time beyond 12 weeks (84 days for 7-day workweek programs) will be unpaid. Available vacation or sick leave time may be applied to extend paid time.
- ii. Paid medical leave does not apply upon return to work with restricted hours (to be paid proportionately to a regular schedule).
 - iii. Medical leave will not exceed 26 weeks (182 days for 7-day workweek programs) within a 12-month period or for a single qualifying medical event.
 - iv. Medical leave exceeding 26 weeks may qualify for long-term disability benefits, further determined by other requirements of the UWH-provided policy.
 - v. Paid leave after childbirth shall be up to six (6) weeks (42 days for 7-day workweek programs) unless the resident has continuing medical complications requiring further medical leave.
 - vi. Childbirth requiring greater than six (6) weeks (42 days for 7-day workweek programs) of leave will require medical certification.
 - vii. If a resident suffers a work-related injury that qualifies as a serious health condition, personal medical leave will run concurrently with Workers' Compensation leave. See above.
 - viii. Personal medical leave will run concurrently with any disability-related leave if the resident's condition qualifies as a serious health condition.
 - ix. Personal medical leave may be taken all at once or in smaller increments when medically appropriate.
 - x. In addition to submission of the leave request in MedHub, the GME Request for Leave of Absence form is also required to be uploaded with the leave request.
 - xi. A completed medical certification form (Certification of Health Care Provider, [WH-380-E](#)) from a health care provider must be provided when leave is requested for a serious health condition for the resident.

When possible, residents are asked to notify UWH at least 30 days before the date of the anticipated leave. Residents should first notify their program director or program coordinator. A leave request must be submitted in MedHub. In an emergency, notice must be given as soon as possible, but no later than three (3) days after the occurrence of the reason for leave. Failure to make timely notification of the need for leave may result in the delaying of paid leave until proper notification is received.

11. Family Medical Leave Act (FMLA) and Wisconsin Family Medical Leave Act (WFMLA)

While the purpose of the leaves is similar, there are slightly different eligibility requirements and lengths of leave available between FMLA and WFMLA. Federal law, state law, or both may cover family and medical leave taken under this policy. Whenever possible, state, and federal leaves taken under this policy will run concurrently, provided the eligibility requirements for both have been met. However, when leave is governed by state or federal law, but not both, the applicable law will prevail under the policy. The workweek is defined by each GME program.

- a. The FMLA provides eligible residents up to 12 workweeks of unpaid and job-protected leave, after the first year of employment, each academic year for qualifying reasons. See [Code of Federal Regulations \(www.ecfr.gov\)](http://www.ecfr.gov) and U.S. Department of Labor website (www.dol.gov/agencies/whd/fmla) for details.
 - b. The WFMLA provides eligible residents two (2) weeks unpaid and job-protected leave each calendar year for their own serious health condition or the serious health conditions of a parent, child, or spouse. WFMLA provides up to six (6) weeks for the birth or adoption of a child. To be eligible residents must have worked for UWH for at least 52 consecutive weeks and for at least 1,250 hours in the preceding 52 week period. See Department of Workforce Development (www.dwd.wisconsin.gov/er/civilrights/fmla) for details.
 - c. UW Health will allow eligible residents to substitute earned paid leave (vacation or sick) for the otherwise unpaid FMLA or WFMLA leave.
 - d. Substitution of paid leave will not extend or result in additional family and/or medical leave being available to the resident.
 - e. A completed medical certification form (Certification of Health Care Provider under the Family and Medical Leave Act, [WH-380-E](#)) from a health care provider must be provided when leave is requested for a serious health condition for the resident or when requesting leave to care for a qualified family member.
 - f. When possible, residents are asked to notify their program director and GME Administration at least 30 days before the date of the anticipated leave. In an emergency, notice must be given as soon as possible, but no later than three (3) days after the occurrence of the reason for leave. Failure to make timely notification of the need for leave may result in the delaying of paid leave until proper notification is received.
 - g. If UWH has reason to doubt the validity of a medical certification, the resident may be requested to provide written documentation from a health care provider chosen and paid for by UWH. If the original documentation and the second conflict, a third health care provider will be agreed upon and documentation obtained. The opinion of the third health care provider will be binding. UW Health reserves the right to request a resident re-certify as to the continuation of the serious health condition at various points in time, as permitted by law.
 - h. Upon returning from leave, a resident is entitled to be restored to their original position or to an equivalent position with equivalent pay, benefits and other terms and conditions of employment, including duties and responsibilities.
- 12. Sick:** Residents may take up to ten (10) days of paid sick leave per year.
- a. Sick leave must be recorded in MedHub.
 - b. Sick leave may be used when the resident is ill, and the illness is not serious enough to require a healthcare certification form be completed as may be required for personal medical leave.
 - c. Health clearance by Employee Health Services is required for any unscheduled illness/injury absence of five (5) or more consecutive days, excluding parental leaves. See UWH Health Clearance to return to Work or Continue to Work policy 9.22)
 - d. A qualifying family member that requires the resident's care.

- e. A death in their immediate family. Please refer to the bereavement section above.
13. **Military:** For Military Service, Military Caregiver, and Military Exigency leaves, please refer to UWH Time Off policy (9.40) for details.
 14. **Administrative:** At times there may be a need for the program director, the director of GME, or other UWH leader, to place a resident on administrative leave which may be paid or unpaid, based on the circumstances. Residents may be placed on paid administrative leave while under investigation or to determine fitness for duty. Residents may be placed on unpaid administrative if they become non-compliant with work requirements (e.g., non-compliance with influenza or COVID vaccination requirement, gap in medical licensing, etc.).
 15. **Return to work:** Residents will be referred to UW Health Employee Health Services to obtain clearance to return to work or to continue working in the following circumstances (See UWH Health Clearance to Return to Work or Continue to Work policy 9.22):
 - a. any communicable disease, such as COVID-19, pertussis or symptoms such as fever, rash, diarrhea, or cough;
 - b. surgery which may result in a work restriction and/or an inability to perform the required job duties;
 - c. work related injury;
 - d. illness exposure at work place;
 - e. non-work-related injuries/conditions which may impair the employee's ability to perform required job duties;
 - f. mental illness;
 - g. loss of consciousness;
 - h. disturbed or confused mental functioning; or
 - i. signs or symptoms of alcohol or drug use/impairment. Refer to UWH Fitness for Duty policy 9.34.

V. References

UWH [Time Off policy 9.40](#)

UWH [Health Clearance to Return to Work or Continue to Work policy 9.22](#)

UWH [Fitness for Duty: Impaired Employee policy 9.34](#)

[Parental Leave policy 43.31](#)

Coordination

Sr. Management Sponsor: Susan Goelzer M.D, M.S., Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Review/Approval Committee: Graduate Medical Education Committee Effective 7/1/2023

Work Hours and Moonlighting

Policy: 43.27

I. PURPOSE

The purpose of this policy is to ensure compliance with all ACGME clinical experience and work hour requirements. Programs, in partnership with UW Health, are expected to provide a clinical learning environment that serves the best interests of both patients and residents, by providing a structure that not only enables residents to gain the requisite educational and clinical experience but also provides reasonable opportunities for rest and personal activities. The intent of these requirements is to ensure that programs recognize the need to balance educational experiences with time away from the program. If an imbalance exists, it is expected that the program makes adjustments as needed.

In addition, residents and faculty members must demonstrate an understanding and acceptance of their personal role in:

- a. the safety and welfare of patients entrusted to their care;
- b. patient and family-centered care;
- c. their fitness for duty;
- d. management of their time before, during, and after clinical assignments;
- e. recognition of impairment, including illness and fatigue, in themselves and in their peers; and
- f. honest and accurate reporting of work hours, patient outcomes, and clinical experience data.

II. SCOPE

This policy applies to all Graduate Medical Education (GME) programs sponsored by UW Health.

III. DEFINITIONS

- a. "ACGME" means Accredited Council for Graduate Medical Education.
- b. The term "resident" refers to residents and fellows.
- c. Program(s) will refer to ACGME-accredited program(s) sponsored by UW Health.
- d. UW Health: For the purpose of this policy, the term "UW Health" shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. "UW Health" is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.
- e. "Work hours" (formerly known as duty hours) shall mean all clinical and academic activities related to the residency/fellowship program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders. Work hours also include time spent participating in moonlighting and other scheduled activities, such as conferences, call from home, and time spent in the hospital after being called in to provide patient care. Types of work from home that must be counted include using an electronic health record and taking calls. Hours spent on activities that are required in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency/fellowship programs, such as residents' participation in interviewing residency candidates, must be included in the count of clinical and educational work hours.

- f. Moonlighting: Compensated, medically-related work not related to training program requirements.

IV. **POLICY (with excerpts from ACGME Common Program Requirements)**

Programs will ensure compliance with ACGME requirements as outlined below:

- a. Maximum Hours of Clinical and Educational Work per Week:

Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (CPR VI.F.1.) Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments. This avoids heavy and light assignments being combined to achieve compliance.

If a resident takes vacation or other leave, the ACGME requires that vacation or leave days be omitted from the numerator and the denominator for calculating clinical and educational work hours, call frequency, or days off. The requirements do not permit a "rolling" average, because this may mask compliance problems by averaging across high and low clinical and educational work hour rotations. The rotation with the greatest hours and frequency of call must comply with the common clinical and educational work hour requirements.

- b. Mandatory Time Free of Clinical Work and Education

Residents should have eight hours off between scheduled work periods. (CPR VI.F.2.b)) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. (CPR VI.F.2.b).(1))

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (CPR VI.F.2.c))

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). The ACGME defines one day as "one continuous 24-hour period free from all administrative, clinical and educational activities." At-home call cannot be assigned on these free days. (CPR VI.F.2.d))

- c. Maximum Clinical Work and Education Period Length

Clinical and education work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (CPR VI.F.3.a))

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. (CPR VI.F.3.a).(1))

Additional patient care responsibilities must not be assigned to a resident during this time. (CPR VI.F.3.a).(1).(a))

- d. Clinical and Educational Work Hour Exceptions

In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following

circumstances: to continue to provide care to a single severely ill or unstable patient, or humanistic attention to the needs of a patient or family, or to attend unique educational events. (CPR VI.F.4.a)(1)-(3))

These additional hours of care or education will be counted toward the 80-hour weekly limit. (CPR VI.F.4.b))

e. Moonlighting

The primary responsibility of the resident is to the care of his/her patients.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (CPR VI.F.5.a)) Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (CPR VI.F.5.b)) All moonlighting hours must be logged in MedHub as part of the weekly work hours. UW Health does not provide any liability coverage for moonlighting activities (internal or external). The resident or the employer where the moonlighting takes place must provide liability coverage for the moonlighting activities. Restrictions:

PGY-1 residents are not permitted to moonlight. (CPR VI.F.5.c))

Programs may not require residents to moonlight.

The State of Wisconsin Medical Examining Board requires residents moonlighting in patient care outside of their training program have a full, unrestricted medical license.

Clinical moonlighting within UW Health will only be approved if:

- i. The resident meets and obtains UW Health Medical Staff requirements for privileging; and
- ii. The services furnished can be separately identified from those services that are required as part of the training program. If distinguishable, there may still be restrictions on allowable billing for inpatient services. These concerns will be resolved by the clinical department with which the moonlighting appointment originates and the UW Health Compliance Department.

f. In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (CPR VI.F.6.)

g. Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (CPR VI.F.7.)

h. At-Home Call

Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for one day in seven free of clinical and educational work, when averaged over four weeks. (CPR VI.F.8.a)) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (CPR VI.F.8.a).(1)) Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour weekly maximum. (CPR VI.F.8.b))

i. Resident Time Off

Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (CPR VI.C.1.d.(1))

In addition, there are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work. (CPR VI.C.2.)

j. Fatigue Mitigation

Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and, encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. (CPR VI.D.1.a-c))

Each program must ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. (CPR VI.D.2.) The program, in partnership with the UW Health, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (CPR VI.D.3.)

All residents and faculty are required to complete fatigue mitigation and management education as part of UW Health's annual Safety and Infection Control online module, or other GME Administration-approved training, which will fulfill this requirement. Programs may provide additional training.

k. Professionalism

Programs, in partnership with UW Health, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. (CPR VI.B.1.)

Residents and faculty members must demonstrate an understanding of their personal role in the assurance of their fitness for work, including management of their time before, during, and after clinical assignments; accurate reporting of work hours; and, recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the healthcare team. (CPR VI.B.4.c)(1), (2), and VI.B.4.f))

V. **PROCEDURE**

A. Required Program-Specific Policy

Program Directors must develop program-specific policies and procedures consistent with the institutional and program requirements for work hours and the working environment, including moonlighting. To that end, programs must:

1. Distribute and implement these policies and procedures to the residents and faculty;

2. Adjust schedules and other processes as necessary to mitigate excessive service demands and/or fatigue;
3. Provide residents with the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours;
4. Ensure continuity of patient care in the event a resident is unable to perform patient care duties through a system that is without fear of negative consequences to the resident who is unable to provide the clinical work; and
5. Provide oversight of resident moonlighting activities to ensure residents are meeting all program and institutional requirements for moonlighting.

B. Professional Responsibility of Resident

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 GME Administration for correction. In addition, a GME Hotline is available at 608-316-9800 as another mechanism for reporting work hour problems.

C. Call rooms

If there is not a previously assigned call room available for sleep, a resident may call Bed Control at 608-263-8775 and ask for a call room in the “resident hotel system.”

D. Safe Ride Home

GME Administration will reimburse a resident for a cab ride home in the case that s/he is too tired to safely drive themselves home following a duty period. Receipts should be turned in within 30 days of the ride.

E. Work Hour Compliance Monitoring

All residents are expected to accurately log work hours for each rotation in MedHub. Program Directors are required to monitor work hours as submitted in MedHub and make schedule or policy adjustments as necessary. To monitor program compliance, the Graduate Medical Education Committee (GMEC) reviews the following:

1. Quarterly Med Hub Work Hours reports;
2. ACGME Resident survey data;
3. Data from annual program reviews; and
4. Work hour issues that arise from internal reviews of the program and ACGME site visits.

Additionally, GMEC policy requires action plans and additional monitoring when corrective action is needed.

F. Request to Moonlight

Residents must submit requests to moonlight, prior to beginning to moonlight, via MedHub. Requests must be resubmitted each year beginning July 1st. The program director is responsible for review and approval. Once approved by the program director, GME Administration will review for approval. Once GME Administration approval has been obtained the resident may begin moonlighting activities.

G. Request for 80 Hour Exceptions

Eligibility. Both the sponsoring institution and the program must be accredited in good standing (i.e., without a warning, or a proposed or confirmed adverse action). A program with a confirmed work hour citation shall not be considered for an exception until after the next ACGME site visit.

Submittal to GMEC. Eligible programs must submit a written request to the GMEC for up to a 10% exception to the 80-hour limit (or a maximum of 88 hours). It is the program's responsibility to present clear evidence that the exception is necessary for educational reasons. The proposal must include the following documentation:

- a. Patient Safety Information. The program must describe how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
- b. Educational Rationale. The request must be based on a sound educational rationale (not a service need), which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
- c. Moonlighting Policy. Specific information regarding the program's moonlighting policies for the periods in question must be included.
- d. Call Schedules. Specific information regarding resident call schedules during the times specified for the exception must be provided.
- e. Faculty Monitoring. Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.

Submittal to ACGME. Once the GMEC approves the request for an exception, the program should then submit the request to the respective Review Committee (RC). In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME *Manual of Policies and Procedures*. Such a request must also include:

- a. Institutional Endorsement. A documented written statement of institutional endorsement of the proposal signed by the designated institutional official must be appended. In addition, a copy of the sponsoring institution's written procedures and criteria for endorsing requests for an exception to the work hour limits must be submitted.
- b. The current accreditation status of the program and of the sponsoring institution should be provided in the formal request.

Monitoring. Prior to each site visit and review, the Designated Institutional Official and Graduate Medical Education Committee shall reevaluate both patient safety and the educational rationale for the exception and append the findings to the program's request to the RC for a continued exception.

VI. REFERENCES

- a. ACGME Institutional Requirements www.acgme.org
- b. ACGME Common Program Requirements www.acgme.org
- c. ACGME Manual of Policies and Procedures www.acgme.org

d. ACGME FAQs about the Common Program Requirements www.acgme.org

VII. **COORDINATION**

Sr. Management Sponsor: Susan L. Goelzer, M.D., M.S., Designated Institutional Official

Author: Director, Graduate Medical Education and Medical Staff Administration

Approval Committee: Graduate Medical Education Committee, Effective 10/18/2017