



Graduate Medical Education Departmental Policy

Policy Title: **Recruitment and Selection of Residents and Fellows**

Policy Number: 43.16

Effective Date: 9/16/2020

Version: Revision

I. Purpose

UW Health GME values diversity, equity, and inclusion and is committed to fostering a welcoming and respectful environment. Recruitment and selection of residents and fellows must ensure fair and consistent consideration and decision-making for all applicants to University of Wisconsin Hospitals and Clinics (UW Health) Graduate Medical Education (GME) residency and fellowship training programs. Recruitment and appointment of residents and fellows to UW Health training programs are performed by the respective program director, faculty, and department chair under the oversight of the Graduate Medical Education Committee (GMEC) and through delegation by the Graduate Medical Education Office.

II. Scope

This policy will apply to all residents and fellows in Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs sponsored by UW Health.

III. Definitions

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

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

Match: Will refer to the match process administered by the National Residency Matching Program (NRMP) and any other specialty-specific matching programs for placing residents in UW Health GME training programs.

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.

Transfer: Residents are considered transfer residents under several conditions including moving from one program to another within the same or different sponsoring institution; when entering a PGY-2 program requiring a preliminary year, even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs right out of medical school). The term “transfer resident” does not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program (ACGME Glossary of Terms).

IV. Procedure:

UW Health will not discriminate based on age, race, color, creed or religion, disability, sex, marital status, national origin, ancestry, arrest or conviction record (unless substantially related to job duties), sexual orientation, gender identity or expression, military obligations, or any other basis prohibited by federal, state or local laws. UW Health will follow all ACGME and match-related requirements.

a. Program Requirements

- i. All UW Health GME programs must maintain a resident recruitment and selection policy that will be used to delineate program-specific policies and procedures. The program policy must meet the minimum requirements of the ACGME and this policy. Each GME program shall have documented selection criteria in place that are consistent with UW Health policy, all applicable laws, ACGME institutional and program requirements, and the specific demands of its program curriculum. The selection process should include the participation of program faculty and residents.
- ii. GME programs shall participate in matching programs when available. Programs participating in matching programs must follow all participation agreements. Functioning outside the agreement may jeopardize institutional participation.
- iii. GME programs with Electronic Residency Application Service (ERAS) available to their specialty must use ERAS. Programs that do not have ERAS available must use the official UW Health GME Standard (Non-ERAS or Specialty-Specific Match) Application.
- iv. Programs shall not interview for or discuss with an applicant any potential position unless the program has first determined that the applicant is eligible for appointment in an approved position.
- v. All offers for resident positions and appointment letters must be generated by the UW Health GME Office. Individual GME programs are not authorized to offer positions.

b. Applicant Eligibility for Appointment

Program directors must comply with the criteria for resident eligibility as defined in the ACGME Institutional Requirements (IR IV.A.), the further specifications of the Common Program Requirements (CPR III.A.), and applicable specialty-specific program requirements.

- i. Applicants must meet one of the following criteria to be eligible for initial entry or transfer into an ACGME-accredited program sponsored by UW Health:
 - a. graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
 - b. graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA); or,
 - c. (for post-doctoral fellows only) graduation from an accredited doctoral program in a clinically related discipline may also be accepted;
 - d. graduation from a medical school outside of the US or Canada who is certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and holds one of the following:
 - US citizenship;
 - permanent legal residency status in the US (green card);
 - an Employment Authorization Document (EAD); or
 - initial or continuation of a J-1 “Alien Physician” visa sponsored by the ECFMG (UW Health will not sponsor H-1 (temporary worker) nor accept the Optional Practical Training (OPT) visa, which does not relate to graduate medical education training)
- ii. USMLE or COMLEX exam requirements (not applicable to post-doctoral fellows):
 - a. All residents entering training at UW Health must have passed USMLE Step I or COMLEX Level 1.
 - b. For resident appointment at the PGY-3 level or higher, additional USMLE or COMLEX exams may be required (see the *Resident and Fellow Credentialing and Conditions of Appointment* policy).
- iii. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency or fellowship programs must be completed in ACGME-accredited programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-

accredited or College of Family Physicians of Canada (CFPC)-accredited programs located in Canada. Specific exceptions to these prerequisite GME requirements may apply for residency (CPR III.A.4.) or fellowship (III.A.1.c)).

- iv. Before accepting a resident, who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. Milestones evaluations must be obtained upon matriculation into the program (CPR III.C.).

c. Recruitment

The GME *Applicant Acknowledgement and Attestation* form must be completed by all applicants being seriously considered (typically those interviewed). All applicants must also be provided a sample appointment letter and the *Resident and Fellow Handbook*. The appointment letter and handbook may be provided electronically or in print.

- i. While the selection of residents is primarily the responsibility of each GME program, the GME Office should be consulted regarding applicants with an atypical history or situation. It is important that the review occurs prior to the applicant being placed on a match list. In particular, the GME Office must review the following applicants:
 - a. Those who do not meet the traditional sequence of training for a specialty. Some examples are:
 - gaps in training;
 - fellowship applicant took longer than normal to complete residency; or
 - an upper level applicant was in more than one residency program (not including preliminary or transitional years, if applicable).
 - b. Those who have left a prior training program before completing, whether voluntarily or involuntarily.
 - c. Those who hold a visa.
 - d. Those considered under an eligibility exception for residency (CPR III.A.4.) or fellowship (CPR III.A.1.c).
 - e. Those who do not fill out the application completely and/or only indicate years for training dates instead of both months and years.

The GME Office will consider the request, discuss any concerns with the program director, and make a recruitment/hiring recommendation. Depending on the complexity of the issue, requests may be referred to the designated institutional official (DIO) for review. The DIO will make the determination of whether the applicant shall be placed on the match list or offered a position.

- ii. Programs that meet the UWH GME established criteria may submit a formal request to GME leadership for the unblinding of relevant demographic information for the purpose of increasing the interview pool of candidates.
- iii. The official *UW Health GME Standard Application* is only to be used for Non-ERAS or Specialty Specific match programs. There is a space on the form for programs to put their contact and deadline information. An additional page of questions may be added, but no questions on the UW Health application may be deleted or revised. A curriculum vitae will not be accepted in lieu of an application.
- iv. The NRMP match is a binding agreement for both the program and the applicant. Only the NRMP may release a program or applicant from the match agreement. An applicant, program director, or institutional official may request a waiver if any believes the fulfillment of the commitment to the results of a Match would cause unanticipated serious extreme hardship. The GME Office must be notified if a waiver is considered. Programs may not recruit or hire another person to fill that position until a formal waiver is issued by the NRMP. (See the NRMP *Policies and Procedures for Waiver Requests*.)

d. Offers and Appointment Letters

- i. Offers of employment, in lieu of a match process, will be generated by the GME office within five business days following the request by a program, and receipt of the required application materials.
- ii. Offer letters will include information on credentialing requirements and will explain that the appointment letter and other materials will be deployed electronically closer to the start of the program.
- iii. Appointment letters and onboarding materials for residents matching through the NRMP Main Residency Match will be deployed electronically before the start of the program.

e. Documentation

- i. In accordance with the *Standardization, Security, and Retention of Resident Files* policy, all eligibility requirements for appointment as listed in section IV.b.&c. above, including the *Applicant Acknowledgement and Attestation*, must be met and documented in the residents' UW Health GME file.
- ii. All application, scoring, interview, and ranking records for both those interviewed and not interviewed must be retained by the program for three years. Materials may be saved in electronic and/or paper format. If the ERAS was used, a data download should be prepared prior to ERAS' closing for the recruitment season. Hard copies that duplicate ERAS or other electronic data do not need to be retained. Paper files that are not duplicates of other electronic files may either be kept in paper form or scanned to electronic media.

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: GME Leadership Team and Graduate Medical Education Committee
9/16/2020

Signed By



Susan L Goelzer MD, MS

Designated Institutional Official (DIO), UW Health

Associate Dean of Graduate Medical Education

Professor of Anesthesiology, Internal Medicine and Population Health Sciences

University of Wisconsin School of Medicine and Public Health



Graduate Medical Education Departmental Policy

Policy Title: **Resident and Fellow Credentialing and Conditions of Appointment**

Policy Number: 43.30

Effective Date: September 21, 2022

Version: Revision

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)¹

¹ Residents that have an unrestricted medical license and use an institutional DEA (iDEA) will not be able to register for ePDMP.

- 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)
 - 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

Signed by



Susan L Goelzer MD, MS

Designated Institutional Official (DIO), UW Health

Associate Dean of Graduate Medical Education

Professor of Anesthesiology, Internal Medicine and Population Health Sciences

University of Wisconsin School of Medicine and Public Health



Graduate Medical Education Departmental Policy

Policy Title: **Stipend Administration for GME Residents**

Policy Number: 43.18

Effective Date: October 19, 2022 (implementation to begin AY 23-24)

Version: Revision

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.

Resident Super User: For 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 PGY 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 PGY 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 (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 prerequisite requirements 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 except for reasons listed below in item IV.D.1.d.
 - d. Residents may receive up to one additional stipend level for a UWH dedicated non-accredited chief resident year or UW non-accredited research year.
 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.)

V. Coordination

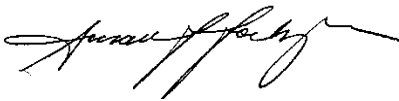
Sr. Management Sponsor: Susan L. Goelzer, MD, MS

Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Approval Committee: Graduate Medical Education Committee

Signed by



Susan L Goelzer, MD, MS

Designated Institutional Official (DIO), UW Health

Associate Dean for Graduate Medical Education

Professor of Anesthesiology, Internal Medicine, and Population Health Sciences

University of Wisconsin School of Medicine and Public Health