

Resident Employment Information Manual

Academic Year 2017-2018

July 1, 2017—June 30, 2018



DEPARTMENT OF
**Family Medicine and
Community Health**

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Sponsored Residency Programs

Baraboo

Eau Claire

Madison

Wausau

Approved by the Graduate Medical Education Committee January 19, 2017

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Resident Employment Information Manual

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July 1, 2017 – June 30, 2018

University of Wisconsin Department of Family Medicine and Community Health (DFMCH)

The University of Wisconsin School of Medicine and Public Health (UW-SMPH) is the sponsoring institution for our residency programs, and has delegated authority to the University of Wisconsin Department of Family Medicine and Community Health (DFMCH). A Graduate Medical Education Committee (GMEC), with representation from each residency program, provides oversight for the programs. William Schwab, MD serves as the Chair of GMEC and Designated Institutional Official (DIO) for the Accreditation Council for Graduate Medical Education (ACGME).

As delegated by the UW-SMPH, the DFMCH administers sponsorship and oversight for the residency programs throughout the state in: Baraboo; Eau Claire, with an alternative training site in Augusta; Madison, with four clinical training sites (Belleville, Verona, and two in Madison: Northeast and Wingra); and Wausau, with an additional clinical training site in Weston.

The DFMCH also administers a statewide osteopathic residency training program with osteopathic resident participants at each of the above locations in addition to the Aurora Family Medicine Program in Milwaukee (affiliated with DFMCH). **For a diagram of our statewide Graduate Medical Education infrastructure, please refer to Appendix A (37).**

The information in this document pertains to residents in the UW-SMPH-sponsored residency programs, who have one of two employers:

- **University of Wisconsin-Madison, through the UW-SMPH in the Department of Family Medicine and Community Health (UW):** Baraboo, Eau Claire/Augusta, and Madison residents.
- **Aspirus Wausau Hospital (Aspirus):** Wausau residents.

This document further defines the terms of resident employment, communicates selected policies and procedures, and informs residents of additional information that must accompany their *Agreement of Appointment* as required by the Accreditation Council for Graduate Medical Education (ACGME).

Regardless of employer, all residents are held to the same conditions of employment and resident responsibilities.

Additional information and resources

For copies of statewide graduate medical education policies please refer to the DFMCH internal website at <https://inside.fammed.wisc.edu/documents/cts/80> or contact your local Program Director or Education Coordinator. Local program policies are on-line and/or in hard copy as outlined by your local program.

For information on program accreditation, family medicine board requirements, and family medicine board certification examinations, refer to:

- Accreditation Council for Graduate Medical Education – <http://www.acgme.org>
- The American Board of Family Medicine – <http://www.theabfm.org>
- American Osteopathic Board of Family Physicians – <http://www.aobfp.org>

For questions and further information, please contact your local Program Director, Education Coordinator, or Michelle Grosch, MA, Director of Educational Services at (608) 263-6261; michelle.grosch@fammed.wisc.edu.

Please note

- The information in this document was approved by the Graduate Medical Education Committee (GMEC) and is up to date as of its publication in January 2017.
- The GMEC may revise information, policies and procedures at any time as deemed necessary and/or as required.

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I. Resident Salary and Benefits

I. Resident Salary and Benefits

For information regarding salary and benefits:

- **UW-employed residents:** Please contact June Daws, UW-DFMCH Payroll and Benefits Specialist, at (608) 265-3660; payroll.benefits@fammed.wisc.edu.
- **Aspirus-employed residents:** Please contact Aspirus Human Resource Department at (715) 847-2800; humanresources@aspirus.org.

A. Resident Salaries

All residents, whether employed by the UW or Aspirus, receive the same salary. Salaries are pro-rated for part-time and partial year appointments. The annual salary rates through June 30, 2017, **which may increase beginning July 1, 2017**, are as follows:

PGY 1	\$56,459
PGY 2	\$58,546
PGY 3	\$60,721

Chief residents may receive additional compensation for their leadership responsibilities as determined by each local residency program. Information on direct deposits and other pay details will also be provided at your local program location.

B. Resident Medical and Life Insurance Benefits

All residents, whether employed by the UW or Aspirus, are provided medical and life insurance benefits. Following are brief descriptions of insurance coverages. **For each item below, more detailed information will be provided for you by DFMCH Human Resources (Baraboo, Eau Claire and Madison residents) or Aspirus Human Resources (Wausau residents).**

1. **Group Health Insurance:** Several comprehensive plans are available for residents and their eligible dependents, domestic partners (including his/her eligible dependents), and eligible adult children. To ensure coverage, application must be made during the enrollment period.

Health plan options:

- **UW-employed residents:** As state of Wisconsin employees, availability of specific insurance companies varies among counties throughout the state. Detailed information on state health plans available in your residency location will be provided for you by the DFMCH Payroll and Benefits Specialist. In accordance with state statute, state health insurance coverage becomes effective on the first day of the month on or following the date the application is received by the DFMCH Payroll and Benefits Specialist. Information about insurance options that can provide coverage from the first day of employment until the date a state offered insurance plan becomes effective, will be given to new residents after they match with their residency program. Health plan open enrollment occurs annually.
 - **Aspirus-employed residents:** Detailed information of health plans available in Wausau will be provided for you by Aspirus Human Resources. Coverage begins on the first day of employment in the program.
2. **Dental Insurance:** Dental coverage is available for residents and their eligible dependents, domestic partners (including his/her eligible dependents), and eligible adult children. Residents may select from basic dental coverage or a more comprehensive level of coverage. To ensure coverage, application must be made during the enrollment period.
 3. **Vision Care Insurance:** Vision care insurance is available for residents and their eligible dependents, domestic partners (including his/her eligible dependents), and eligible adult children. Residents may select from basic or more extensive vision care coverage. To ensure coverage, application must be made during the enrollment period.

4. **Long-Term Disability Insurance:** Long-term disability insurance is provided for all residents beginning with the first day of employment whether employed by the UW or Aspirus. This provides for a monthly benefit in the event of a covered disability.
5. **Accidental Death and Dismemberment Insurance:** Accidental death and dismemberment insurance provide a benefit in the event of accidental loss of life, sight, or limb, subject to guidelines of the policy. Residents may select individual coverage, or coverage to include their spouse or domestic partner, and eligible dependents.
6. **Group Life Insurance:** Residents may select group life insurance: either individual coverage for themselves, or coverage that includes their spouse or domestic partner, and eligible dependents.

C. Pre-Tax Benefits

1. **Medical Expense and Day Care Reimbursement Pre-Tax Programs:** Residents may elect to pay for certain expenses from pre-tax, rather than after tax income, as authorized by the federal Internal Revenue Code--enrollment in these programs reduces taxable income. Programs include:
 - Pre-tax medical expense reimbursement account for income allocated for approved out-of-pocket health care costs.
 - Pre-tax dependent day care reimbursement account for income allocated for qualified day care costs for dependents.
2. **Retirement Plan:** Residents may choose to enroll and contribute to an employer-administered retirement plan. Resident contributions are 100% vested.

D. Professional Development Benefits

All residents, whether employed by the UW or Aspirus, are provided professional development benefits. **For any questions, contact your local program's Education Coordinator.**

1. **Professional Memberships and Certifications:** Membership dues for residents are paid by your local program for the American Academy of Family Physicians (AAFP), which includes membership in the Wisconsin Academy of Family Physicians (WAFP). Additionally, for residents in the Osteopathic Track:
 - Membership in the AOA is required, and dues are paid by your local residency program.
 - Membership in the ACOFP is also required--at this date, there is no cost for membership.
 - Membership in the Wisconsin Association of Osteopathic Physicians and Surgeons (WAOPS) are free for residents.

Subject to local program policies, resident membership dues may also be paid for the Wisconsin Medical Society. For Chief residents, a membership for the Society of Teachers of Family Medicine (STFM) or another organization of choice may be provided. Check with your local program for information.

American Board of Family Medicine (ABFM) certification: *

Board eligible PGY 3s are required to take the ABFM certification exam in the spring of their 3rd year as a condition of employment. The base exam fee will be covered by the DFMCH (UW-employed residents) or Aspirus (Aspirus-employed residents). Late fees are not reimbursable.

American Osteopathic Board of Family Physicians (AOBFP) certification:*

Board eligible Osteopathic residents who complete the Osteopathic Track can sit for the American Osteopathic Board of Family Physicians (AOBFP) exam in the spring of their 3rd year. The base exam fee will be paid for by the osteopathic program. Late fees are not reimbursable.

Note: Dates for certification exams for off-cycle residents vary. See your Education Coordinator for specific information.

2. Life Support Courses: Varying by individual residency program and subject to local program policies, fees **may be** covered for the following life support courses:

- Advanced Cardiac Life Support (ACLS)
- ACLS re-certification
- Pediatric Advanced Life Support (PALS)
- Neonatal Resuscitation Program (NRP)
- Advanced Trauma Life Support (ATLS)
- Advanced Life Support in Obstetrics (ALSO)

Residents are encouraged to take life support courses offered in their community or by the DFMCH. When these courses are taken outside of your community, registration fees eligible for reimbursement by your local program will be limited to a rate comparable to those available locally.

3. Professional Development Funds: In addition to professional memberships and life support course as described above, funds are also provided to residents for other professional development activities--**\$1,000 is provided for each PGY 1, 2, and 3 training years.** Residents who enter the program with credit for a partial year of residency will receive prorated professional development funds for that year. For example, a resident who begins a program in the second half of the PGY 1 academic year will receive 50%, or \$500, for professional development during their PG 1 year. **Unused funds up to \$1,000 from one PG year can be transferred to the next PG year.**

Funds must be spent before the date of graduation. However, funds may not be used prior to graduation for professional development activities that occur after the date of graduation.

Professional development expenses require advance approval from the Program Director or designee. Examples of **suitable use of** professional development funds include, but are not limited to:

Travel and Conferences:

- Registration, travel, room, and meals for approved conferences, subject to the reimbursement guidelines set by the resident's employer and local policy.
- Expenses (airfare, other transportation, lodging, registration fee) incurred during an approved international rotation.
- Travel and lodging for approved out-of-town elective rotations.

Exams, Licensing, and Life Support Courses:

- Fee for USMLE Step 3 – Subject to local program policy
- Fee for COMLEX Part 3 – Subject to local program policy
- Fee for a State of Wisconsin medical license – Subject to local program policy
- Fees and expenses for life support courses not covered by your local residency program

Other Memberships and Educational Expenses:

- Medical-related professional memberships not covered as described in this section
- Purchase of medical books, medical journals and subscriptions, and educational and medical software.
- Cost of a personal stethoscope for clinical use

Computers, Tablets, Smartphones:

- Based on business need, the cost of a desktop computer, laptop computer, or tablet, including costs for a case, purchased up until the last six months of training in a UWSMPH-sponsored program. Reimbursement is limited to every other fiscal year (fiscal year is July 1-June 30). Example: if a desktop, laptop, or tablet is purchased and reimbursed in fiscal year 2016-17, you will not be eligible to be reimbursed for another desktop, laptop, or tablet until fiscal year 2018-19.

- Any device (computers, smartphones, tablets, etc.) purchased with Professional Development Funds will be considered a Personal Device for the purpose of support, updates and troubleshooting. DFMCH Help Desk and Information Technology Services (ITS) staff do not provide support, troubleshooting or assistance with Personal Devices. Warranty support can be obtained through individual hardware vendors. Operating system and software support can be obtained from UW DoIT.
- Personal Devices are not allowed to directly connect to UW Health internal networks. Connections to protected resources such as Health Link must be achieved through provided UW Health Citrix connectivity. On-site network connectivity must be achieved via the “Free UW Health” Wi-Fi networks.
- Individuals are responsible for providing/installing anti-virus software on all Personal Devices. DFMCH ITS staff is able to make recommendations and provide links to obtain anti-virus software through UW DoIT. DFMCH and Aspirus ITS staff cannot install or troubleshoot anti-virus software on Personal Devices.
- Cost of a smartphone, limited to one per year.

Prior to making a purchase:

- **UW-employed residents:** Consult with the DFMCH Computer Help Desk for guidelines on purchasing devices at helpdesk@fammed.wisc.edu. DFMCH ITS does not support devices purchased with professional development funds. Additionally, DFMCH ITS does not provide Anti-virus software, Microsoft Office, or other “utility” software for devices purchased with professional development funds. Individuals are responsible for providing anti-virus software as well as arranging for ongoing hardware/software support for devices purchased with professional development funds.
- **Aspirus-employed residents:** Consult with your local Education Coordinator or designee.

Special Considerations for Technology Purchases:

- Laptop, tablet, or smartphone purchases made **during the last month of residency training** are not reimbursable.
- For purchases made during the last 6 months of training, excluding the last month as noted above, residents have the option of submitting:
 - a 50% reimbursement request, and retaining the item, or
 - a 100% reimbursement request and leaving the item with the program upon departure. The cost to terminate a contract when leaving a mobile device upon departure will not be paid or reimbursed.

Examples of expenses not covered by Professional Development Funds include, but are not limited to:

Travel-Related:

- Expenses for personal travel or expenses to extend professional time away with personal time
- Travel expenses for family or others who may accompany you on a professional time away activity
- Cost for movies in hotel rooms while traveling.

Technology-Related:

- Requests for more than one computer, laptop, or tablet in consecutive fiscal years.
- Requests for more than one smartphone in a training year. Costs for smartphone cases, car chargers, and other accessories are not covered.
- Monthly service fees, warranties, repairs, or other service plans for computers, laptops, tablets, and smartphones
- Pagers, basic cell phones – (Smartphones are eligible expenses for Professional Development Funds)
- Peripheral hardware such as printers, scanners, external hard-drive, digital camera, etc.
- Computer software not of a medically educational nature – i.e.: PowerPoint, Access, Excel, Word, etc.

Secondary Medical Employment-Related:

- Fees incurred with moonlighting activities, such as assessment fees for the Wisconsin Injured Patients and Families Compensation Fund and fee for non-exempt DEA certification.

Other:

- Fee for DEA certification (See section on DEA certification on pg.24).
- Cost for medical equipment, special glasses, shoes, lab coats and other items not of an educational nature.

The process to submit reimbursement for professional development expenses will be outlined by your local residency program.

- 4. Support for Research and Scholarly Activities:** Each fiscal year the Department of Family Medicine and Community Health allocates funds to support the DFMCH Small Grant Program. This program is designed to support the Department's overall scholarship mission by funding small research studies, academic projects, or evaluation of educational interventions that are expected to lead to the development of presentations, extramural grants, and publications in peer-reviewed journals. The DFMCH provides consultation and mentoring for project development, as well as educational, clinical quality improvement, and research methods/analysis. We encourage residents to work in collaboration with faculty colleagues on these grants. Applications are accepted on a quarterly basis. Program information and application forms are available on the DFMCH internal website. For questions and more information: Contact Kathryn Zich, Research Program Associate, at (608) 265-6385; Kathryn.zich@fammed.wisc.edu.

There are also opportunities to participate in ongoing scholarly projects conducted by DFMCH faculty. The University of Wisconsin- Madison is annually ranked among the leaders in National Institutes of Health (NIH) funding for research. Several projects have gained national and international recognition. Most importantly, these projects offer residents excellent learning opportunities. Please contact Larry Hanrahan, PhD, MS, Research Director, at (608) 263-5846; larry.hanrahan@fammed.wisc.edu if you are interested in finding out about current opportunities.

Faculty and staff from around the state are available to guide and assist residents in research and other scholarly work including presentations and publications. Additionally, as a founding member of the national Family Practice Inquiry Network (FPIN), many opportunities are available for residents to write medical inquiries and evidence-based *Help Desk* answers for publication. Under the direction of statewide faculty leader, Lee Dresang, MD, FPIN aims to make evidence-based family medicine and clinical scholarship more accessible to family physicians in clinical practice. For questions and more information on these opportunities please contact your Program Director or Education Coordinator.

E. Medical Malpractice/Professional Liability Benefits

All residents, whether employed by the UW or Aspirus, are provided medical malpractice/ professional liability benefits by their employer arising out of their participation in the education program:

- UW-employed residents: Refer to Appendix B of this manual (pg.39)
- Aspirus-employed residents: Refer to Appendix C of this manual (pg.41)

F. Resident Time Away Benefits

All residents, whether employed by the UW or Aspirus, are offered paid time away from the residency program. Please refer to the next section in this manual for descriptions of resident benefit time away from the program (pgs.11-16).

G. Additional Resident Benefits

1. Local Program Benefits

- **Pagers:** Pagers and associated monthly fees are provided at no cost to residents.
- **Hospital Call Rooms:** Each residency program, in collaboration with local hospital teaching sites, offers call-room accommodations when overnight stay is required. The local program works with the hospital(s) to ensure that call rooms are safe, quiet, and have accessible private rest/sleep facilities available.
- **Meals:** Residents on duty in the hospital will be provided meals during call and rotations as outlined by their local residency program.
- **Lab coats:** Lab coats are provided for residents at each residency program location.
- **Additional benefits:** Additional benefits **may** be offered by local programs such as stipends to offset benefit differentials in resident employers, relocation stipends, parking, fees for Wisconsin medical licenses, fees for USMLE Step 3 and COMLEX part 3, meals during resident conferences, laundry services for lab coats, travel stipends for required rotations or other required program travel, housing for rural rotations, etc.

2. Resident Support and Employee Assistance Program: Resident support and social activities with peers are essential components of each residency program. These vary by location, but may include resident retreats, dinners, parties, resident support groups, and more.

In addition, the following resources are available:

- **Statewide Resident Forum:** An electronic resident-only email forum is provided where you may discuss topics and issues with your resident colleagues from all of our four UW DFMCH-sponsored residency programs. This resident-only email forum, hosted by the chief residents from each program, is available at *resident.forum@fammed.wisc.edu*. This confidential forum permits only residents to send and receive messages—it is not accessible to faculty, staff, or others. Contact your chief resident(s) for more details.
- **Program Personnel:** Program Directors, chief residents, education coordinators, faculty mentors, and other faculty and staff are also available to assist residents with educational, personal, or professional concerns.
- **Professional Resources:** All residents are offered, and have direct access for individual confidential support and counseling from their employing organization for work-related and personal issues in areas such as:
 - Alcohol and drug abuse
 - Marital and family problems, separation, divorce, family violence
 - Anger control
 - Financial problems
 - Stress, emotional problems, grief

For more information, or to arrange an appointment:

- **UW-employed residents:** Contact the UW Employee Assistance Office (EAO) at <http://eao.wisc.edu> or call (608) 263-2987.
- **Aspirus-employed residents:** Contact Aspirus Employee Assistance Services at (715) 847-2772 or (800) 236-4457.

Our statewide GMCC and residency programs are also committed to providing assistance to residents with impairments that compromise their ability to learn, to provide safe and appropriate patient care, or to ensure the safety of themselves or others. Actions are taken as appropriate for the best interest of the impaired resident, his/her colleagues, patients, faculty and staff.

II. Resident Time Away From the Program

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For more information, please consult with your Program Director or Education Coordinator.

A. ABFM for Resident Time Away

When scheduling time away, residents are advised to make note of residency training requirements from the American Board of Family Medicine (ABFM), as time away that exceeds the requirements will extend the time needed to complete residency training.

The following is excerpted from the ABFM website (<https://www.theabfm.org/cert/absence.aspx>), current as of printing of this manual:

Absence from the Residency:

Continuity of Care The requirements for continuity of care and the Family Medicine Practice (FMP) site experience are defined by the ACGME in its "Program Requirements for Graduate Medical Education in Family Medicine."

A resident is expected to be assigned to one FMP site for all 3 years, but at least throughout the second and third years of training. The total patient visits in the FMP site must be met, and residents must be scheduled to see patients in the FMP site for a minimum of 40 weeks during each year of training.

Vacation, Illness, and Other Short-Term Absences:

Residents are expected to perform their duties as resident physicians for a minimum period of eleven months each calendar year. Therefore, absence from the program for vacation, illness, personal business, leave, etc., must not exceed a combined total of one (1) month per academic year. The ABFM defines one month as 21 working days or 30 calendar days.

Vacation periods may not accumulate from one year to another. Annual vacations must be taken in the year of the service for which the vacation is granted. No two vacation periods may be concurrent (e.g., last month of the PGY 2 year and first month of the PGY 3 year in sequence) and a resident does not have the option of reducing the total time required for residency (36 calendar months) by relinquishing vacation time.

The Board recognizes that vacation/leave policies vary from program to program and are the prerogative of the Program Director so long as they do not exceed the Board's time restriction.

Time away from the residency program for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.

Long-Term Absence

Absence from residency education, in excess of one month within the academic year (PGY 1, PGY 2 or PGY 3 year) must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training. Absence from the residency, exclusive of the one month vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the PGY 2 and PGY 3 years of training. Leave time may be interspersed throughout the year or taken as a three-month block.

Following a leave of absence of less than three months the resident is expected to return to the program and maintain care of his or her panel of patients for a minimum of two months before any subsequent leave. Leave time must be made up before the resident advances to the next training level and the time must be added to the projected date of completion of the required 36 months of training. Residents will be permitted to take vacation time immediately prior to or subsequent to a leave of absence.

In cases where a resident is granted a leave of absence by the program, or must be away because of illness or injury, the Program Director is expected to inform the Board promptly by electronic mail of the date of departure and expected return date. It should be understood that the resident may not return to the program at a level beyond that which was attained at the time of departure. All time away from training in excess of the allocated time for vacation and illness, should be recorded in the Resident Training Management (RTM) system.

*Leaves of absence in **excess of 3 months** are considered a violation of the continuity of care requirement. Programs must be aware that the Board may require the resident to complete additional continuity of care time requirements beyond what is normally required to be eligible for certification.*

Waiver of Continuity of Care Requirement for Hardship

*While reaffirming the importance of continuity of care in Family Medicine residency training, the Board recognizes that hardships occur in the personal and professional lives of residents. Accordingly, a waiver of the continuity of care requirement or an extension of the leave of absence policy may be granted when a residency training program closes or when there is evidence of the presence of a hardship involving a resident. **A hardship is defined as a debilitating illness or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident's family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.***

A request for a waiver of the continuity of care requirement or an extension of the leave of absence policy on the basis of hardship must demonstrate:

- *that the absence from continuity of care does not exceed 12 months;*
- *the nature and extent of the hardship;*
- *that excused absence time (vacation/sick time) permissible by the ABFM and the program for the academic year has been reasonably exhausted by the resident;*
- *that a medical condition causing absence from training is within the Americans with Disabilities act (ADA) definition of disability.*

For absences from training of less than 12 months, the amount of the 24-month continuity of care requirement completed prior to the absence will be considered a significant factor in the consideration of the request.

When the break in continuity exceeds 12 months, it is highly unlikely that waivers of the continuity of care requirement will be granted.

In communicating with the Board, the program should indicate the criteria it will use, if any, to judge the point at which the resident is expected to reenter. The resident may NOT be readmitted to the program at a level beyond that which was attained at the time of departure, but the resident may reenter the program pending a final decision by the Board on the amount of additional training, if any, to be required of the resident.

Part-Time Residency: *In order for a resident to qualify for the ABFM Certification Examination, a reduced or part-time curriculum must have PRIOR written approval of the Board and must meet the conditions listed below.*

1. *The part-time program and any subsequent changes in curriculum must be approved by the ABFM in advance. The residency must submit a description of the curriculum which outlines the manner in which the part-time program meets the ACGME "Program Requirements for Graduate Medical Education in Family Medicine."*
2. *The curriculum design for the part-time residency must meet the following guidelines:*
 - *It must be based on a satisfactory reason for being part-time.*
 - *It must meet the educational needs of the resident.*
 - *It must be fair to the other residents in the program.*

- *It must include in its total extent AT LEAST the sum of clinical experiences and responsibilities acquired by a resident with a normal full-time schedule.*
- *It must include documentation of the manner in which the resident's patient-care responsibilities (continuity) will be discharged throughout the term of the training experience.*

3. The part-time experience in the PGY 2 and PGY 3 years must provide continuity of training in the SAME Family Medicine program.

*4. During the PGY 2 and PGY 3 years, part-time residents are expected to complete comprehensive care for Family Medicine Practice (FMP) site patients on a full-time **equivalent** basis. It is expected that clinical rotations/experiences and continuity clinic time will be integrated during the part-time schedule. Block clinic time without concurrent clinical rotations/experiences does not reduce the continuity of care requirement or the length of training time, but does serve to avoid violation of the continuity of care requirement. A Family Medicine Practice site approved by the Residency Review Committee must be used to fulfill the continuity of care requirement.*

5. By the completion of training part-time residents must have completed the same minimum number of Family Medicine Practice patient visits as required of full-time residents.

For further information on ABFM requirements for resident time away, and revisions made after printing of this manual, consult with your Program Director or Education Coordinator, or see the ABFM website: www.theabfm.org .

B. Resident Leave of Absence

Occasionally residents may need to be away for longer periods of time. This time away is arranged in collaboration with the local Program Director or his/her designee in a way that meets ABFM requirements. These include, among others, requirements around continuity of care, and an expectation to inform the American Board of Family Medicine.

Carefully review the full requirements **above** or on the ABFM website: <https://www.theabfm.org/cert/absence.aspx>.

A leave of absence extends the length of residency training. It also involves curriculum modifications, notifying the ABFM, pay adjustments, and may affect benefits.

Please note: Extensions to residency training will need to be explained when applying for licensure, hospital privileges, Board certification examinations and employment positions in the future--verifications of extensions of training will be requested from the residency program.

The UW and Aspirus comply with all guidelines of the United States Department of Labor Family and Medical Leave Act and the Wisconsin Family and Medical Leave Act. Additionally, compliance is ensured with federal and state statutes regarding military leave and state guidelines regarding jury duty. The Human Resources Department and/or legal counsel from the resident's respective employer will be consulted as needed to ensure compliance.

Reasons for Requesting a Leave of Absence: There are various reasons why residents request a leave of absence, such as, but not limited to:

- Parental leave: maternity, paternity and adoption
- Medical issues including mental health
- Jury duty, if unable to be excused from duty – Please contact your Education Coordinator
- Military leave
- Personal/family matters

Types of Leave of Absences: The types of leave away from the program may be:

- **Full Leave.** This is an interruption of training, and means the resident is away from the program on a full-time basis for a designated period of time.
- **Partial (part-time) leave.** This means the resident is training part-time on a reduced schedule for a designated period of time. For example, the resident's FTE is reduced from 1.0 full-time, to .50 part-time for 3 months. On occasion, the Program Director or designee may grant permission for a resident to train part-time for a period of time if there are extenuating medical or personal circumstances.
- **Extension of a leave of absence.** In extenuating circumstances, a Program Director may approve an extension of a full or partial leave of absence for a resident currently on leave.

Pay Status during a Leave of Absence: As determined by the Program Director, a leave of absence is *paid* or *unpaid*:

- **Unpaid leave:** During an unpaid leave, no salary is received by the resident.
- **Paid leave:**
 - In certain circumstances residents may be eligible for up to one month of paid leave as may be approved by the Program Director. In uncommon and unique circumstances, a second month of paid leave may also be available at the discretion of the Program Director. In these cases, for any otherwise unpaid portion of the leave of absence i.e., a leave which extends beyond the salary continuation granted by the Program Director, residents may elect to use their available *Paid Personal Days*.
 - For a partial (part-time) leave of absence, residents are paid for the percentage of time they are scheduled to work, i.e., 70%, 50%, etc.

Insurance Continuation during a Leave: Leave of absences may or may not affect resident benefits, including medical coverage. To ensure accurate and up-to-date information about continuation of insurance, residents planning a full or partial leave, and additionally while on a full or partial leave, are strongly advised to consult with their employer's human resource department:

- **For UW-employed residents:** Please contact June Daws, UW DFMCH Payroll and Benefits Specialist, at (608) 265-3660; payroll.benefits@fammed.wisc.edu.
- **For Aspirus-employed residents:** Please contact Aspirus Human Resource Department at (715) 847-2800; employeebenefits@aspirus.org.

How to Apply for a Leave of Absence

1. **Notification request:** For leaves that can be planned in advance, residents are required to inform the Program Director, the clinic Medical Director, and any other persons who are involved in scheduling and educational planning in the residency program as soon as possible, and at least 2 weeks in advance.

Residents who need a leave of absence on an emergent basis must contact the Program Director or a faculty member immediately. The resident's health and well-being is the primary concern. After that, the details of call and coverage will be worked out.

Please note: The ABFM requirements for time away apply to emergent leave as well as to leave planned in advance, and extend the resident's training in the program.

2. **Approval process:** Local Program Directors are responsible for approving or denying a request for a leave of absence. With an approved leave, the local Program Director will determine whether the time away will be paid or unpaid.

3. **Documentation:** Documentation is required for any leave of absence from the program. The Program Director or designee(s) is responsible for completing:
- The Graduate Medical Education *Leave of Absence (LOA)/ Interruption of Training Form*.
 - Any additional leave of absence form(s) and approval process required by the resident's program and employing organization.

C. Other Time Away From the Program

All residents, whether employed by the UW or Aspirus, are offered time away from the program.

1. **Paid Personal Days:** Residents are provided paid days away from the Program for personal use such as vacation, illness or injury, medical/dental appointments, bereavement, job interviews, etc. Full-time residents are offered:

- 15 days in the PGY 1 resident training year
- 20 days in the PGY 2 resident training year
- 20 days in the PGY 3 resident training year

The number of *Paid Personal Days* is prorated for new residents who enter the program during the academic year with partial credit.

When scheduling *Paid Personal Days* away residents should remain aware of the ABFM time away requirements as described above. Granting of time away is also subject to local policies of your residency program, and should be arranged with your local Program Director or his/her designee. Details will be provided by your local program.

2. **Holidays:** Patient care coverage during holidays is an expectation of residency training. Therefore, resident time off is subject to patient care needs and compensatory time is not provided for residents who work on holidays. Accordingly, as scheduling permits so as to provide for patient care coverage--these days include:

- New Year's Day
- Martin Luther King Day *
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve Day *
- Christmas Day
- New Year's Eve Day *

* *Floating holiday time may be granted in place of these days when the residency clinic is open, subject to patient care needs and local program policy.*

Residents who request time off for their religious holiday(s) in lieu of those listed above, will be allowed comparable leave as patient care schedules permit. Further details will be provided by your local program.

3. **Professional Development:** In addition to the *Paid Personal Days* and holidays, five additional paid days are available to PGY 2 and PGY 3 residents with the approval of their Program Director to attend professional conferences and other professional development activities. Consistent with ABFM guidelines these days are for use in the post graduate training year granted, and are not transferable to the subsequent training year.

Examples of **suitable use of time away** for professional development include, but are not limited to:

- Attendance at professional conferences i.e., AAFP approved, AOA, ACOFP, AMA, etc.
- Structured activities that would result in continuing medical education credit for practicing physicians i.e., AAFP self-study courses, on-line professional development courses, etc.
- Preparation/study time for ABFM certification examinations for PGY 3s.

Examples of proposed uses of professional development **time away that will not be approved** include, but are not limited to:

- Job interviews
- Extra personal days off for vacation, illness or injury, etc.

Time away for professional development may not reduce the number of hours/days spent on clinical rotations if it brings the resident below curriculum requirements. Likewise, time away may not reduce night call or interfere with scheduled patient care. Additional guidelines and granting of time away for professional development are subject to local residency program policies.

4. **Life Support Courses:** In addition to time away for professional development as described above, time away may also be provided for attending life support courses. Please check with your program for local policies about time away, and for scheduling the following life support courses: ACLS certification and recertification, courses, NRP, PALS, ATLS, and ALSO.
5. **International Rotations:** International rotations may be approved by the Program Director for interested residents. Up to four weeks may be paid as regular residency work time as determined by the Program Director. If permitted by written local program policies this may be extended to six weeks. Check with your Program Director and/or Education Coordinator for further details.

III. Residency Program Responsibilities

III. Residency Program Responsibilities

Our statewide Graduate Medical Education Committee and each of our residency programs are committed to providing quality educational training that meets requirements of the ACGME, and the American Board of Family Medicine. Working within these requirements, educational training plans may be designed to meet individual goals, objectives, and career plans of residents.

National accreditation standards cover an array of educational elements such as administrative requirements, curricular requirements, resident appointments, resident work environment, and much more. For more information on these requirements, please refer to the following websites:

Accreditation Council for Graduate Medical Education:
<ul style="list-style-type: none">• General site: http://www.acgme.org• Family Medicine Requirements: https://www.acgme.org/acgmeweb/tabid/132/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine.aspx<i>Osteopathic Recognition: http://www.acgme.org/What-We-Do/Recognition/Osteopathic-Recognition</i>
American Board of Family Medicine
<ul style="list-style-type: none">• See Residency Training Guidelines: https://www.theabfm.org.

Please make special note of the following items:

Competency-based Education: Curriculum, evaluation, and program improvement are designed in a way to ensure that residents obtain competence in six core areas:

- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

Residents in the Osteopathic Track are also evaluated on osteopathic philosophy and manipulative medicine, which represents an additional osteopathic core competency. More information on core competencies will be provided at your local program, along with how your program incorporates each into curriculum, evaluation systems, and program improvement.

Supervision of Residents: To ensure safe and effective patient care and provide helpful educational training for residents, faculty members are responsible for supervising residents' care of patients. This includes patient care in clinical and hospital settings, patients' homes, nursing homes, the community, and when residents are on call. Faculty schedules are arranged to provide residents with reliable systems for communicating and consulting with supervising faculty. The number of supervising faculty will be appropriate for the number, as well as the educational and competency levels, of residents. Details will be provided by your local program.

Resident Evaluations and Promotion Summaries: Evaluation systems are set up by each residency program to assess resident progress in the program. Evaluation is aligned with the Family Medicine Milestones, which describe an outcome-based learning trajectory of progress, from novice to expert, in each of the competency areas. The Milestones provide a framework and shared understanding of educational expectations and goals of excellence.

Twice a year the program's Clinical Competency Committee (CCC), which consists of faculty and other evaluators determined by the program, assesses each resident's progress. A meeting is then set up with each resident to discuss a structured written evaluation of his/her educational progress and clinical performance, with added attention to curriculum planning. Additionally, residents in the Osteopathic Track have evaluations twice a year with the Osteopathic Program Director. Residents with less than satisfactory evaluations will be counseled by the Program Director or his/her designee, along with a discussion of a specific plan for improvement.

Based on evaluation information regarding resident progress in comparison to established criteria for promotion, an annual determination is made by the Clinical Competency Committee regarding each resident's eligibility to advance to the next postgraduate level of responsibility and training. This is documented on a *Summative Evaluation and Promotion Summary* form.

Annual and mid-year evaluations, along with the *Summative Evaluation and Promotion Summary* form, are signed by the resident and a designated faculty member. Copies of evaluations and promotion summaries are provided to residents. Original evaluation materials are maintained at each local program. Further information will be provided by your local program.

Resident Duty Hours: Our Graduate Medical Education Committee and each of our residency programs are committed to addressing resident fatigue and facilitating patient safety. Each program is responsible for establishing support systems when patient care responsibilities are especially difficult or prolonged, and implementing systems to monitor resident duty hours to ensure an appropriate balance between education and service. At least annually, residents will receive information from their program about resident fatigue, fatigue management/mitigation, duty hour requirements, how duty hours are counted and monitored, and duty hour policies.

Resident duty hours are hours spent in residency training activities, inclusive of in-house call activities and moonlighting, and must be limited to 80 duty hours per week averaged over a four-week period. Additional duty hour requirements include, for example, among others:

- Each resident must be scheduled for a minimum of one day free of duty every week, when averaged over four weeks. At-home call will not be assigned on these days.
- Duty periods of PGY 1 residents must not exceed 16 hours in duration. Duty periods of PGY 2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital plus four hours maximum for transitions in care.
- Residents should have 10 hours, and must have 8 hours free of duty between scheduled duty periods.
- Residents are required to log and certify their duty in a timely manner as directed by their local residency program.

For a detailed review of the ACGME duty hour requirements, refer to <http://www.acgme.org>.

Resident Educational and Work Environment: Our statewide Graduate Medical Education Committee (GMEC) and each of our residency programs are committed to providing residents educational and work environments that are supportive, safe, conducive to learning and providing good patient care, and where residents may raise and resolve issues without fear of intimidation or retaliation. Policies and practices are designed to support this commitment, including among others:

- Local program forums for residents to discuss issues and concerns in a confidential and protected manner
- A statewide electronic resident-only email forum (residentforum@fammed.wisc.edu), accessible only by residents, to discuss resident issues
- An annual survey of residents for feedback on their residency program, including for example, the experiences around the learning and work environment, the educational program, evaluation, program resources, and patient care experiences
- Opportunity to confidentially evaluate program faculty annually
- Opportunity to evaluate each educational rotation and preceptor(s)

- Competency-based curriculum, teaching, and evaluation for each level of training
- Reliable systems for providing resident supervision
- Effective practices for patient care coverage systems, back-up systems, and transition of patient care
- Provision of adequate patient care opportunities to attain competency and meet ACGME patient visit requirements
- On-going program improvement
- Instruction and processes to address resident fatigue and impairment
- Program resources to support resident education and safe work environments

Residents are encouraged to discuss ideas and concerns about the educational and/or work environment with their Program Director or others who may be helpful such as the Education Coordinator, faculty mentor, or chief residents. Additionally residents can access the following resources:

GMEC Leadership	
Our statewide GMEC leadership is available to hear about any concerns you may have if you feel that communication with your program is not satisfactory. This may include for example, concerns around duty hour violations, unprofessional/inappropriate behavior, physician impairment, supervision, unsafe patient care, confidentiality, and your resident learning and work environment. Contacts are:	
William Schwab, MD Chair of GMEC and Designated Institutional Official <i>william.schwab@fammed.wisc.edu</i> (608) 263-7947	Michelle Grosch, MA Director of Educational Services <i>michelle.grosch@fammed.wisc.edu</i> (608) 263-6261
Resident-only email forum - <i>resident.forum@fammed.wisc.edu</i>	
You may also discuss ideas and concerns with your resident colleagues from all of our four programs in a confidential forum, hosted by the chief residents from each program. This confidential email forum permits only residents to send and receive messages—it is not accessible to faculty, staff or others. Please contact your local program chief resident(s) for more details.	
UW Employed Residents	
Mary Fendry Director of DFMCH Human Resources <i>mary.fendry@fammed.wisc.edu</i> (608) 263-6568	The University Employee Assistance Office <i>http://eao.wisc.edu</i> (608) 263-2987; (877) 260-0281 UW Ombudsperson <i>http://ombuds.wisc.edu/</i> (608) 265-9992
Aspirus Employed Residents	
Becky Dallman Clinic Manager (715) 675-5200	Aspirus Employee Assistance (715) 847-2772 or (800) 236-4457
ACGME Office of Resident Services	
Staff in the ACGME Office of Resident Services will listen, discuss, answer questions, provide information, and help develop options for resolving a situation. Contact information is available on the ACGME website at <i>http://www.acgme.org</i> or at (312) 755-5000.	

Assignment of Educational Credit: The Program Director, in consultation with the Clinical Competency Committee, is responsible for determining the amount of educational credit earned by each resident. The statewide Osteopathic Program Director may be consulted for residents in the Osteopathic Track.

Credit is based on an assessment of care provided at the resident's continuity clinic, review of rotation evaluations, level of competency in the core competency areas, expectations outlined by the local program, and resident responsibilities outlined in this *Resident Employment Information Manual*, (pgs.20-28). This also means that:

- The Program Director, in consultation with the Clinical Competency Committee, is responsible for determining whether a resident has passed an individual rotation. Specifically, this determination is not made by the rotation faculty preceptor, nor is it based solely on the rotation evaluation completed by the preceptor.
- Education credit assigned to residents transferring into a UWSMPH-sponsored program will be determined by the Program Director in consultation with the Clinical Competency Committee, and others as may be needed. In no case will credit be assigned that exceeds that allowed by the American Board of Family Medicine.

Residency Program Closure or Reduction: Consistent with accreditation requirements, it is the policy of the statewide Graduate Medical Education Committee to inform residents as soon as possible regarding a decision to close or reduce the size of a residency program. In the event of such a reduction or closure, efforts will be made to allow residents currently in the program to complete their education. If any residents are displaced by the closure of a program or a reduction in the number of residents, efforts will be made to assist the residents in identifying a program to continue their education.

Adverse Accreditation Actions: Residency programs are subject to periodic site visits by the ACGME to ensure compliance with national accreditation standards. Should a program receive an adverse accreditation action(s), residents in the affected program(s) will be informed by the Program Director or his/her designee.

IV. Resident Responsibilities

IV. Resident Responsibilities

Residents are expected to fulfill the educational requirements of the residency program, and are also responsible for complying with:

- Statewide graduate medical education and local residency program policies
- Rules, regulations and policies of the clinics, hospital(s), teaching sites and other institutions where assigned
- Requirements of the ABFM (<http://www.theabfm.org>), ACGME (<http://www.acgme.org>), and American Medical Association (AMA) Code of Ethics (<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>)

Note: All UWSMPH-sponsored residency programs have Osteopathic Recognition through the ACGME. Residents electing to participate in the Osteopathic track are required to meet both Family Medicine and Osteopathic Recognition requirements. Further information will be provided by the Statewide Osteopathic Program Director.

Program Directors will discuss resident expectations and responsibilities during resident orientation and throughout residency training. Please make particular note of the following resident expectations and responsibilities:

Professional Expectations: Each resident is responsible for conducting him/herself in a professional way. Following are *Professional Behavior Standards for Residents* as approved by the DFMCH Graduate Medical Education Committee:

Professional Behavior Standards for Residents

University of Wisconsin-Department of Family Medicine and Community Health

Initially approved by GMEC: 5-8-2003; last revised and approved: 1-19-2017

1. I will treat my patients, colleagues and supervisors with respect in all that I do.
2. I will contribute to workplace safety by reporting impairment in others whether it relates to fatigue, substance use, medical condition or a knowledge deficit.
3. I will be mindful of my own health and ability to provide safe, high-quality care, and will be open to the concerns of others. If I question my own abilities, I will seek counsel from a supervisor.
4. I will participate constructively in quality improvement and patient safety initiatives, including reporting adverse events or near misses, in order to enhance systems of care.
5. I will respect the confidentiality and privacy of patients at all times including adhering to both HIPAA and local health system guidelines.
6. I will display compassionate behavior and sensitivity to the needs of others in all facets of my work.
7. I will be conscientious and open to feedback regarding how my dress and physical presentation may affect workplace safety, therapeutic relationships with patients, and others.
8. I will complete resident administrative responsibilities in a timely and thorough manner including: patient care, patient care documentation, duty-hours attestation, scheduling requests, evaluations, and other educational documentation.
9. I will contribute to an efficient workplace team by promptly responding to phone calls, pages, emails, and electronic health messages.
10. I will be truthful and forthcoming in my professional interactions.
11. I will attend and fully engage in my assigned duties, whether clinical rotations, didactic seminars, scholarly activities, self-guided learning or continuing medical education.

12. I will recognize and avoid conflicts of interest that put my own needs ahead of others. I will be wary of gifts from vendors and industry, gifts of significant value from patients, and care plans that are not patient-centered.
13. I will be responsive to the needs of my patients, society, and the profession by advocating for individual patients and the communities I serve.
14. I will be cognizant of how my attitude and behaviors impact the workplace environment as well as the patients we serve.
15. As a physician, I recognize the importance of lifelong learning and will seek out opportunities to improve my knowledge and expand my skill set.

I recognize that honoring these professional behavior standards will result in excellent patient care and an optimal educational experience for me and my colleagues. These standards will contribute to improvements in my program, and a positive residency experience.

Residents are expected to present a professional image. This includes appropriate attire, lab coats if required, and a nametag for identification. Additional guidelines may be determined by each local residency program.

Educational Expectations: Residents are required to fulfill the educational expectations and requirements of their local program and the ACGME. Links to requirements are below:

ACGME : (<https://www.acgme.org/acgmeweb/tabid/132/ProgramandInstitutionalAccreditation/MedicalSpecialties/FamilyMedicine.aspx>);

- Osteopathic recognition: <http://www.acgme.org/What-We-Do/Recognition/Osteopathic-Recognition>

Residents must demonstrate competency for their level of training in the following core competencies:

- Patient Care and Procedural Skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice
- Additionally, residents in the Osteopathic Track must also demonstrate competency for their level of training in osteopathic philosophy and manipulative medicine.

Milestones: <http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/FamilyMedicineMilestones.pdf>

Resident evaluation is aligned with the Family Medicine Milestones which describe an outcome-based learning trajectory of progress in each of the competency areas. The Milestones provide a framework and shared understanding of educational expectations throughout residency training. Residents will receive detailed information about the Milestones when they enter their residency program. Residents participating in the Osteopathic Track will also be evaluated on the Osteopathic Recognition Milestones.

<http://www.acgme.org/Portals/0/PDFs/Milestones/OsteopathicRecognitionMilestones.pdf>

Additional educational expectations include, among others:

- **Resident conference attendance:** As a required element of the educational curriculum, residents are expected to regularly attend conferences as outlined by their local program.
- **Resident attendance at business meetings:** As a required element of the educational curriculum, residents are expected to attend FMP business meetings as outlined by their local program.
- **Continuity of patient care/patient care experiences:** Continuity of care is a core value of Family Medicine, which includes acute, chronic, and wellness care for patients of all ages. Accordingly, each resident is

assigned a panel of patients spanning all age groups. Residents are expected to meet patient care requirements as outlined in the ACGME Family Medicine specialty program requirements, which includes a minimum of 40 weeks scheduled in the continuity practice clinic each training year. Patient care experiences include, among others, documented care for at least:

- 1650 patient encounters over three years in the Family Medicine Practice, of which 165 encounters must be with patients younger than 10 years of age, and 165 must be with patients 60 years or older
- 15 encounters, or 100 hours, dedicated to the care of critically ill patients
- 250 encounters, or 200 hours, caring for acutely ill or injured adults in an emergency department setting
- 250 encounters caring for ill children in the hospital and/or emergency setting, of which a minimum of 75 must be inpatient encounters and 75 must be in the emergency department
- 250 encounters, or 200 hours, dedicated to the care of children and adolescents in an ambulatory setting, which includes well-child care, acute care and chronic care
- 40 newborn patient encounters, including well and ill newborns

Further details will be provided by your program. Residents are responsible for reporting inadequate opportunities to meet these standards to the Program Director, Chief Resident, Education Coordinator, faculty mentor, or other appropriate person(s) in his/her program. Our statewide Graduate Medical Education Committee (GMEC) leadership is available to hear about any concerns you may have if you feel that communication with your program is not satisfactory.

Please feel welcome to contact:

- **William Schwab, MD** (Chair of GMEC and Designated Institutional Official): (608) 263-794;
william.schwab@fammed.wisc.edu
- **Michelle Grosch, MA** (Director of Educational Services): (608) 263-6261;
michelle.grosch@fammed.wisc.edu
- **Resident rotation standards:** Residents are expected to attend, complete and satisfactorily meet the goals and objectives of inpatient and outpatient rotations. Any absences must be excused in accordance with local program policy. Residents are expected to actively seek feedback from supervising physicians throughout the rotation experience.
- **Out-of-town rotation expectations:** Residents are expected to complete out-of-town rotations required by their program. The programs may assist with principal expenses such as housing and transportation to the required rotation, subject to local policy. Residents are responsible for personal expenses such as food, entertainment, and childcare. Consult with your Program Director or Education Coordinator for funding details in your local program.
- **Life support certification:** Two life support certifications are required:
 - **BLS/CPR:** All incoming residents are required to be certified in basic life support (BLS) or cardiopulmonary resuscitation (CPR).
 - **ACLS:** Residents are also required to become certified in Advanced Cardiac Life Support (ACLS) by no later than the beginning of the second residency year, or sooner as required by your program. Once obtained, ACLS certification must be kept current throughout the remainder of residency training.

Additional life support certification such as Pediatric Advance Life Support (PALS), Neonatal Resuscitation Program (NRP), Advance Trauma Life Support (ATLS), and Advanced Life Support in Obstetrics (ALSO) may also be required by your program. Information and details will be provided by your local residency program.

- **Documentation of medical procedures and other required data:** Residents are responsible for using the systems provided by their local program to document:
 - Patient encounters as outlined by the local residency program.
 - Clinical procedures performed in the ambulatory and hospital settings as outlined by the local program
 - Duty hours

This documentation is important for assessing educational progress, and also for graduating residents who will need procedural information when applying for privileges at hospitals.

- **Chart completion:** Complete charts in a timely manner as delineated in the chart completion policy.
- **Committee participation:** As required by the ACGME, residents are expected to participate in committees whose actions affect their education and/or patient care. These committees may include local and statewide residency education, quality improvement and clinical care committees, among others. Additionally, chief residents from each program are expected to attend meetings and participate in activities of the statewide Graduate Medical Education Committee (GMEC). This committee is responsible for establishing and implementing policies and procedures regarding the quality of education and the work environment for the residents in all the UWSMPH-sponsored residency programs.
- **ABFM In-training Exam:** All residents are required to take the annual ABFM In-training Examination. The exam is given in the fall, and proctored by program staff at each residency location. Residents are expected to be in town and available for the exam. Subject to the approval of the Program Director, considerations may be made in extenuating circumstances.
- **ACOFPP In-Service Exam:** Residents in the Osteopathic Track are required to complete the annual In-service Examination provided by the ACOFP, in addition to that of the ABFM. The exam is generally administered in October at local program sites, and proctored by program staff.
- **Relocation (Baraboo Residents):** Baraboo residents are required to move within 20 minutes of St. Clare Hospital in Baraboo PRIOR to participating in the longitudinal curriculum, which includes call, rounding and continuity OB coverage. This generally occurs by August of their PGY 2 year, however; is subject to change based on PGY 1 inpatient completion.

Licensure Requirements: Medical and DEA licensure is a requirement for continuation of an appointment in a UWSMPH-sponsored residency program:

- **Resident Education License:** Incoming residents are required to have a Resident Education License by the first day of residency. Application materials and instructions will be provided by the local program.
- **Wisconsin medical license:** Residents are also required by the state of Wisconsin to obtain and maintain a Wisconsin medical license beyond the first Post Graduate year of training. Until a permanent (unrestricted, renewable) license is obtained, a Resident Educational License (REL) is required. Residents not meeting this requirement will not be continued in the program, unless, in the opinion of the Program Director, mitigating circumstances explaining this failure are found to exist.
- **DEA certification:** After medical licensure, every resident is required to have a Drug Enforcement Administration (DEA) certificate. Residents are required to submit documentation of having a DEA certificate to their Program Director/designee as outlined by the local program. DEA certificates are either *fee exempt* or *standard fee*.
 - 1) **UW-employed residents**, in Baraboo, Eau Claire/Augusta, and Madison, are required to obtain a *fee exempt* DEA certificate, as physicians employed by state and federal governmental agencies are exempt from paying the fee for a three-year DEA prescribing license. As it is the policy of the DFMCH to claim this exemption for UW-employed residents and faculty, please note:
 - A *fee exempt* DEA certificate must be limited in use to University of Wisconsin position and training related services. This means that a *standard* DEA certificate must be obtained

when providing medical services for other entities i.e., moonlighting or volunteer activities that are separate from the educational program.

- A *standard* DEA certificate will be necessary after UW employment has ended, unless the new employer is also an exempt entity. If this should be the case please note that a new *exempt* DEA, separate from the one used as a UW employee, will be necessary.
- It is the responsibility of the resident to ensure the proper use of the DEA certificate(s).
- Reimbursement for the cost of a *standard* DEA certificate is not provided with professional development or any other type of Department funds.
- **Aspirus-employed residents** in Wausau are required to obtain a *standard* DEA certificate, as the employer is not a state or federal governmental agency.

American Board of Family Medicine (ABFM) Certification Examination Requirement:

As a condition of employment, eligible PGY 3s are required to take the ABFM certification examination prior to graduation from a UWSMPH sponsored residency program. Failure to meet this requirement will result in termination, unless, in the opinion of the Program Director in consultation with the statewide Chair of the Graduate Medical Education Committee/Vice Chair for Education, extraordinary mitigating circumstances explaining this failure are found. In order to become certified by the ABFM, the following requirements must be met:

- Completion of 50 Family Medicine Certification points which includes:
 - Minimum of one (1) Knowledge Self-Assessment (KSA) activity (10 points each)
 - Minimum of one (1) Performance Improvement (PI) activity with data from a patient population (20 points each)
 - Additional approved Knowledge Self-Assessment (KSA), Clinical Self-Assessment (CSA) (5 points each), or Performance Improvement activities to reach a minimum of 50 points.
- Meeting all ACGME requirements for graduation
- Holding a current unrestricted medical license

Requirements are available at www.theabfm.org/cert/index.aspx. Further details about Family Medicine Certification points, deadlines, and examination eligibility will be provided by your local program.

American Osteopathic Board of Family Physicians (AOBFP) Certification Exam Requirement:

As a condition of employment, eligible PGY 3s in the Osteopathic Track (who entered in July 2014 or after), will be required to take the AOBFP certification examination prior to graduation. Osteopathic residents who complete the requirements of Osteopathic Recognition will be eligible to sit for the AOBFP exam in the spring of their third year (exam dates for off-cycle residents vary). Other eligibility requirements include current full, unrestricted license, and to be an AOA member in good standing. Requirements and more information can be found at <http://www.aobfp.org/certification-examinations/board-eligibility/>.

Clinical and Hospital: The Family Medicine clinical practice is the foundation of the educational experience. Residents are expected to demonstrate competency appropriate to their level of training. Additionally, residents are required to comply with policies and procedures that govern the operations of residency clinics, associated hospitals and other affiliated training sites. This includes, but is not limited to:

- Effective transitions of patient care
- Timely completion of patient charts
- Adherence to patient safety policies and procedures and resident supervision policies
- Compliance with coding and documentation for billing medical services provided by residents
- Documentation in medical records in accordance with the format and procedures established by the hospitals, residency clinics and local residency program
- Maintaining patient confidentiality to comply with federal HIPAA regulations and local policy

Following is a **HIPAA Contact List** for resident training sites that indicates who should be contacted with questions regarding HIPAA patient information privacy and related issues---more detailed information will be provided by your program during orientation.

HIPAA Contact List:

Baraboo	
Dean Clinic 1808 W. Beltline Highway Madison, WI 53713	CRP Helpline 1-877-4CRP-ASK
St. Clare Hospital 707 14th Street, Baraboo, WI 53913	CRP Helpline 1-877-4CRP-ASK
UW School of Medicine and Public Health 750 Highland Avenue Madison, WI 53705	UW Office Of Legal Affairs HIPAA Privacy Officer (608) 263-7400
Eau Claire	
Mayo Clinic Health System Eau Claire Hospital 1221 Whipple Street, P.O. Box 410 Eau Claire, WI 54702	Release of Information Department (715) 838-6395
Sacred Heart Hospital 900 West Clairemont Avenue Eau Claire, WI 54701	Division of Responsibility and HIPAA Privacy Officer (715) 717-3755
UW School of Medicine and Public Health 750 Highland Avenue Madison, WI 53705	UW Office Of Legal Affairs HIPAA Privacy Officer (608) 263-7400
Madison	
Group Health Cooperative SCW Capital Clinic 675 W. Washington Avenue Madison, WI 53703	Privacy Officer (608) 251-4156 ext. 4237
St Mary's Hospital 700 South Park Street Madison, WI 53715	SSM Wisconsin and Corporate Compliance Officer (608) 294-3839
UW Hospital and Clinics 600 Highland Avenue Madison, WI 53705	Health Information Management Release of Information (608) 263-6030 #5
UW Medical Foundation 7974 UW Health Court Middleton, WI 53562	Medical Foundation HR (608) 821-4150 Ask for Assessment Team Member
UW School of Medicine and Public Health 750 Highland Avenue Madison, WI 53705	UW Office Of Legal Affairs HIPAA Privacy Officer (608) 263-7400
Wausau	
Aspirus Wausau Hospital 333 Pine Ridge Boulevard Wausau, WI 54401	Chief Compliance and Privacy Officer (715) 847-2181
UW School of Medicine and Public Health 750 Highland Avenue Madison, WI 53705	UW Office Of Legal Affairs HIPAA Privacy Officer (608) 263-7400

Health and Safety Requirements: Residents are expected to follow health and safety policies and guidelines. Each residency program has requirements and policies which may include, but are not limited to:

- Pre-employment physicals
- Respiratory medical clearance including respiratory fit testing
- TB screening, which may include testing, immunization for influenza and other designated infectious diseases such as Hepatitis B, and proof of immunity (immunizations or lab titers) for measles, mumps, rubella and chicken pox
- Training in infection control procedures
- Use of protective equipment in the care of patients

Additionally:

- **Duty Hour Requirements:** To facilitate patient safety, residents are responsible for following duty hour requirements. This includes, among other requirements, limiting work duty hours to 80 per week, inclusive of in-house call activities and moonlighting, averaged over a 4 week period. Residents are required to document their duty hours. Further information, policies and details about duty hour requirements and documentation will be provided to you by your local residency program. For a full review of the family medicine ACGME duty hour requirements, refer to <http://www.acgme.org/What-We-Do/Accreditation/Clinical-Experience-and-Education-formerly-Duty-Hours>

Please discuss and report any concerns you have about duty hours violations to your Program Director or Education Coordinator. Our statewide Graduate Medical Education Committee leadership is available to hear this concern if you feel that communication with your program is not satisfactory. Please feel welcome to contact:

- **William Schwab, MD** (Chair of GMEC and Designated Institutional Official): (608) 263-7947; William.schwab@fammed.wisc.edu
- **Michelle Grosch, MA** (Director of Educational Services): (608) 263-6261; michelle.grosch@fammed.wisc.edu
- **Fatigue Management and Mitigation:** To ensure safe patient care, residents are responsible for participating in training as directed by their local program. Training includes recognizing the signs of fatigue and sleep deprivation, including alertness management and fatigue migration processes. Details will be provided by your local residency program.
- **Impairment:** Residents are responsible for immediately transitioning the care of a patient to another provider if they have an impairment that interferes with, or presents a considerable probability of interfering with, safe and appropriate patient care, educational training activities, and/or the safety of themselves or others. Impairments may be caused by, but are not limited to, substance abuse, or physical, mental, emotional, and/or behavioral factors. This may include the use of alcohol, or illegal, prescription, and/or over-the-counter drugs which may impair judgment. Instruction on resident impairment will be provided by your local residency program. Residents are expected to report to their Program Director and/or Education Coordinator any condition that causes, or may appear to cause, impairment.
- **Transitions of Patient Care:** Residents are required to participate in training, must follow program and hospital policies to facilitate transitions and continuity of care, and patient safety. Details will be provided by your local program.
- **Caregiver and Criminal Background Check:** Wisconsin law requires background checks on physicians, including resident physicians. Accordingly, residents must complete a Background Information Disclosure Form (BID), and a caregiver and criminal background check will then be conducted as required by law:
 - For **UW-employed** residents, this will be conducted by the University of Wisconsin School of Medicine and Public Health (UWSMPH).

- For **Aspirus-employed** residents in Wausau, this will be conducted by Aspirus and UWSMPH. Additionally, as an employee of a hospital system, Wausau residents must also have a Medicare exclusion search conducted by Aspirus as required by state and federal law.

Residents must also complete a form that grants permission for the UWSMPH or Aspirus to send this information to hospitals and medical sites where residents train that request this information for purposes of complying with Wisconsin State law. Results of background checks are held in strict confidence and are not maintained or accessible by the residency program.

- **Arrests/Convictions:** After the initial background check upon entry into the program, residents are responsible for reporting new arrests and/or convictions—failure to do so may result in disciplinary action, up to and including termination.

Security for Mobile Devices: If electing to use a mobile device such as an iPad or smartphone, residents are required to follow all security policies of their employer and residency program to ensure patient confidentiality and compliance with federal HIPAA regulations.

- **For residents in a UWSMPH-sponsored program,** all mobile devices must be enrolled in the UW Medical Foundation/DFM-owned *AirWatch Mobile Device Management* system. This system provides necessary security controls and allows access to secured UW Health/DFMCH resources such as DFMCH email accounts. (More information will be provided to you at your local program).

Program Improvement and Accreditation Compliance: Resident participation and input is needed to make program improvements and to comply with requirements of the ACGME. Participation in these program improvement and accreditation activities is an element of professionalism. This includes, but is not limited to, the following:

- **Curriculum evaluations:** Resident input is essential for identifying curricular areas in need of improvement. Therefore residents are expected to complete evaluations following each resident conference and rotation assignment. Details will be provided by your local residency program.
- **Surveys:** To identify areas in need of improvement, and to monitor accreditation compliance, residents are expected to complete resident surveys. These surveys include:
 - annual resident program survey conducted by the statewide Graduate Medical Education Committee,
 - surveys from accreditation organizations such as the ACGME, and
 - surveys administered by your local residency program.
- **Site visits from Accrediting Organizations:** Residents are expected to participate in site visits from accrediting organizations.
 - All allopathic residency programs in the country, along with their sponsoring institutions, must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). To assess compliance with the requirements, all residency programs and sponsoring institutions are subject to site visits from the accrediting organization, which includes interviews with residents. **Self-Study** site visits occur at the end of the program's current accreditation period. The site visit is followed by a formal review by the Family Medicine Residency Review Committee (RRC). A determination is then made on the accreditation status of the program/institution—this may range from continued accreditation up to a maximum of 10 years, to being placed on probation, or having accreditation withdrawn. Focused site visits may also occur during the accreditation period.

- **ACGME Clinical Learning Environment Reviews (CLER):** Residents are expected to participate in CLER visits conducted by a team of ACGME site visitors. The purpose is to assess the quality and safety of patient care in residency training. An assessment of resident engagement is done in each of the CLER focus areas of:
 - Patient safety
 - Quality improvement, including opportunities for reducing health disparities
 - Patient care transitions
 - Resident supervision
 - Duty hours and fatigue management
 - Professionalism

As part of a CLER visit, residents, along with faculty and others are interviewed by the site visitors to assess the level of compliance and progress in the quality and safety of patient care.

- **Special Review Process** for specific program improvements.

Moonlighting (Secondary Medical Employment): Residents' primary responsibilities are to the patients under their care, and the educational program. Therefore, residents are not required to moonlight, and residents without a full and unrestricted medical license as well as residents holding a J-1 Visa are not allowed to moonlight.

In accordance with ACGME requirements, residents must notify and receive prior written approval from their Program Director to moonlight. Moonlighting, which has or is likely to have, an adverse impact on the resident's educational responsibilities will not be approved. Additionally, moonlighting that may cause a resident's hours to exceed duty hour standards will not be approved.

Private malpractice insurance, separate from that provided for your residency training and a *standard* DEA are typically required for moonlighting. It is the responsibility of the resident to check these requirements to ensure compliance.

Please note:

- **UW-employed residents:**
 - A *standard* DEA is distinct from the *fee exempt* DEA described above. (23-24).
 - Moonlighting is not covered by the State of Wisconsin medical malpractice coverage (38). If moonlighting more than 240 hours in a fiscal year, residents are responsible for the assessment fee for the Wisconsin Injured Patients and Families Compensation Fund <http://oci.wi.gov/pcf.htm>.
- **Aspirus-employed residents:**
 - Moonlighting is not covered by the Aspirus medical malpractice coverage.

For more information, policies, and details about moonlighting, please consult with your local Program Director or Education Coordinator.

Resignation: In fairness to patients under their care, and resident and faculty colleagues, residents are expected, unless circumstances make it impossible to do so, to give three months' notice in writing when intending to leave the program prior to their normal completion date.

V. Resident Appointment Information

V. Resident Appointment Information

New incoming residents, whether employed by the UW or Aspirus, are provided with an employment Agreement of Appointment letter and a copy of the Resident Employment Information manual (which is a part of the Agreement), outlining the provisions of the appointment. It is the goal for every resident to have a successful educational experience--faculty and residents are expected to work together to achieve this goal. Most often this goal is accomplished, and residents are reappointed annually to the program until graduation. Osteopathic residents choosing to participate in the Osteopathic Track also receive an Addendum to the Agreement of Appointment and a copy of the Osteopathic Residency Manual.

A. Conditions of Appointment

Appointment practices have been developed so as not to discriminate on the basis of sex, race, age, religion, color, national origin, disability, veteran status, sexual orientation, or any other legally protected status.

Requirements of resident appointments include:

- Verification of identity and work authorization as required by the Immigration Reform and Control Act of 1986 (I-9 form).
- Completion of a pre-employment health assessment in accordance with local program requirements.
- Providing a valid ECFMG certificate by the first day of employment, if applicable.
- Providing a valid J-1 Visa prior to the first day of employment in the residency program, if applicable.
- Providing documentation of being one of the following prior to the first day of employment in the residency program:
 - Graduate of a medical school in the United States or Canada accredited by the Liaison Committee of Medical Education (LCME)
 - Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association
 - Graduate of a medical school outside of the United States or Canada who meets one of the following requirements:
 - Holds a currently valid certificate from the Educational Council on Foreign Medical Graduates (ECFMG) by the first day of appointment; or,
 - Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his/her current ACMGE specialty/subspecialty program; or,
 - Graduate of a medical school outside of the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
- Obtaining a background check authorization to care for patients. Wisconsin law requires background checks on physicians, including resident physicians. Accordingly, residents must complete a Background Information Disclosure Form (BID), and a caregiver and criminal background check will then be conducted as required by law. A determination that any result(s) from the reports prohibits a resident from participating in patient care will result in termination of the appointment as required by law. Additionally, not having a prohibited offense throughout the duration of residency training is a condition of employment.
- Authorizing that the results of the caregiver and criminal background checks may be sent to rotation sites and hospitals when requested, for purposes of complying with Wisconsin law.
- Providing verification of a current certificate of basic cardiopulmonary resuscitation (CPR)/Basic Life Support (BLS).

- Providing verification of ACLS certification by the beginning of the PGY 2 year or sooner, as required by the local program.
- Compliance with the steps required to obtain a Resident Education License (REL) prior to the first day of residency training.
- Providing verification that a Wisconsin medical license beyond the first year of resident training has been obtained in a timely manner, and maintained. Residents not meeting this requirement will not be continued in the program unless in the opinion of the Program Director, mitigating circumstances explaining this failure are found to exist.
- Providing verification of obtaining DEA certification in a timely manner following Wisconsin licensure.
- Providing verification of taking the American Board of Family Medicine certification examination as a PGY 3 prior to graduation if eligible to do so. Failure to meet this requirement will result in termination from the program unless, in the opinion of the Program Director in consultation with the statewide Chair of the Graduate Medical Education Committee or Vice Chair for Education, extraordinary mitigating circumstances explaining this failure are found.
- Providing verification of taking the American Osteopathic Board of Family Physicians certification examination as a PGY 3 prior to graduation if eligible to do so (applies only to Osteopathic residents in the Osteopathic Track). Failure to meet this requirement will result in termination, unless in the opinion of the Program Director in consultation with the Director of the Statewide Osteopathic Program, extraordinary mitigating circumstances explaining this failure are found.
- Meeting the expectation and responsibilities outlined in the *Resident Responsibilities* section of the manual (17-18).

B. Types and Duration of Appointments

Initial Appointment: Initial residency appointments made through the matching process are for one year. Initial residency appointments for new residents starting off-cycle or as a new resident beyond the first year of training are for the period and post-graduate training year specified in the Agreement Appointment letter.

Reappointment/Promotion to Subsequent PGY Level: Additional appointments will be granted when the resident demonstrates adequate progress and professional growth as determined by the residency program's Clinical Competency Committee. Promotion to the second or third residency training level is contingent upon the resident's satisfactory completion of the preceding training year level, meeting the criteria for promotion as determined by the program, and meeting the conditions of appointment outlined above.

Extension of Current Appointment: In certain circumstances, a resident's current Agreement of Appointment may be extended. Most often, but not exclusively, this may occur during the third year of training when an off-cycle resident's graduation date will be delayed within the current period of the appointment agreement. This may be for reasons such as, but not limited to:

- A resident taking a leave of absence in his/her current appointment period
- A resident reducing his/her FTE for a short period of time
- The resident, under the direction of the Program Director, may need additional time to meet the requirements and/or performance standards beyond the period and training year indicated in the last signed resident Agreement of Appointment letter

An addendum to the current Agreement of Appointment letter will be provided, with the terms of the extension documented in writing. The resident's pay will be maintained at the current post graduate training level until requirements have been met. Generally extensions are not granted for more than a total of six months during residency training.

C. Actions Affecting Resident Appointments

Probation: Residents with less than satisfactory performance and progress in the program will be counseled by the Program Director or his/her faculty designee, along with discussion about a plan for improvement. If concerns continue, the Program Director may place a resident on probation. The Program Director will outline written performance goals for the resident, and during probation the resident has opportunity to complete a remedial plan to help him/her meet performance standards.

Reasons for which a Program Director may put a resident on probation include, but are not limited to:

- Unsatisfactory or borderline global evaluations in one or more rotations in an academic year
- Failure to meet one or more conditions of resident appointment as outlined in this manual
- Less than satisfactory educational progress or improvement for his/her level of training
- Unprofessional and/or inappropriate behavior
- Impairment or substance abuse that interferes with safe and appropriate patient care, educational training activities, or the safety of themselves or others

Resident Agreement of Appointment letters for the next academic year are withheld for residents on probation until the period of probation has ended and the Program Director determines that remediation activities have been successful. When performance goals are met, probation will be lifted. If goals are not met within the time period specified, action may be taken as appropriate, up to and including dismissal from the program.

Credit for all elements of resident performance is solely determined by the Program Director, in consultation with the Clinical Competency Committee, based on assessment of care provided at the residency clinic, review of rotation evaluations, and fulfillment of program expectations consistent with the elements of competency-based education and the standards for professionalism outlined in the *Resident Employment Information* manual.

Non-promotion: For reasons including, but not limited to, less than satisfactory academic performance and/or behavior, the Program Director, in consultation with the program's Clinical Competency Committee, may determine that a resident will not be promoted to the next level of training. In situations where a resident will not be promoted, the resident will receive a written notice of intent. Dependent upon the circumstances resulting in non-promotion, the Program Director may determine to extend the residency training year for remedial work, or in cases such as, but not limited to, a failed probation or egregious act, the Program Director may also non-renew the resident's appointment, non-certify the residency training period, and/or dismiss the resident from the program.

Credit for all elements of resident performance is solely determined by the Program Director, in consultation with the Clinical Competency Committee, based on assessment of care provided at the residency clinic, review of rotation evaluations, and fulfillment of program expectations consistent with the elements of competency-based education and the standards for professionalism outlined in the *Resident Employment Information* manual.

Non-renewal of Appointment: Non-renewal of the resident appointment is a decision made by the Program Director in consultation with program faculty as needed, generally for lack of progress and/or ability to meet one or more of the conditions of appointment. Events that may lead to non-renewal include, but are not limited to:

- Unsatisfactory evaluations during probation
- Consistently borderline semi-annual evaluations
- Recommendation by a faculty committee reviewing comprehensive resident performance

In situations where a resident's appointment will not be renewed, the resident will receive a written notice of this intent. The Program Director may suspend the resident from all or some activities for all or part of the remaining term of the last signed resident appointment agreement. The resident may leave the program at any time after being notified of non-renewal.

Credit for all elements of resident performance is solely determined by the Program Director, in consultation with the Clinical Competency Committee, based on assessment of care provided at the residency clinic, review of rotation evaluations, and fulfillment of program expectations consistent with the elements of competency-based education and the standards for professionalism outlined in the *Resident Employment Information* manual.

Suspension, Discipline or Dismissal from Appointment: A resident may be subject to suspension, discipline, or dismissal during the terms of his/her appointment for things such as, but not limited to:

- Violation of standards, rules, regulations and policies of the hospitals, the program or other institutions to which the resident has been assigned
- Failure to provide verification that a Wisconsin medical license beyond the first year of resident training has been obtained and maintained unless, in the opinion of the Program Director, mitigating circumstances explaining this failure are found to exist
- Failure to take the American Board of Family Medicine certification examination if eligible to do so prior to graduation unless, in the opinion of the Program Director in consultation with the statewide Chair of the Graduate Medical Education Committee or Vice Chair for Education, extraordinary mitigating circumstances explaining this failure are found
- Providing verification of taking the American Osteopathic Board of Family Physicians certification examination as a PGY 3 prior to graduation if eligible to do so (applies only to Osteopathic residents in the Osteopathic Track). Failure to meet this requirement will result in termination unless, in the opinion of the Program Director in consultation with the Director of the Statewide Osteopathic Program, extraordinary mitigating circumstances explaining this failure are found
- Inappropriate and/or unsafe patient care
- Engaging in non-professional behavior or other misconduct (e.g., dishonest or unethical behavior, abusive behavior with patients or staff)
- Gross negligence or neglect of duty
- Providing false information on application materials
- Providing false information on the Verification of Identity and Work Authorization (I-9 form) as required by the Immigration Reform and Control Act of 1986
- Providing false information on the Background Information Disclosure Form (BID)
- Substance abuse or other impairment that may adversely affect the resident's ability to learn, provide safe and appropriate patient care, and/or compromise the safety for his/her or others
- Having an arrest, conviction, or other violation during residency training which prohibits participation in patient care activities as required by Wisconsin law

The following guidelines are used:

- **Suspension:** When in the best interests of patients, faculty, staff, and/or others, a suspension may be verbally imposed immediately, with any or all the resident responsibilities suspended. This may be imposed by the Program Director, his/her designee, or faculty supervisor. As soon as feasible, written notification and terms of the suspension will be provided for the resident. A suspension may be with or without pay as determined by the Program Director in consultation with legal counsel. Resident appointment agreements for the subsequent academic year will be withheld for a resident on suspension.
- **Discipline or Dismissal:** The Program Director or his/her designee shall offer to meet with the resident and allow the resident to present information before taking a formal discipline or dismissal action. Following the meeting (or based on the information available if the resident chooses not to meet), the Program Director or his/her designee will provide the resident written notification of the outcome of the meeting and, if pertinent, the reason(s) for the discipline or dismissal.

With a dismissal, credit for all elements of resident performance is solely determined by the Program Director, in consultation with the Clinical Competency Committee, based on assessment of care provided at the residency clinic, review of rotation evaluations, and fulfillment of program expectations consistent with the elements of competency-based education and the standards for professionalism outlined in the *Resident Employment Information Manual*.

Please note: Modifications of the standard residency training curriculum due to extension or probation may be viewed adversely by external organizations, and will need to be explained when applying for licensure, hospital privileges, Board certification examinations, and employment positions in the future--verifications of extensions of training will be requested from the residency program. These entities may also ask programs to provide documentation and explanation of the circumstances of non-promotion, non-renewal, suspension, or other disciplinary actions.

D. Resident Grievances about Appointment

Residents have the right to file grievances and appeal decisions about their appointment status. The statewide Graduate Medical Education Committee is committed to providing all residents in a UWSMPH-sponsored residency program with fair policies and procedures for filing grievances, and has developed two policies for due process: *Procedures for Resident Grievances* (32-33), and *Appeals for a Resident Appeal Committee* (33-34).

For questions or more information, please consult with your local Program Director, Education Coordinator, or Michelle Grosch, MA (Director of Educational Services): (608) 263-6261; michelle.grosch@fammed.wisc.edu.

1. Procedures for Resident Grievances

University of Wisconsin-Department of Family Medicine and Community Health (DFMCH)

Policy reviewed annually by the DFMCH Graduate Medical Education Committee: Last revised and approved 1/19/17

Scope: Residents in a Family Medicine residency program sponsored by the University of Wisconsin School of Medicine and Public Health (UWSMPH). This applies to all residents located in Baraboo, Eau Claire/Augusta, Madison, and Wausau, whether employed by the University of Wisconsin-Madison or Aspirus.

Purpose: To provide a standardized process for residency grievances across all UWSMPH-sponsored residency programs.

Policy Guidelines: Resident concerns about their resident appointment, work environment, the program, and/or faculty are important. Residents are required to use the following procedure for grievances regarding employment disputes, appointment status including notification of non-promotion or a non-renewal, assignment of educational credit, and grievances related to the work environment, the program or faculty:

A resident may file a grievance in writing to the Program Director or designee. To be timely, the Program Director or designee must receive the grievance within fifteen (15) days from the date the resident first became aware of, with exercise of reasonable diligence, the cause of the grievance, or within fifteen (15) days of receipt of written notice affecting appointment status.

The resident and the Program Director or designee shall meet, discuss, and attempt to reach a satisfactory resolution within ten (10) days of the resident filing the grievance. The Program Director or his/her designee shall provide the resident a written response regarding the meeting stating the program's final decision.

The Program Director or his/her designee will inform the resident in writing that he/she can appeal the decision of the program by filing a written request within ten (10) days after the date of the written notification, for a Resident Appeal Committee. The request must be sent to the Chair of the University of Wisconsin Department of Family Medicine and Community Health. (Please refer to the policy entitled *Appeals for a Resident Appeal Committee*, following on pgs. 33-34).

*Days means calendar days exclusive of Saturdays, Sundays and legal holidays of the University of Wisconsin-Madison.

2. Appeals for a Resident Appeal Committee

University of Wisconsin-Department of Family Medicine and Community Health (DFMCH)

Policy reviewed annually by the UW DFMCH Graduate Medical Education Committee: Last revised and reapproved January 19, 2017

Scope: Residents in a Family Medicine residency program sponsored by the University of Wisconsin School of Medicine and Public Health (UWSMPH). This applies to all residents located in Baraboo, Eau Claire/Augusta, Madison, and Wausau, whether employed by the University of Wisconsin-Madison or Aspirus.

Purpose: To provide a standardized process for due process across all UWSMPH-sponsored residency programs.

Policy Guidelines: A resident may file an appeal regarding appointment status to the Chair of the DFMCH for a review by a Resident Appeal Committee following the procedures in the *Procedures for Resident Grievances* policy preceding. The following procedures apply to all appeals for a Resident Appeal Committee:

Resident Appeal Committee: The Resident Appeal Committee shall be comprised of five (5) members appointed by the Chair of the DFMCH. The Resident Appeal Committee will be made up of:

- Two physicians who are DFMCH faculty members and/or core faculty working in a UWSMPH- sponsored residency program
- Two Family Medicine residents from a UWSMPH-sponsored residency program, at least one of whom shall be a chief resident
- One qualified impartial individual outside of a UWSMPH-sponsored Family Medicine residency program, such as a physician or administrative person from the resident's employing organization or from another healthcare organization

Individuals named to the Resident Appeal Committee:

- May not be from the program where the resident is/was a resident (i.e. program faculty or resident)
- At least one Committee member will be from the resident's employing organization

The Chair of the DFMCH will designate one member to chair the Resident Appeal Committee.

The Chair of the Committee or his/her designee is responsible for:

- Outlining the procedures and agenda for the Resident Appeal Meeting in collaboration with the Resident Appeal Committee
- Arranging the meeting logistics including space, technology needs, etc.
- Collecting and distributing all materials for the Resident Appeal Meeting
- Writing the report in collaboration with the Committee, outlining the recommendation from the Committee to the Chair of the DFMCH

Resident Appeal Meeting: If the resident files a timely appeal, a review meeting will be held within thirty (30) days of receipt of the appeal by the Chair of the DFMCH. Under the leadership of the Committee Chair, the Resident Appeal Committee will determine the structure of the review meeting with advance notice to the resident and Program Director or his/her designee, and the DFMCH Osteopathic Program Director for residents in the osteopathic track. All meeting procedures will include these elements:

- An exchange of documents/materials each party plans to use to support his/her position
- An opportunity for each party to make a presentation to the Resident Appeal Committee
- A written recommendation to the Chair of the DFMCH from the Resident Appeal Committee, including a determination of the facts and reasons for the recommendation

Burden of Proof: In appeals of a discipline, dismissal, or other action affecting appointment status, the resident will have the burden of proof to show by a preponderance of the evidence that the action taken by the program is arbitrary or capricious, contrary to law, or not supported by the facts.

Appeal Decisions: The Resident Appeal Committee's decision will serve as a recommendation to the Chair of the DFMCH. The Chair of the DFMCH will make a decision and provide written notification to the resident.

If the Chair's decision is adverse to the resident, he/she may file an appeal in writing within ten (10) days of receipt of the decision to the Dean of the University of Wisconsin School of Medicine and Public Health. The Dean will conduct a review of the record and make a final written decision.

Representation: The resident, local Program Director or designee, DFMCH Osteopathic Program Director, the Resident Appeal Committee, and Dean of the UW School of Medicine and Public Health all have the right to representation. The Resident Appeal Committee will determine the role of the counsel or advocate.

*Days means calendar days exclusive of Saturdays, Sundays and legal holidays of the University of Wisconsin-Madison.

VI. Policies

VI. Policies

Policies are developed for administration of our residency programs to meet accreditation requirements, and to comply with Federal and State law. These are developed and approved respectively by the residency program, our statewide Graduate Medical Education Committee (GMEC), or the employing organization of residents. As may be needed, policies may be added, revised, or amended at any time.

A. Residency Program Policies

For information on policies specific for your local residency program, please contact your Program Director or Education Coordinator. For information on policies relating to the Osteopathic Track, please contact the Statewide Osteopathic Program Director or Education Coordinator.

B. Graduate Medical Education Policies

In addition to the policies and guidelines in this *Resident Employment Information* manual, additional GME policies and procedures are on the DFMCH internal website <https://inside.fammed.wisc.edu/documents/cts/80> Or available from your Program Director, Education Coordinator, or Michelle Grosch, MA (Director of Educational Services): (608) 263-6261; michelle.grosch@fammed.wisc.edu.

As of January 2017 these policies include:

Resident Employment Information:

- Confirmation of Liability Coverage
- Resident Eligibility Requirements
- Resident Employment Information Manual FY 2016-2017 (effective through June 30, 2017)

Committees:

- Duty Hours Subcommittee
- Graduate Medical Education Committee

Institutional Administration:

- Documents Submitted to the ACGME: Review, Approval and Co-Signature
- Duty Hours Audit Guidelines
- Guidelines for Standard Residency Verification Letter
- International Travel Policy for Residents
- IRIS Non-Reimbursable Hours (NRH)
- Procedure for Providing Quarterly Practice Data Reports to Residents
- Procedure to Set Up New Rotation Training Sites
- Program Letters of Agreement
- Reporting on Citations
- Residents CME Attendance/Completion Verification
- Resident Recruitment and Selection Policy
- Residents at Risk for Meeting Required Patient Numbers: Institutional Scope of GMEC Responsibility
- Supplemental Funding for Residents Involved in Outside Residency Activities

Institutional Responsibilities for Residents:

- Resident Evaluations
- Continuity Maternity Care
- Disaster/Interruption of Patient Care Policy

- Notifying Residents of Actions Affecting Their Agreement of Appointment
- Past Due Charts Policy
- Program/Institutional Closure or Reduction in Size Policy
- Resident Community-Based Activities Guidance
- Resident DEA Application Procedure
- Resident Duty Hours
- Resident Educational and Work Environment Policy
- Resident Impairment Policy
- Resident Interaction with Vendors/Corporations
- Resident Moonlighting Policy
- Resident Promotion
- Resident Transfers to and from a DFMCH Program
- Supervision of Residents

C. Employing Organization Policies

Resident Disabilities: The federal Americans with Disabilities Act (ADA) prohibits discrimination against qualified individuals with disabilities in the programs, services, and activities of public entities, and requires that these be accessible to individuals with disabilities.

Likewise, residency programs comply with the Americans with Disabilities Act and make reasonable accommodations for residents with verified disabilities. All types of disabilities are not specifically defined by the ADA. If a disability is claimed after beginning the residency and an accommodation is requested by the resident, Program Directors will work with Human Resources and/or legal services of the resident's employing organization for guidance.

If a request for a resident accommodation infringes on patient care, requires unreasonable amounts of faculty time or resources, or infringes on the rights of other residents to maintain a quality educational environment, the program may not be required to grant the accommodation. If an accommodation is denied or modified, Human Resources and legal counsel of the resident's employing organization will be consulted and involved.

For questions or more information and resources

- **UW-employed residents:** Please contact DFMCH Human Resource Services, or refer to <http://www.wisc.edu/policies/disability.php>
- **Aspirus-employed residents:** Please contact Aspirus Human Resources at (715) 847-2800.

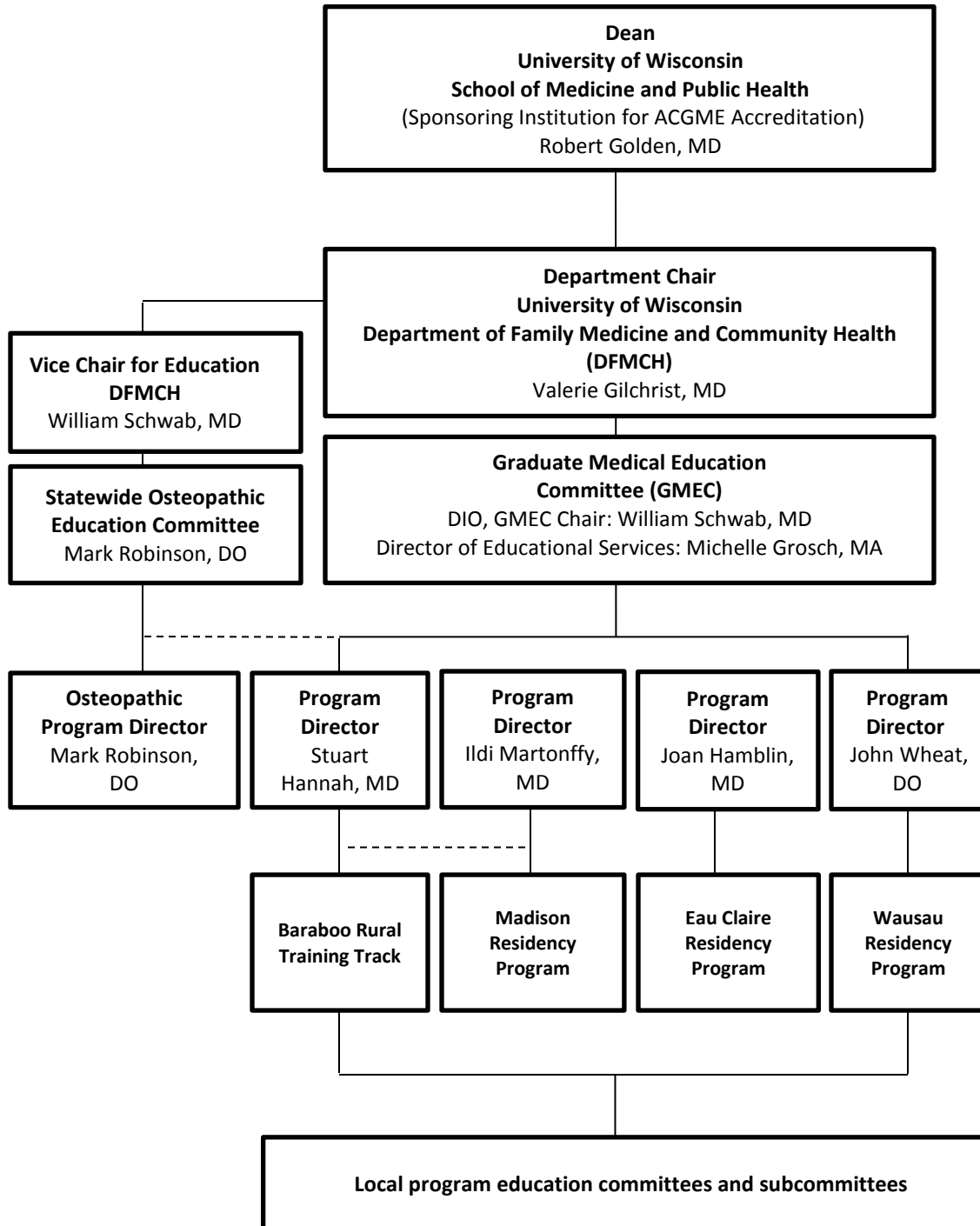
Sexual and Other Types of Harassment: Harassment, sexual or otherwise, of any kind, is not tolerated, including harassment based on gender, race, religion, cultural background, ethnicity, age, disability, and sexual orientation.

For questions or more information and resources, or for assistance in reporting an incident

- **UW-employed residents:** Contact the UW-Madison Office of Equity and Diversity at <http://www.oed.wisc.edu/sexualharassment/index.html> or (608) 263-2378, or Mary Fendry, DFMCH Human Resources Director, at (608) 263-6568; Mary.Fendry@fammed.wisc.edu.
- **Aspirus-employed residents:** Please contact Aspirus Human Resources at (715) 847-2800

Appendix A

Appendix A Graduate Medical Education Infrastructure



Appendix B

Appendix B

UW-Employed Residents: Medical Malpractice/Professional Liability Benefits

Following are brief descriptions of Medical Malpractice/ Professional liability benefits for UW-employed residents in Baraboo, Eau Claire/Augusta, and Madison. More detailed information will be provided for you at your local program.

Medical Malpractice/Professional Liability Coverage

The State of Wisconsin provides medical malpractice coverage and comprehensive liability protection, including legal defense, for any malpractice incident arising out of a resident's participation in the educational program, pursuant to Wisconsin law. This includes what is known as tail coverage, meaning that the State of Wisconsin liability program covers all activities performed as part of the residency training in a UW Department of Family Medicine and Community Health program regardless of whether a claim is made after the end of the resident's participation in the program. This liability coverage is provided through the State of Wisconsin Self-funded Liability Program under Wisconsin Statutes 895.46(1) and 893.82. **Please make special note** that professional or other activities outside of the residency educational program, such as moonlighting and/or unapproved medical activities outside of the program, are not covered by this State of Wisconsin protection.

All malpractice claims must be reported upon discovery, within 180 days of the incident giving rise to the claim. Contact UW Administrative Legal Services at (608) 263-7400 to file these claims.

A Certificate of Insurance from the University of Wisconsin Risk Management Services is available online at http://www.bussvc.wisc.edu/risk_mgt/risk_mgmt_forms.html Contact your program's Ed. Coordinator or Randy Ballwahn for more information about the Certificate of Insurance. (See page 39 for an example)

For questions and more information: Please contact Barbara Stransky, CFO, Assistant Director for Business Services, at (608) 263-3446; Barbara.Stransky@fammed.wisc.edu.

Exemption from the Wisconsin Injured Patients and Families Compensation Fund

The Wisconsin Injured Patients and Families Compensation Fund was created to provide medical malpractice coverage in excess of the amount required from private insurance, by Wisconsin statute Section 655.23 (4). The fund is managed by a board of governors and administered by the Office of the Commissioner of Insurance of the State of Wisconsin.

The fund is financed with an annual assessment fee paid by Wisconsin healthcare providers. Healthcare providers employed by the State of Wisconsin, which includes UW-employed residents, are exempt from this assessment as medical malpractice coverage is provided by the State.

After receiving your medical license, the State of Wisconsin Office of the Commissioner of Insurance will send you a letter with an exemption form on the back. **Please note:** So as not to receive repeated assessment fees and a notice of non-compliance being sent to the Department of Safety and Professional Services, it is important that each resident:

- Complete and sign the exemption form as directed.
- Note the date you received your medical license as the date of your effective status.
- **Check the box that indicates that you are employed by the State of Wisconsin.**
- Mail it to the address indicated on the form.

Additionally, residents are exempt from assessment fees for up to 240 hours in a fiscal year (July-June) for moonlighting activities. When moonlighting, residents may receive a written notice asking them to pay their assessment immediately.

Please note:

- If you have less than 240 hours of moonlighting as described above, just re-file the exemption form as outlined above. This will remove the assessment fee and reinstate the exempt status. In some circumstances, depending on your moonlighting schedule, you may have to re-file the paperwork several times a year.
- If you have more than 240 hours of moonlighting, you are responsible for the assessment fee. Additionally, it will be necessary to re-file an exemption form to reinstate the exempt status for regular residency activities between moonlighting activities.

For questions and more information: Please refer to <http://oci.wi.gov/pcf.htm> or Barbara Stransky, CFO, Assistant Director for Business Services, at (608) 263-3446; Barbara.Stransky@fammed.wisc.edu.

CERTIFICATE OF COVERAGE STATE OF WISCONSIN

This is to certify that coverage described below is effective per the statutory authority referenced. This certificate is not a policy or a binder of insurance and does not in any way alter, amend or extend the coverage afforded by any reference herein. The coverage is subject to all terms and conditions of the statutory authority.

STATE AGENCY: Board of Regents of the University of Wisconsin System PO Box 8010 Madison, WI 53715	CAMPUS NAME: University of Wisconsin-Madison
	DATE ISSUED: September 20, 2016

KIND OF COVERAGE	XX	WI STATUTORY REFERENCES
Worker's Compensation	XX	Ch. 102
Liability	XX	Sec. 895.46 (1) and 893.82
Automobile Liability	XX	Sec. 895.46 (1) and 893.82
Property	XX	Ch. 20.865 and 16.865

The entry of XX in this column means that the coverage is afforded per this certificate and the statute referenced.

DATES OF COVERAGE:	September 20, 2016 – September 20, 2018
DESCRIPTION OF COVERAGE:	Coverage as afforded by statutory references above for University of Wisconsin System officers, employees and agents while acting within the scope of their respective employment or agency with University of Wisconsin-Madison. Worker's compensation coverage is exclusively for authorized UW-Madison employees

ISSUED TO: _____ _____ _____ _____	ISSUED BY: Jeff Karcher, Director of Risk Management

	Date: _____

Appendix C

Appendix C

Aspirus-Employed Residents: Medical Malpractice/ Professional Liability Benefits and Medical License/DEA Benefits

Following are brief descriptions of Medical Malpractice/Professional liability benefits for Aspirus-employed residents in Wausau. More detailed information will be provided for you at your local program.

Medical Malpractice/Professional Liability Coverage

Aspirus provides professional liability insurance for the residents it employs. Residents who hold a Resident Education License in Wisconsin have shared limits of liability. Residents who have been granted a full/permanent Wisconsin license are individually named and have individual limits. Residents will receive a certificate of insurance effective their first day of residency and then on the policy renewal date each year after. An updated certificate of insurance to reflect individual limits will be issued when a resident is granted a full/permanent Wisconsin license.

The certificate of insurance contains the policy number, the type of insurance and the coverage limits of the policy. Residents should retain all certificates of insurance in a permanent file as they will be needed throughout their professional career. Aspirus and each of its employed, licensed physicians have limits of \$1,000,000 per occurrence/\$3,000,000 per aggregate loss per year. Subject to the terms, conditions, and limits of the policy, professional liability insurance covers legal defense costs, jury awards, settlements and other expenses related to malpractice claims and lawsuits, and licensing board proceedings.

Aspirus' malpractice insurance policy does not cover moonlighting outside of the training program. Liability insurance for moonlighting is the individual's responsibility.

Residents do not incur any expense for professional liability insurance including extended reporting coverage ("tail"). The premium for Professional Liability coverage including "tail" coverage is paid for by Aspirus.

For questions and more information: Please contact the Corporate Insurance Analyst at (715) 847-2000 ext.53699.

Wisconsin Injured Patients and Families Compensation Fund

The Wisconsin Injured Patients and Families Compensation Fund was created to provide medical malpractice coverage in excess of the amount required from private insurance, by Wisconsin statute Section 655.23 (4). The fund is managed by a board of governors and administered by the Office of the Commissioner of Insurance of the State of Wisconsin.

The fund is financed with an annual assessment fee paid by Wisconsin healthcare providers. Aspirus pays the Wisconsin Injured Patients and Families Compensation Fund (Fund) for excess malpractice insurance for losses above the primary insurance policy limits for itself and each licensed resident. The Fund is administered by the Office of the Commissioner of Insurance of the State of Wisconsin.

For questions and more information: Please contact the Corporate Insurance Analyst at (715) 847-2000 ext.53699.

Wisconsin Medical License and DEA Certification

Aspirus will reimburse residents for Wisconsin medical license and DEA certification fees, including license renewal during residency training.