

Resident and Fellow Employment Information Manual

Academic Year 2025-2026

July 1, 2025-June 30, 2026



Department of Family Medicine and Community Health

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Sponsored Residency Programs

Baraboo
Madison
Monroe

Sponsored Fellowship Program

Addiction Medicine

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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 GME programs and has delegated authority to the UW Department of Family Medicine and Community Health (DFMCH). A Graduate Medical Education Committee (GMEC), with representation from each program, provides oversight for the programs. Ildi Martonffy, MD, serves as the chair of GMEC and Designated Institutional Official (DIO) for the Accreditation Council for Graduate Medical Education (ACGME). **For a diagram of our statewide GME infrastructure, please refer to Appendix A (pg. 34).**

As delegated by the UW SMPH, the DFMCH provides sponsorship and oversight for the residency programs in Baraboo, Monroe, and Madison- which includes four clinical training sites (Belleville, Verona, and two in Madison: Northport and Wingra). The DFMCH also provides sponsorship and oversight for the Madison-based Addiction Medicine Fellowship. **For the purpose of this manual, all references to “residents” also applies to fellows unless otherwise indicated and similarly all references to “residency program(s)” also applies to the fellowship program unless otherwise indicated.**

The DFMCH also administers a Statewide Osteopathic Collaborative with osteopathic designated resident participants at the Baraboo and Madison locations, as well as additional locations that are administered by other institutions.

The information in this document pertains to Baraboo and Madison residents/fellows, who are employed by the University of Wisconsin–Madison through -UW SMPH, and to Monroe residents who are employed by SSM Health.

This document further defines the terms of resident/fellow employment, communicates selected policies and procedures, and informs residents of additional information that must accompany their *Agreement of Appointment* as required by the ACGME.

Regardless of employer, all residents/fellows are held to the same conditions of employment and resident/fellow responsibilities unless otherwise specified.

Additional information and resources

For copies of statewide GME policies please, refer to the DFMCH internal website at <https://uwprod.sharepoint.com/sites/DFMCH-EducationHub> or contact your local program director or education coordinator. Local program policies are online and/or in hard copy as outlined by your local program.

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

- Accreditation Council for Graduate Medical Education – <http://www.acgme.org>
- The American Board of Family Medicine – <https://www.theabfm.org/>
- American Osteopathic Board of Family Physicians – <https://certification.osteopathic.org/family-physicians/>
- American Board of Addiction Medicine – <https://www.abam.net>
- American Board of Preventative Medicine – <https://www.theabpm.org>

For questions and further information, please contact your local program director, education coordinator, or Elizabeth Bingman, Director of Educational Services, Elizabeth.Bingman@fammed.wisc.edu.

Please note

- The information in this document was approved by the GMEC and is up to date as of its publication in February 2025.
- The GMEC may revise information, policies and procedures at any time as deemed necessary and/or as required.

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I. Salary and Benefits

For information regarding salary and benefits:

- **UW-employed residents/fellows:** Please contact Cecilia Schiltz, UW SMPH Payroll and Benefits Specialist, cschiltz2@wisc.edu
- **SSM Monroe employed residents:** Please contact Cindy Deml, Human Resources Manager at (608) 373-8011; cynthia.deml@ssmhealth.com

A. Salaries

Salaries are pro-rated for part-time and partial-year appointments. The annual salary rates through June 30, 2025, which may increase beginning July 1, 2025, are as follows:

PGY 1	\$69,126
PGY 2	\$71,758
PGY 3	\$75,227
PGY 4	\$78,954
PGY 5	\$83,139

The listed salary amounts include a \$500 Well-Being stipend for each resident and fellow. Chief residents receive additional compensation for their leadership responsibilities. Information on direct deposits and other pay details will be provided by your program.

B. Medical and Life Insurance Benefits

All residents are provided medical and life insurance benefits. The following are brief descriptions of insurance coverages. For each item below, more detailed information will be provided for you by DFMCH Human Resources. **Coverage for SSM Monroe employed residents varies and will be outlined during the onboarding process.**

1. **Group Health Insurance:** As State of Wisconsin employees, several comprehensive plans are available for residents/fellows, their spouses, eligible dependents, and eligible adult children. To ensure coverage, application must be made during the enrollment period. Detailed information on state health plans 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/fellows after they match with their GME program. Health plan open enrollment occurs annually.
2. **Dental Insurance:** Dental coverage is available for residents/fellows, their spouses, eligible dependents, and eligible adult children. Residents/fellows 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/fellows, their spouses, eligible dependents, and eligible adult children. Residents/fellows 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/fellows beginning with the first day of employment. This provides for a monthly benefit in the event of a covered disability.
5. **Accidental Death and Dismemberment Insurance:** Accidental death and dismemberment insurance provides a benefit in the event of accidental loss of life, sight, or limb, subject to guidelines of the policy. Residents/fellows may select individual coverage, or coverage to include their spouse and eligible dependents.
6. **Group Life Insurance:** Residents/fellows may select group life insurance: either individual coverage for themselves, or coverage that includes their spouse and eligible dependents.

C. Pre-Tax Benefits

1. **Medical Expense and Day Care Reimbursement Pre-Tax Programs:** Residents/fellows 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/fellows may choose to enroll and contribute to an employer-administered retirement plan. Residents' own contributions are 100% vested.

D. GME Physician Business Expenses

All residents/fellows are provided reimbursement or direct payment for business expenses. Contact your education coordinator with questions.

1. Required Expenses:

Specified required costs incurred during GME training will be covered by the program directly and will not be deducted from individual GME physician funds. In some cases, this may be in the form of a reimbursement. Some program-covered expenses shall be provided as resources (e.g., work rooms, computers) or curriculum (e.g., courses required of all program participants) for GME physician use during training.

DFMCH or SSM Monroe will pay for the following required costs of being a GME physician:

- Courses that are required as a regular part of training for all program participants.
- Lab coats, purchase and laundering
- Laptop computer and/or iPad (including needed repairs) may be provided by UW Health (UWH) or Department for training purposes (devices provided to the GME physician shall be returned to the Department at the conclusion of training). Equipment may be individually assigned, available in workroom or library space, or provided for general use. See further details below in the "Computer, Laptop, and iPad" section.
- Lifesaving certifications (e.g., BLS, ACLS, PALS, etc.) required by UWH or the training program should be taken through UWH at no cost to the GME Physician. At the discretion of the department, fees for certification and recertification outside of UWH may be reimbursed when a reasonable attempt to obtain the course through UWH has been made but the course is unavailable in the necessary timeframe.
- Medical licenses –
 - Unrestricted – When an unrestricted (aka, full) medical license is a requirement of the program, reimbursement will be issued for the new application and renewal fees.
 - Resident Education License (REL) – Renewal, when required by the training program is reimbursed by the residency program.
- Personal medical equipment that is required by the training program and used for patient care (i.e., loupes, stethoscope, lead vests, etc.)
- United States Medical Licensing Examination (USMLE) Step 3, or equivalent COMLEX Exam
- Computer, Laptop, Tablet:
 - The purchase of a computer must be done by the Department's IT staff as the agent for purchasing, distribution, installation, repair, refreshing, and decommissioning for all computers. They will ensure the computer is set up in compliance with HIPAA, UW Health, UW System, UW SMPH, UW-Madison, and Department policies, procedures, and standards.
 - Reimbursement of a purchase directly by a GME physician will not be allowed.
 - Support for Apple computers, laptops, and iPads is limited to Departmental IT staff, as UWH IT does not support Apple products. Thus, UWH IT will not be able to answer any questions, troubleshoot issues, or provide support if departmental IT is not able to.
 - All purchased/deployed computers or other similar devices are the property of the Department and must be returned to the GME physician's department by the end of the training program.

Membership dues for residents include:

- The American Academy of Family Physicians (AAFP), which includes membership in the Wisconsin Academy of Family Physicians (WAFP)
- The Wisconsin Medical Society (WMS)

Additionally, for residents in the Statewide Osteopathic Collaborative and SSM Monroe program:

- 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) is free for residents

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 education coordinator for information.

American Board of Family Medicine (ABFM) or American Osteopathic Board of Family Physicians (AOBFP) certification: Board eligible PGY3s are required to take either the ABFM or the AOBFP certification exam in the spring of their 3rd year as a condition of employment.

For DFMCH residents the base exam fee for one exam will be covered by DFMCH. Residents who choose to take both exams may use CME money to cover the expenses of a second exam. Late fees are not reimbursable. For residents who choose or are required to take the AOBFP exam, reasonable expenses for travel for the practical exam portion will also be covered by DFMCH. The Osteopathic Collaborative encourages residents in the DO Track to take the AOBFP exam. For residents in the SSM Monroe program the program expects all residents to take the AOBFP exam and will cover the exam fee plus up to \$1000 of travel costs.

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

2. Annual Individual Allowance:

An annual amount will be provided for each GME physician to be used towards allowable business expenses. The amounts are:

- **Residents-\$1000**
- **Fellows-\$4000**

Funds may carry over to subsequent years but may not carry over past the program length. GME physicians who begin training off-cycle may need proration of funds to align with the fiscal training year. Unused funds are forfeited at the end of the training program, and do not carry over to subsequent UWH training programs.

Individual Expenses (CME)-Allowable

Individual GME physician allowance may be used for the following:

- Conference fees and networking events associated with a conference, that are located at the conference location are permissible. Networking events that are more social in nature (e.g., fun run, attending a sporting event, etc.) will not be reimbursed. See the UWH Travel Policy for various limitations and restrictions.
- Travel related to approved conference attendance
- Dues or memberships related to specialty of training program
- Keyboard
- Mouse
- Web cam
- Ear buds. Limit is 1 reimbursed per fiscal year with a maximum reimbursement of \$150 per purchase.
- Secondary computer (e.g., desktop, laptop, or tablet) – individual funds may be used towards a secondary computer purchase for individual assignment. Acquisition must be coordinated and managed by Department IT to ensure compliance. All requirements for “Primary computers” in the above “Required Expenses” apply including return of the secondary computer to the department by end of training.
- Case for laptop or tablet computer (computer carrying bags excluded)
- Educational books, journals, and subscriptions (including medical journals not available through UWSMPH’s Ebling Library only)
- Board preparatory courses
- Professional development courses, meetings, or conferences

- College tuition (limited to an independent class that is not part of obtaining a degree. The course must be pre-approved by the departmental or division chair with the class directly attributable to the GME physician's professional field).
- Podcasts related to clinical activity
- Medical equipment (i.e., stethoscopes, or loupes) that are not covered under Required Costs above.
- Travel cancellation fees because of a third-party direction
- Board or certification fees encouraged by the GME program that are directly related to their current training program.
- Lifesaving re/certification fees not covered under Required Expenses

Individual Expenses – Not Allowable:

Individual GME physician allowance may not be used for the following:

- Artwork
- Cellular phones (including accessories and plan costs)
- Clothing, including scrubs and operating room shoes
- Furniture, including picture frames
- Computer (desktop, laptop, and tablets, including computer carrying bag) other than stated under "Required Expenses" and "Individual Expenses – Allowable"
- Late fees
- Office supplies (e.g., paper, paper clips, pens, etc.)
- Magazine subscriptions
- Meals not associated with a conference (would fall under departmental staff relations expenses)
- Physician life coach
- Smart watch (i.e., Apple watch, Fitbit, etc.)
- Stereo systems (including sound bar)
- Travel cancellation fees because of a GME physician decision
- Expenses related to residency, fellowship, and job interviews

Prior to making a purchase:

Professional development expenses require advance approval.

- Familiarize yourself with UW Health Travel & Other Expense Reimbursement Policy or SSM Monroe Employee Policy per your employment
- Fill out and submit an Authorization for Travel or Employee Professional Development form
- All travel must be pre-approved before being authorized for reimbursement
- Information on the complete process to request reimbursement for professional development expenses will be distributed by your residency program, GME office, and/or DFMCH Finance prior to each academic year

- 4. Support for Research and Scholarly Activities:** Each fiscal year the DFMCH 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, educational clinical quality improvement, and research methods/analysis. We encourage residents/fellows 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.

There are also opportunities to participate in ongoing scholarly projects conducted by DFMCH faculty. Please contact Bruce Barrett, MD, PhD, Research Director, at (608) 263-2220; Bruce.Barrett@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. Supplemental funding may be available from your program or the DFMCH GME office for travel or other expenses associated with presenting scholarly work. Additionally, as a founding member of the national Family Practice Inquiry Network (FPIN), many opportunities are available for residents/fellows 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/fellows are provided medical malpractice/professional liability benefits by their employer for clinical activities arising out of their participation in the education program: Refer to Appendix B of this manual.

F. Time Away Benefits

All residents/fellows are offered paid time away from the GME program. Please refer to the next section in this manual for descriptions of time away from the program.

G. Additional Benefits

1. Local Program Benefits

- **Pagers:** Pagers and associated monthly fees are provided at no cost to residents and fellows per local site requirements
- **Hospital Call Rooms:** Each GME 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/fellows on duty in the hospital will be provided meals or stipend during call and rotations as outlined by their residency program per location.
- **Additional benefits:** Additional benefits **may** be offered by programs such as meals during resident conferences, travel stipends for required rotations or other required program travel, housing for rural rotations, etc.

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

In addition, the following resources are available:

- **Resident/Fellow Forums:** There are three options for raising questions and issues in a forum. Comments, questions, and concerns can be shared anonymously at https://padlet.com/denisehix/UWGMEC_Forum. There is an annual meeting forum for all residents and fellows to discuss issues and interact with administration and leadership. In addition, a resident-only email forum is provided to contact chief residents from each of the DFMCH-sponsored resident programs: <https://www.fammed.wisc.edu/resident-forum/>. This confidential forum permits only residents to send and receive messages, it is not accessible to faculty, staff, or others.
- **Program Personnel:** Program directors, chief residents, education coordinators, faculty mentors, and other faculty and staff are also available to assist residents/fellows with educational, personal, or professional concerns.
- **Professional Resources:** All residents/fellows 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 contact the Employee Assistance Office per your residency program:

- UW Employee Assistance Office (EAO) at eao@mailplus.wisc.edu or call (608) 263-2987 or toll free 877-260-0281
- More information is available on the website at <https://eao.wisc.edu/>
- SSM Monroe Residents have access to Employee Assistance Program resources offered by Personal Assistance Services (PAS). Immediate support is available by calling 1-800-356-0845 or by logging into the PAS website at <http://www.paseap.com> (company code: SSM)

Our GMEC and residency/fellowship programs are also committed to aiding residents/fellows 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 impaired residents/fellows, their colleagues, patients, faculty, and staff.

For more information, please consult with your program director or education coordinator.

II. Time Away from the Program

A. ABFM Time Away from Residency / Family Leave Policy for Board-Eligibility

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 maximum allowed will extend residency training time.

The following excerpts from the ABFM website (<https://www.theabfm.org/become-certified/resources/>) are current as of the publishing of this manual.

Residency Training Requirements for Board Certification Eligibility

https://www.theabfm.org/app/uploads/2024/03/2024_03_Absence-from-Residency.pdf

Candidates for certification are required to complete 36 months of graduate medical education in an ACGME accredited Family Medicine residency program. In some situations, the training may be extended for additional time to meet the minimum requirements. All residents must have core clinical training that includes the breadth and depth of Family Medicine. These include, but are not limited to:

1. Residents are required to spend their PGY-2 and PGY-3 training in the same residency program's teaching practice, in order to provide sustained continuity of care to their patients.
2. Each year of residency must include a minimum of 40 weeks of continuity clinic experience (exceptions may apply if the residency program has received a waiver of this requirement in connection with pilot projects assessing intentional variation in training requirements).
3. Residents are required to complete a minimum of 1,000 hours dedicated to caring for Family Medicine Practice site patients to be eligible for ABFM certification.

The Program Director is expected to electronically verify via the Resident Training Management (RTM) system, on behalf of the program, that the resident has met all requirements for board eligibility and is ready for autonomous practice.

Family Leave Policy and Time Away from Training

For the purpose of this policy:

1. Academic/training years will be referred to as PGY1, PGY-2, PGY-3, and, when relevant, PGY-4.
2. Family Leave of Absence from the residency program will be referred to as Family Leave.
3. Time off allotted by programs for vacation, sick leave, holiday, PTO will be referred to as Other Leave.

Family Leave provided under this new policy is intended to address leave that related to:

- The birth and care of a newborn, adopted, or foster child, including both birth- and non-birth parents of a newborn.
- The care of a family member with a serious health condition, including end of life care.
- A resident's own serious health condition requiring prolonged evaluation and treatment.

This policy does **not** apply to other types of personal leave and/or interruptions from a residency (e.g., prolonged vacation/travel, unaccredited research experience, unaccredited clinical experience, military or government assignment outside the scope of the specialty, etc.) This policy likewise does not apply to periods of time for which a resident does not qualify for credit by reason of resident's failure to meet academic, clinical, or professional performance standards.

ABFM policy **only** provides guidance about the maximum time away from training allowable for a resident to be away from their program and remain board eligible without having to extend their training. It does not replace local human resource policies for resident leave. It is also distinct and separate from, and should not be confused with, family leave as permitted by the Family and Medical Family Leave Act (FMLA), or specific leave policies as defined by your sponsoring institution human resource department. Additionally, this policy is not intended to prescribe decisions regarding the official date and time of resident graduation. At any point, a Program Director and the CCC can make a decision to extend a resident's training based on their assessment that the resident is not ready for attestation of meeting ACGME requirements and enter autonomous practice.

Time Allowed for Family Leave of Absence

Family Leave Within a Training Year: ABFM will allow up to (12) weeks away from the program in a given academic year without requiring an extension of training, as long as the Program Director and CCC agree that the resident is ready for advancement, and ultimately for autonomous practice. This includes up to (8) weeks total attributable to Family Leave, with any remaining time up to (4) weeks for Other Leave as allowed by the program.

The resident must still have at least 40 weeks of continuity experience in the year in which they take Family Leave. This policy also supplants the previous 30 day limit per year for resident time away from the program.

Total Time Away Across Training: A resident may take up to a maximum of 20 weeks of leave over the three years of residency without requiring an extension of training. Generally speaking, 9–12 weeks (3–4 weeks per year) of this leave will be from institutional allowances for time off for all residents; programs will continue to follow their own institutional or programmatic leave policies for this.

If a resident's leave exceeds either 12 weeks away from the program in a given year, and/or a maximum of 20 weeks total, (e.g. second pregnancy, extended or recurrent personal or family leave) extension of the resident's training will be necessary to cover the duration of time that the individual was away from the program in excess of 20 weeks.

Additional Considerations:

- ABFM will allow Family Leave to cross over two academic years. In this circumstance, the Program Director and sponsoring institution will be the ones to decide when the resident is advanced from one PGY-year to the next.
- Other Leave time may be utilized as part of approved Family Leave, or in addition to approved Family Leave. ABFM encourages programs to preserve a minimum of one week of Other Leave in any year in which a resident takes Family Leave. Consideration should be given to the importance of preserving some time away for resident well-being outside of a period of Family Leave.
- Residents are expected to take allotted time away from the program for Other Leave according to local institutional policies. Foregoing this time by banking it in order to shorten the required 36 months of residency or to retroactively "make up" for time lost due to sickness or other absence is not permitted.
- Time missed for educational conferences does not count toward the time away from training under the Family Leave time allowed in this policy.

Waiver of Continuity of Care Requirements for Hardship

While reaffirming the importance of continuity of care in Family Medicine residency training, ABFM 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 if your residency program closes during your training period, or when a resident experiences a substantial hardship. 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:

- The nature and extent of the hardship.
- Assurance that disruption on continuity of care does not exceed 12 months.
- That the annual vacation/sick time permissible by ABFM and the program has been reasonably exhausted.
- That a medical condition causing absence from training is within the Americans with Disabilities Act (ADA) definition of disability.

If the necessary absence is less than 12 months, the amount of the 24-month continuity of care requirement that the resident 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.

The Residency Program Director should indicate what criteria will be used to determine the point at which the resident is expected to re-enter. This re-entry may not be granted a level beyond that which the resident had attained at the time of departure. Given that these circumstances are uncommon and fluid, the resident may re-enter the program pending a final decision by ABFM on the amount of additional training, if any, that will be required of the resident.

Part-Time Residency

https://www.theabfm.org/app/uploads/2024/03/2024_03_Part-Time-and-Combined-Residency.pdf

ABFM requires prior approval for part-time or reduced training schedules. Your residency Program Director must submit a description of the curriculum outlining how your part-time schedule complies with the ACGME Program Requirements and the specific conditions described below. Any subsequent changes must be approved by ABFM in advance. Your curriculum design must meet the following guidelines:

- A satisfactory reason for your part-time status must be communicated.
- Your educational needs must be assured.
- Your continuity of care experience must occur in a Family Medicine Practice site approved by the Residency Review Committee and must occur in the same Family Medicine Practice site in the PGY-2 and PGY-3 years of training. During the PGY-2 and PGY-3 years, you will be required to complete comprehensive continuity of care for patients in the Family Medicine Practice site on a full-time equivalent basis. 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 can serve to assure compliance with the continuity of care requirement. You will need to complete the same minimum number of continuity patient visits as required of full-time residents.
 - Fairness to other residents in the program has been considered and addressed.
 - Your total curriculum equates to the sum of clinical experiences and responsibilities of that of a resident with a normal full-time schedule.
 - Documentation regarding how your continuity of care responsibilities will be assured throughout the term of your training experience.

For further information on ABFM requirements for resident time away, and revisions made after printing of this manual, consult with the program director or education coordinator, or see the ABFM website: <https://www.theabfm.org/>.

B. ABPM for Addiction Medicine Fellow Time Away

When scheduling time away, addiction medicine fellows are advised to make note of fellowship training requirements from the American Board of Preventive Medicine (ABPM), as time away that exceeds the maximum allowed will extend fellowship training time.

The following is excerpted from the ABPM website (<https://www.theabpm.org/about-us/abpm-policies/>) current as of publishing of this manual:

Duration of Each Year of Training

A training or experience year ("Training Year") must consist of a minimum of forty-eight (48) weeks of Active Service. In addition to the four (4) weeks of non-Active Service, an additional two (2) weeks of non-Active Service is allowed in any given Training Year but only if such additional two (2) weeks of non-Active Service is in accordance with the training institution's policies on medical, family, or parental leave. Regardless of the amount of non-Active Service approved by an institution for a resident or fellow, the program director shall have the final authority to determine if a resident or fellow has successfully completed the requirements of a training program and to attest to same if the resident or fellow applies to the ABPM for Certification.

Longer authorized interruptions in a Training Year with documentation of conformance with approved policies on medical, family, or parental leave may be accepted as determined on an individual case basis provided the combined time to be credited includes at least forty-eight (48) weeks of Active Service within an overall period of two (2) calendar years. These special circumstances will be reviewed, and exceptions approved by the Board in its sole and absolute discretion on a case-by-case basis. A decision by the Board pursuant to this subsection 2.1.3 shall be binding upon the Board and the Applicant/Candidate and shall not be subject to appeal or further consideration.

Acceptable Practice Time

The proration of time (e.g., 33% over three years) is not appropriate, and no credit will be given for less than twenty (20) hours/week of practice. No more than Full-Time Practice credit will be granted for any period of practice regardless of the number of hours accumulated during that period. No more than one (1) year of credit can be given for practice time in a given twelve (12)-month period. The completed application form submitted by the Applicant should provide explicit documentation of time spent in the Specialty/Subspecialty area for which Certification is being sought.

Double Counting of Time

The applicability/application of one or more years or portions of years of postgraduate clinical training, academically focused training, practicum or practice as credit for certification by one or more other clinical ABMS member boards will satisfy the ABPM Full-Time Practice requirement (i.e., it can count for both) but only so long as the ABMS member board's content satisfies all of the requirements of the ABPM (e.g., RRC for PM accreditation). In this regard the sequencing of such experience (e.g., before, interspersed, or at the end of another specialty training program) is not a barrier to acceptance presuming that all requirements for ABPM have been met.

C. Leave of Absence

Occasionally residents and fellows may need to be away for longer periods of time. This time away is arranged in collaboration with the local program director or their designee in a way that meets ABFM or ABPM requirements. These include, among others, requirements around continuity of care, and an expectation to inform the ABFM or the ABPM. Carefully review the full requirements **above**, on the ABFM website (<https://www.theabfm.org/become-certified/resources/>) or on the ABPM website (<https://www.theabpm.org/about-us/abpm-policies/>).

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

Please note: Extensions to residency or fellowship training will need to be explained when applying for licensure, hospital privileges, board certification examinations and employment positions in the future--verifications of reasons for extensions of training may be requested from the residency program by licensing agencies, employers, insurers, and other authorized entities.

Residents and fellows must 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/fellows 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 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/fellow is away from the program on a full-time basis for a designated period of time.
- **Partial (part-time) leave.** This means the resident/fellow is training part-time on a reduced schedule for a designated period. On occasion, the program director or designee may grant permission for a resident/fellow to train part-time temporarily if there are extenuating medical or personal circumstances. For example, the resident/fellow's FTE is reduced from 1.0 full-time, to .50 part-time for 3 months.
- **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/fellow 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/fellow

- **Paid leave:**

- In certain circumstances residents/fellow may be eligible for up to one month of paid leave as 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/fellows may elect to use their available *Paid Personal Days*.
- For a partial (part-time) leave of absence, residents/fellows are paid for the percentage of time they are scheduled to work, e.g., 70%, 50%, etc.

Insurance Continuation during a Leave: Leaves of absence may or may not affect benefits, including medical coverage. To ensure accurate and up-to-date information about continuation of insurance, residents/fellows 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/fellows:** Please contact Cecilia Schiltz, UW SMPH Payroll and Benefits Specialist, cschiltz2@wisc.edu
- **SSM Monroe employed residents:** Cindy Deml, Human Resources Manager at (608) 373-8011; cynthia.deml@ssmhealth.com

How to Apply for a Leave of Absence

1. **Notification request:** For leaves that can be planned in advance, residents/fellows 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/fellows 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 may 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*, which must be submitted to the GME office.
 - Any additional leave of absence form(s) and approval process required by the resident's program and employing organization.

D. Other Time Away from the Program

All residents/fellows are offered time away from the program.

1. **Paid Personal Days:** Residents/fellows 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:
 - 15-20 days in the PGY1 resident training year per local program
 - 20 days in the PGY2 resident training year
 - 20 days in the PGY3 resident training year
 - 20 days in the PGY4 Fellowship training year

The number of *Paid Personal Days* is prorated for new residents/fellows 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, and fellows should be aware of ABPM requirements. Granting of time away is also subject to local policies of your program and should be arranged with your local program director or their designee. Details will be provided by your local program.

2. **Holidays:** Residents/fellows may be scheduled to work holidays due to staffing needs in the hospital and/or clinics. Please check with your education coordinator for details about local program policies regarding holiday scheduling.
3. **Professional Development:** In addition to the *Paid Personal Days* and holidays, five additional paid days are available to PGY2 and PGY3 residents and PGY4 and above fellows 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 or AOBFP certification examinations for PGY3s.

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/fellow 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 program policies.

4. **Jury Duty:** Residents/fellows may take time off without loss of pay during regularly scheduled hours of work for jury duty. However, when not impaneled for actual service, but instead on call, the resident shall report back to work unless authorized otherwise by the program director. Residents/fellows needing time off for jury duty must provide advance notice to their program director and provide a copy of the jury summons.
5. **Witness Service:** Residents/fellows may take time off with pay during regularly scheduled hours of work when subpoenaed as a witness in a matter directly related to their work duties. However, when not called for actual testimony, but instead on call, the resident shall report back to work unless authorized otherwise by the resident's program director. Residents/fellows needing time off for witness leave must provide advance notice to their program director and provide a copy of the subpoena. If a resident is subpoenaed as a witness in a matter not directly related to their work duties, the resident must use either vacation time or time off without pay.
6. **Military Service:** Residents/fellows may take time off for military service as required by federal and state statutes. The resident/fellow is required to provide advance documentation verifying the assignment and pay.
7. **Military Caregiver** (if eligible under the FMLA): Eligible residents/fellows with a covered military family member serving the National Guard or Reserves may take leave up to 26 weeks in a 12-month period (one time leave only) to care for a family member who is a current service member with a serious injury or illness. If both spouses are residents and/or fellows, their leave may be limited to a total of 26 weeks.
8. **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.
9. **International Rotations:** International rotations may be approved by the program director for interested residents/fellows. Up to four weeks may be paid as regular residency/fellowship work time as determined by the program director. If permitted by written local program policies, this may be extended to six weeks. Interested residents/fellows are required to check with their program director and/or education coordinator for further details about international rotation experiences.
10. **Other time away from programs:** Refer to the UW-DFMCH Time Off Policy and/or SSM Monroe local policy.

III. Program Responsibilities

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

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

Accreditation Council for Graduate Medical Education:
General site: http://www.acgme.org
Family Medicine and Family Medicine Subspecialties (Addiction Medicine): https://www.acgme.org/specialties/family-medicine/overview/
Osteopathic Recognition: https://www.acgme.org/programs-and-institutions/programs/osteopathic-recognition
American Board of Family Medicine
See Residency Training Guidelines: https://www.theabfm.org .
American Board of Preventive Medicine
See Fellowship Training Guidelines: https://www.theabpm.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/fellows obtain competence in six core areas:

1. Patient care and procedural skills
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

Osteopathic Designated residents 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: To ensure safe and effective patient care and provide helpful educational training for residents/fellows, faculty members are responsible for supervising the care of patients. This includes patient care in clinical and hospital settings, patients' homes, nursing homes, the community, and when residents/fellows are on call. Faculty schedules are arranged to provide residents/fellows 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/fellows. Details will be provided by your local program.

Evaluations and Promotion Summaries: Evaluation systems are set up by each GME program to assess resident/fellow progress in the program. Evaluation is aligned with the Family Medicine Milestones, or the Addiction 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 each program's Clinical Competency Committee (CCC), which consists of faculty and other evaluators determined by the program, assesses each resident/fellow's progress. A meeting is then set up with each resident/fellow to discuss a structured written evaluation of their educational progress and clinical performance, with added attention to curriculum planning. Additionally, Osteopathic Designated residents in the Madison and Baraboo programs have evaluations twice a year with the director of Osteopathic Education.

Residents/fellows with less than satisfactory evaluations will be counseled by the program director or their designee, along with a discussion of a specific plan for improvement.

Based on evaluation information regarding resident/fellow progress in comparison to established criteria for promotion, the Clinical Competency Committee will make an annual recommendation to the program directors 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 reviewed by the resident/fellow and 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.

Clinical Experience and Work Hours (Clinical Work Hours): Our Graduate Medical Education Committee and each of our GME programs are committed to addressing resident/fellow 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/fellow **clinical experience and work hours** to ensure an appropriate balance between education and service. For examples and definitions of service and education tasks please refer to the GME Resident Service and Education Policy. At least annually, residents/fellows will receive information from their program about fatigue, fatigue management/mitigation, work hours requirements, how **clinical experience and work hours** are counted and monitored, and clinical work hour policies.

Resident/fellow **clinical work hours** are hours spent in residency/fellowship training activities, inclusive of in-house clinical and educational activities, clinical work done from home, and moonlighting, and must be limited to **80 hours** per week averaged over a four-week period. Additional work hour requirements include, among others:

- Each resident/fellow must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks. At-home call cannot be assigned on these days.
- Clinical work hour periods must not exceed 24 hours of continuous scheduled clinical assignments plus 4 hours maximum for transitions in care.
- Residents/fellows should have 8 hours off between scheduled clinical experience and work periods.
- Residents/fellows are required to log and certify their clinical work hours in a timely manner as directed by their local program.

For a detailed review of the ACGME Clinical Experience and Work Hours requirements, refer to <http://www.acgme.org>

Educational and Work Environment: Our statewide Graduate Medical Education Committee (GMEC) and each of our GME programs are committed to providing educational and work environments that are supportive, safe, conducive to learning and providing good patient care, and where residents/fellows 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 to discuss issues and concerns in a confidential and protected manner
- Three fellowship/resident forums are available to discuss GME-related issues – a staff-monitored, anonymous forum https://padlet.com/denisehix/UWGMED_Forum ; an email forum <https://www.fammed.wisc.edu/resident-forum/> which is accessible only by residents/fellows; an annual meeting for residents, fellows, GMEC leadership.
- An annual survey for feedback on their GME 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 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 fatigue and impairment
- Program resources to support education and safe work environments

Residents/fellows 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, they 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 clinical work hour violations, unprofessional/inappropriate behavior, physician impairment, supervision, unsafe patient care, confidentiality, and your resident learning and work environment. Contacts are:	
Ildi Martonffy, MD Chair of GMEC and Designated Institutional Official Ildi.Martonffy@fammed.wisc.edu	Elizabeth Bingman, MS Director of Educational Services Elizabeth.Bingman@fammed.wisc.edu
Fellow/Resident forums	
You may discuss ideas and concerns with your resident colleagues from all three 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. In addition, there is an anonymous online forum, and an annual meeting with GMEC leadership. Please contact your local program chief resident(s) for more details. Resident/fellow-only email forum - https://www.fammed.wisc.edu/resident-forum/ Online forum : https://padlet.com/denisehix/UWGMEC_Forum	
UW Employed Residents	
UW SMPH-DFMCH Human Resources HROperations@fammed.wis.edu (608) 261-1413	The University Employee Assistance Office http://eao.wisc.edu (608) 263-2987; (877) 260-0281 UW Ombudsperson http://ombuds.wisc.edu/ (608) 265-9992
SSM Monroe	
Human Resources Cynthia.Deml@ssmhealth.com 608-373-8011	Employee Assistance Office Personal Assistance Services (PAS). Immediate support is available by calling 1-800-356-0845 or by logging into the PAS website at http://www.paseap.com (company code: SSM) People Services (844) 776-6947
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 http://www.acgme.org or call (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/fellow. The statewide director of Osteopathic Education may be consulted for osteopathic designated residents in the Madison and Baraboo programs.

Credit is based on an assessment of care provided at the resident's continuity clinic (residents only), review of rotation evaluations, level of competency in the core competency areas, expectations outlined by the local program, and responsibilities outlined in this *Resident Employment Information Manual*, (pgs.18-25). This also means that:

- The program director, in consultation with the Clinical Competency Committee, is responsible for determining whether a resident/fellow 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.

- Educational credit assigned to residents transferring into a UW SMPH-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. **This does not apply to fellows in the Addiction Medicine Fellowship because they cannot transfer into a one-year program.**

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

Adverse Accreditation Actions: GME 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/fellows in the affected program(s) will be informed by the program director or their designee.

IV. Resident/Fellow Responsibilities

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

- Statewide graduate medical education and local residency/fellowship 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>), American Board of Preventive Medicine (<http://www.theabpm.org>), ACGME (<http://www.acgme.org>), and American Medical Association (AMA) Code of Ethics (<https://code-medical-ethics.ama-assn.org/>)
- All UW SMPH-sponsored residency programs have Osteopathic Recognition through the ACGME. Residents electing to participate as an osteopathic designated resident are required to meet both family medicine and osteopathic recognition requirements, which are embedded in the established curricula. <https://www.acgme.org/programs-and-institutions/programs/osteopathic-recognition>

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

Professional Expectations: Residents/fellows are responsible for conducting themselves in a professional way. The following are *Professional Behavior Standards for Residents and Fellows* as approved by the DFMCH Graduate Medical Education Committee:

Professional Behavior Standards for Residents and Fellows

University of Wisconsin-Department of Family Medicine and Community Health

Initially approved by GMEC: 5-8-2003; last revised: 02/14/2024; annually approved: 02/12/2025

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 seek to be inclusive in all interactions, to promote diversity in my program, and to maintain awareness of how bias and racism can adversely impact my entire residency community.
8. I will be conscientious and open to feedback regarding how my dress and physical presentation may affect workplace safety, and therapeutic relationships with patients and others.
9. I will complete resident administrative responsibilities in a timely and thorough manner including: patient care, patient care documentation, clinical work hours attestation, scheduling requests, evaluations, and other educational documentation.
10. I will contribute to an efficient workplace team by promptly responding to phone calls, pages, emails, and electronic health record messages.
11. I will be truthful and forthcoming in my professional interactions.
12. I will attend and fully engage in my assigned duties, whether clinical rotations, didactic seminars, scholarly activities, self-guided learning, or continuing medical education.
13. I will strive to recognize and avoid conflicts of interest in the care of my patients and interactions with colleagues.
14. I will follow institutional policies regarding gifts from vendors and industry and gifts of significant value from patients.
15. I will be responsive to the needs of my patients, society, and the profession by advocating and promoting health equity for the patients and communities I serve.
16. I will be cognizant of how my attitude and behaviors impact the workplace environment as well as the patients we serve.
17. As a physician, I recognize the importance of lifelong learning and will seek out opportunities to improve my knowledge and expand my skill set.

18. 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/fellowship experience.

Residents/fellows 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/fellows are required to fulfill the educational expectations and requirements of their local program and the ACGME.

- ACGME Common Program Requirements:
<https://www.acgme.org/programs-and-institutions/programs/common-program-requirements/>
- Osteopathic Recognition:
https://www.acgme.org/globalassets/pfassets/programrequirements/801_osteopathicrecognition_2021v2.pdf

Residents/fellows 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, Osteopathic Designated residents must demonstrate competency for their level of training in osteopathic philosophy and manipulative medicine

Milestones: <https://www.acgme.org/Specialties/Family-Medicine/Milestones>

Resident evaluation is aligned with the Family Medicine Milestones which describe an outcome-based learning trajectory of progress in each of the competency areas. Evaluation of fellows is similarly aligned with Addiction Medicine Milestones. 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. Osteopathic Designated residents will also be evaluated on the Osteopathic Recognition Milestones.

- **Family Medicine Milestones:** <https://www.acgme.org/globalassets/pdfs/milestones/familymedicinemilestones.pdf>
- **Addiction Medicine Milestones:** <https://www.acgme.org/globalassets/pdfs/milestones/addictionmedicinemilestones.pdf>
- **Osteopathic Recognition Milestones:**
<https://www.acgme.org/globalassets/pdfs/milestones/osteopathicrecognitionmilestones.pdf>

Additional educational expectations include, among others:

- **Conference attendance:** As a required element of the educational curriculum, residents/fellows are expected to regularly attend conferences as outlined by their local program.
- **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, and Addiction Medicine fellows should gain awareness of administrative aspects of their clinical program.
- **Continuity of patient care/patient care experiences (residents only):** 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.

Further details will be provided by your program with awareness that these specific expectations can change based on revisions by the ACGME Residency Review Committee for Family Medicine. 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 their 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:

Ildi Martonffy, MD, Chair of GMEC and Designated Institutional Official: Ildi.Martonffy@fammed.wisc.edu

Elizabeth Bingman, Director of Educational Services: Elizabeth.Bingman@fammed.wisc.edu

- **Rotation standards:** Residents/fellows 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/fellows are expected to actively seek feedback from supervising physicians throughout the rotation experience.
- **Out-of-town rotation expectations:** Residents/fellows 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/fellows 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:** For PGY1, PGY2, and PGY3, 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 Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), Advanced 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/fellows are responsible for using the systems provided by their local program to document:
 - Patient encounters as outlined by the local GME program
 - Clinical procedures performed in the ambulatory and hospital settings as outlined by the local program
 - Clinical experience and work hoursThis documentation is important for assessing educational progress, and for graduating residents/fellows who will need procedural information when applying for privileges at hospitals.
- **Chart completion:** Complete charts in a timely manner as delineated in the program-specific chart completion policy.
- **Committee participation:** As required by the ACGME, residents/fellows 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 and a fellow 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/fellows in all the UW SMPH-sponsored GME programs.
- **ABFM In-training Exam:** All residents, except osteopathic designated 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.
- **ACOFP In-Service Exam:** Osteopathic designated residents, including all residents in the SSM Monroe program, are required to complete the annual In-Service examination provided by the ACOFP. The exam is generally administered in October at local program sites and proctored by program staff.
- **ADePT In-Service Exam:** All addiction medicine fellows are required to take the ACAAM ADePT In-Service exam twice during the year (once during the first three months of fellowship and once during the final three months).
- **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 PGY2 year; however, is subject to change based on PGY1 inpatient completion.

Licensure Requirements: Medical and DEA licensure is a requirement for continuation of an appointment in a UW SMPH-sponsored residency/fellowship 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. SSM Monroe residents may be required to obtain an Illinois Temporary Resident Permit and maintain licensure through the duration of training.

- **Wisconsin Medical License:** Residents/fellows are also required by the State of Wisconsin to obtain and maintain a Wisconsin medical license following 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 obtaining a regular WI medical license, every resident is required to have a Drug Enforcement Administration (DEA) certificate. Residents/fellows 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*. Please contact Christa Neuser, PHR, SHRM-CP, cleuser@wisc.edu, with any questions regarding the DEA license process.
 1. **UW-employed residents/fellows**, in Baraboo 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/fellows 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 separate *standard* DEA certificate must be obtained when providing medical services for other entities i.e., moonlighting or volunteer activities that are not formal elements of 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/fellow 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.
 2. **SSM Monroe residents**, in Monroe will use the institutional DEA until a permanent license is received. The residents are expected to apply for and receive a standard DEA certificate. The SSM Monroe program will reimburse the cost of the DEA certificate. It is the responsibility of the resident to ensure proper use of the DEA certificate.

American Board of Family Medicine (ABFM) or American Osteopathic Board of Family Physicians (AOBFP) Certification Examination Requirement: As a condition of employment, eligible PGY3s are required to take the ABFM or AOBFP certification examination prior to graduation from a UW SMPH-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.

To become certified by the ABFM, the following requirements must be met:

- Completion of 50 Family Medicine Certification Activity 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

To become certified by the AOBFP, the following requirements must be met:

- Current full, unrestricted license
- AOA member in good standing
- Meeting all requirements for graduation

To become certified in Addiction Medicine:

- <https://www.theabpm.org/become-certified/subspecialties/addiction-medicine/>

Requirements are available at <https://www.theabfm.org/become-certified> or <https://certification.osteopathic.org/family-physicians/>. Further details about Family Medicine Certification points, deadlines, and examination eligibility will be provided by your local program.

Clinical and Hospital: The family medicine clinical practice is the foundation of the residency 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. Residents and fellows must also comply with policies and procedures that govern 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 including infection control, and to resident/fellow supervision policies
- Compliance with coding and documentation for billing medical services provided by residents/fellows
- Documentation in medical records in accordance with the format and procedures established by the hospitals, residency clinics and local GME 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
Madison	
Group Health Cooperative SCW Capital Clinic 675 W. Washington Avenue Madison, WI 53703	Privacy Officer (608) 251-4156 ext. 4237
SSM Health 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
Monroe	
SSM Monroe Hospital 515 22nd Avenue Monroe, WI 53566	Cherri Fields, HIPAA Regional Privacy Officer SSM Regional Office cherri.fields@ssmhealth.com 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

Health and Safety Requirements: Residents/fellows are expected to follow all health and safety policies and guidelines including infection control measures as mandated by their program, primary health care systems, and/or affiliated rotation sites. 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 COVID; 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

- Workplace exposure

Additionally:

- **Clinical Experience and Work Hour Requirements:** To facilitate patient safety, residents/fellows are responsible for following clinical work hour requirements. This includes, among other requirements, limiting **clinical work hours** to 80 per week, inclusive of in-house call activities moonlighting and work done from home, averaged over a 4-week period. Residents are required to document their **clinical work hours**. Further information, policies, and details about Clinical Experience and Work Hours requirements and documentation will be provided to you by your local GME program. For a full review of the family medicine ACGME Clinical Experience and Work Hours requirements, refer to:

https://www.acgme.org/globalassets/pfassets/programrequirements/2025-prs/cprresidency_2025.pdf

Please discuss and report any concerns you have about **clinical experience and work 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:

Ildi Martonffy, MD, Chair of GMEC and Designated Institutional Official: Ildi.Martonffy@fammed.wisc.edu

Elizabeth Bingman, Director of Educational Services: Elizabeth.Bingman@fammed.wisc.edu

- **Fatigue Management and Mitigation:** To ensure safe patient care, residents/fellows 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 mitigation processes. Details will be provided by your local GME program.
- **Impairment:** Residents/fellows 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 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, illegal substances, or prescription, and/or over-the-counter drugs which may impair judgment. Instruction on impairment will be provided by your local GME program. Residents/fellows 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/fellows are required to participate in training and 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/fellow physicians. Accordingly, residents/fellows must complete a Background Information Disclosure (BID) form, and a caregiver and criminal background check will then be conducted as required by law:
 - For **UW-Health employed** residents/fellows, this will be conducted by the University of Wisconsin School of Medicine and Public Health (SMPH)
 - For **SSM Monroe employed** residents, this will be conducted by SSM Human Resources during the employee onboarding process

Residents/fellows must also complete a form that grants permission for the UW SMPH to send this information to hospitals and medical sites where they 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 GME program.

- **Arrests/Convictions:** After the initial background check upon entry into the program, residents/fellows are responsible for reporting new arrests and/or convictions—failure to do so may result in disciplinary action, up to and including termination.
- **Malpractice/Licensing Board Complaints:** Residents/fellows are responsible for reporting all malpractice actions, complaints filed against them to the Wisconsin Medical Examining Board, or similar actions related to their professional activities — failure to do so may result in disciplinary action, up to and including termination. Legal advice and/or representation may be available to the resident/fellow through UW Legal Services or SSM Legal Affairs (for SSM Monroe Employed residents) depending on the situation.

Security for Mobile Devices: If electing to use a mobile device (tablet or smartphone), residents/fellows are required to follow all security policies of their employer and GME program to ensure patient confidentiality and compliance with federal HIPAA regulations.

- **General Cybersecurity guidance and resources on securing devices:** <https://it.wisc.edu/learn/securing-mobile-device/>
- **School of Medicine & Public Health – Endpoint Security Policy:** <https://policy.wisc.edu/library/SMPH-6010>, which includes personally owned devices accessing UW-Madison/SMPH resources.
- **Note:** SMPH/DFMCH owned devices will already be configured to meet the requirements.

For residents/fellows in a UW SMPH-sponsored program, all mobile devices must be enrolled in at least one of the UW Medical Foundation/UW Madison/SMPH/DFMCH-owned and managed *Mobile Device Management* systems. These systems provide 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/fellow 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/fellow input is essential for identifying curricular areas in need of improvement. Therefore, residents/fellows are expected to complete evaluations following each educational conference and rotation assignment. Details will be provided by your local GME program.
- **Surveys:** To identify areas in need of improvement, and to monitor accreditation compliance, residents/fellows are expected to complete program surveys. These surveys include:
 - Annual resident/fellow program survey conducted by the statewide Graduate Medical Education Committee
 - Surveys from accreditation organizations such as the ACGME
 - Surveys administered by your local GME program
- **Site visits from accrediting organizations:** Residents/fellows are expected to participate in site visits from accrediting organizations.
 - All GME 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 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. Programs with osteopathic recognition will also be subject to site visits from the ACGME.
- **ACGME Clinical Learning Environment Reviews (CLER):** Residents/fellows 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 GME training. An assessment of resident/fellow engagement is done in each of the CLER focus areas of:
 - Patient safety
 - Health care quality (including health care disparities)
 - Patient care transitions
 - Supervision
 - Well-Being
 - Professionalism

As part of a CLER visit, residents/fellows, 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/fellow's primary responsibilities are to the patients under their care and to their educational program. Therefore, residents/fellows 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/fellows 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 their educational responsibilities will not be approved. Additionally, moonlighting that may cause a resident's/fellow's hours to exceed clinical work hour standards will not be approved.

Private malpractice insurance, separate from that provided for your GME training and a *standard* DEA certificate are typically required for moonlighting. It is the responsibility of the resident/fellow to check these requirements to ensure compliance. All costs for malpractice insurance and *standard* DEA certification are the responsibility of the resident/fellow. Professional development or other DFMCH funds cannot be used for these expenses.

Please note:

UW-employed residents/fellows:

- A *standard* DEA certificate is distinct from the *fee exempt* DEA certificate described above
- Moonlighting is not covered by the State of Wisconsin medical malpractice coverage. If moonlighting more than 240 hours in a fiscal year, residents/fellows are responsible for the assessment fee for the Wisconsin Injured Patients and Families Compensation Fund <https://oci.wi.gov/Pages/Funds/IPFCFOverview.aspx>.

SSM Monroe employed residents

- Moonlighting approval process must be followed per local program policy whether the resident engages in internal (express clinic) or external moonlighting

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/fellows 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. Appointment Information

Incoming residents/fellows are provided with an employment Agreement of Appointment letter and the *Resident Employment Information Manual* outlining the provisions of the appointment. The goal is for every resident/fellow to have a successful educational experience. Faculty and residents/fellows are expected to work together to achieve this goal, and residents/fellows are most often reappointed annually to the program until graduation.

As applicable, osteopathic residents will receive information about participating in the designated osteopathic track with Osteopathic Recognition and a copy of the Osteopathic Residency Manual.

A. Conditions of Appointment

UW-Madison prohibits discrimination against applicants, employees, students and visitors to campus who wish to participate in University programs or activities. Information about relevant law, policies, resources and complaint procedures and protected bases is available at: <https://compliance.wisc.edu/eo-complaint/>

Requirements of resident appointments include:

- Verification of identity and work authorization as required by federal law (I-9 form)
- Completion of a pre-employment health assessment in accordance with local program requirements
- 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 Commission on Osteopathic College Accreditation (AOACOCA)
 - 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) prior to appointment; or,
 - Holds a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located.
- A criminal background check (CBC) for employees who hold a position of trust with access to vulnerable populations. Employment is conditional pending the results.
- Authorizing that the results of 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 following the first year of resident training has been obtained in a timely manner and maintained. Residents who do not meet this requirement will not be continued in the program unless, in the opinion of the program director, mitigating circumstances explaining this 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 or American Osteopathic Board of Family Physicians certification examination as a PGY3 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 are found.
- Meeting the expectation and responsibilities outlined in the *Resident Responsibilities* section of the manual

In addition to the above, the Addiction Medicine Fellowship Program lists the following eligibility requirements:

1. Completion of an ACGME accredited residency training program (preference for family medicine, internal medicine, pediatrics, or emergency medicine)
2. Board certified or planning to become board certified before fellowship start date
3. Must be eligible to receive a Wisconsin License and Federal DEA certification
4. Must be eligible to be a Medicaid and Medicare provider

B. Types and Duration of Appointments

Initial Appointment: Initial appointments made through the matching process are for one year. Initial residency/fellowship appointments for new residents/fellows 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 of Appointment letter.

Reappointment/Promotion to Subsequent PGY Level (residents only): 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/fellow'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. It might also occur at any point during the fellowship year. This may be for reasons such as, but not limited to:

- Taking a leave of absence during the current appointment period
- Reducing FTE for a short period of time
- The resident/fellow, 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/fellow'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/fellowship training.

C. Actions Affecting Appointments

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

Reasons for which a program director may put a resident/fellow 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 appointment as outlined in this manual
- Less than satisfactory educational progress or improvement for the 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 specified, action may be taken as appropriate, up to and including dismissal from the program.

Non-promotion (residents only): 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/fellow 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. This would also apply to a fellow whose appointment has been extended beyond the term of their initial agreement. Events that may lead to non-renewal include, but are not limited to:

- Unsatisfactory evaluations during probation
- Consistently borderline semi-annual evaluations
- Recommendation by Clinical Competency Committee reviewing comprehensive resident performance

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

Credit for all elements of resident/fellow 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 or other clinical sites, 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: Residents/fellows may be subject to suspension, discipline, or dismissal during the terms of their appointments 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 following 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 or the American Osteopathic Board of Family Physicians 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
- 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 federal law
- Providing false information on the Background Information Disclosure (BID) form
- Substance use or other impairment that may adversely affect ability to learn, provide safe and appropriate patient care, and/or compromise the safety of themselves 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/fellow responsibilities suspended. This may be imposed by the program director, their designee, or faculty supervisor. As soon as feasible, written notification and terms of the suspension will be provided. A suspension may be with or without pay as determined by the program director in consultation with legal counsel. The appointment agreement for the subsequent academic year will be withheld for a resident/fellow on suspension.
- **Discipline or Dismissal:** The program director or their designee shall offer to meet with the resident/fellow and allow the resident/fellow to present information before taking a formal discipline or dismissal action. Following the meeting (or based

on the information available if the resident/fellow chooses not to meet), the program director or their designee will provide 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/fellow 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 or other clinical sites, 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/fellowship 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 can be requested from the GME program by authorized entities. 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. Grievances about Appointment

Residents/fellows 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/fellows in a UW SMPH-sponsored GME program with fair policies and procedures for filing grievances and has developed two policies for due process: *Procedures for Resident/Fellow Grievances* and *Appeals for a Resident/Fellow Appeal Committee* (see below).

For questions or more information, please consult with your local program director, education coordinator, or Elizabeth Bingman, Director of Educational Services: Elizabeth.Bingman@fammed.wisc.edu

1. Procedures for 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 02/12/2025

Scope: Residents/fellows in a GME program sponsored by the University of Wisconsin School of Medicine and Public Health (UW SMPH). This applies to all residents/fellows located in Baraboo, Madison, and Monroe.

Purpose: To provide a standardized process for residency grievances across all UW SMPH sponsored GME programs.

Policy Guidelines: Resident/fellow concerns about their appointment, work environment, the program, and/or faculty are important. Residents/fellows 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/fellow 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/fellow 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/fellow and the program director or designee shall meet, discuss, and attempt to reach a satisfactory resolution within ten (10) days of the resident/fellow filing the grievance. The program director or their designee shall provide the resident/fellow a written response regarding the meeting stating the program's final decision.

The program director or their designee will inform the resident/fellow in writing that he/she/they 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/Fellow 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/Fellow Appeal Committee*, see below).

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

2. Appeals for Appeal Committee

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 02/12/2025

Scope: Residents/fellows in a GME program sponsored by the University of Wisconsin School of Medicine and Public Health (UW SMPH). This applies to all residents located in Baraboo, Madison, and Monroe.

Purpose: To provide a standardized process for due process across all UW SMPH-sponsored GME programs.

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

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

- Two physicians who are DFMCH faculty members and/or core faculty working in a UW SMPH- sponsored GME program. For the Addiction Medicine (ADM) Fellowship, one can be ADM faculty and one DFMCH faculty
- Two family medicine residents from a UW SMPH-sponsored residency program, at least one of whom shall be a chief resident
- One qualified impartial individual outside of a UW SMPH-sponsored family medicine residency program. This can be a physician or an administrative person from the resident's employing organization or from another healthcare organization. For the Addiction Medicine Fellowship, this could be a DFMCH faculty member not affiliated with the ADM program

Individuals named to the Resident Appeal Committee:

- May not be part of 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 Appeal Committee.

The chair of the Committee or their designee is responsible for:

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

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/Fellow Appeal Committee will determine the structure of the review meeting with advance notice to the resident/fellow and program director or their designee, and the DFMCH director of Osteopathic Education for residents in the osteopathic program. All meeting procedures will include these elements:

- An exchange of documents/materials each party plans to use to support their position
- An opportunity for each party to make a presentation to the Appeal Committee
- A written recommendation to the chair of the DFMCH from the 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/fellow 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/Fellow 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/fellow, he/she/they 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/fellow, local program director or designee, DFMCH director of Osteopathic Education, the Resident/Fellow Appeal Committee, and dean of the UW School of Medicine and Public Health all have the right to representation. The Resident/Fellow Appeal Committee will determine the role of the counsel or advocate.

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

VI. Policies

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

A. Program Policies

For information on policies specific for your local GME program, please contact your program director or education coordinator. For information on policies relating to osteopathic designated residents, please contact the director of Osteopathic Education 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://uwprod.sharepoint.com/sites/DFMCH-EducationHub/SitePages/Residency.aspx> or available from your program director, education coordinator, or Institutional Coordinator- Elizabeth Bingman Elizabeth.Bingman@fammed.wisc.edu.

These policies include:

Employment Information:

- Confirmation of Liability Coverage
- Resident Eligibility Requirements
- Resident Employment Information Manual Academic Year 2025-2026 (effective through June 30, 2026)
- Time Off Policy

Committees:

- Graduate Medical Education Committee
- Clinical Experience and Work Hours Subcommittee

Institutional Administration:

- Documents Submitted to the ACGME: Review, Approval and Co-Signature
- Guidelines for Standard Residency Verification Letter
- International Rotation 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
- Clinical Experience and Work Hours Audit Guidelines

Institutional Responsibilities:

- Evaluation of Residents and Fellows Policy
- Clinical Experience and Educational Work Hours
- Continuity Maternity Care
- Disaster and Interruption of Patient Care Policy
- Diversity Policy
- Dual Relationships Policy
- Notifying Residents of Actions Affecting Their Agreement of Appointment

- Past Due Charts Policy
- Program and Institutional Closure or Reduction in Size Policy
- Protocol for Suicide or Death of a Resident or Fellow
- Resident DEA Application Procedure
- Resident and Fellow Educational and Work Environment Policy
- Resident and Fellow Guidance for Community-Based Activities
- Resident and Fellow Impairment Policy
- Resident and Fellow Interaction with Vendors/Corporations
- Moonlighting Policy
- Resident Promotion
- Resident and Fellow Service and Education Policy
- Resident and Fellow Transfers to and from a DFMCH Program
- Supervision of Residents and Fellows
- Transitions of Care and Hand-Off Policy
- Well-Being Policy

C. Employing Organization Policies

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, GME programs comply with the Americans with Disabilities Act and make reasonable accommodations for qualified residents with disabilities. Residents can reach out at any time during their residency to request an accommodation. If accommodations are needed for their employment, residents can contact the School of Medicine and Public Health (SMPH) Divisional Disability Representatives (DDR) at smpH-accommodation@med.wisc.edu. These individuals are confidential sources who receive and manage medical information at SMPH and are members of the Employment Relations team who guide employees through the employment accommodation process.

For questions or more information and resources

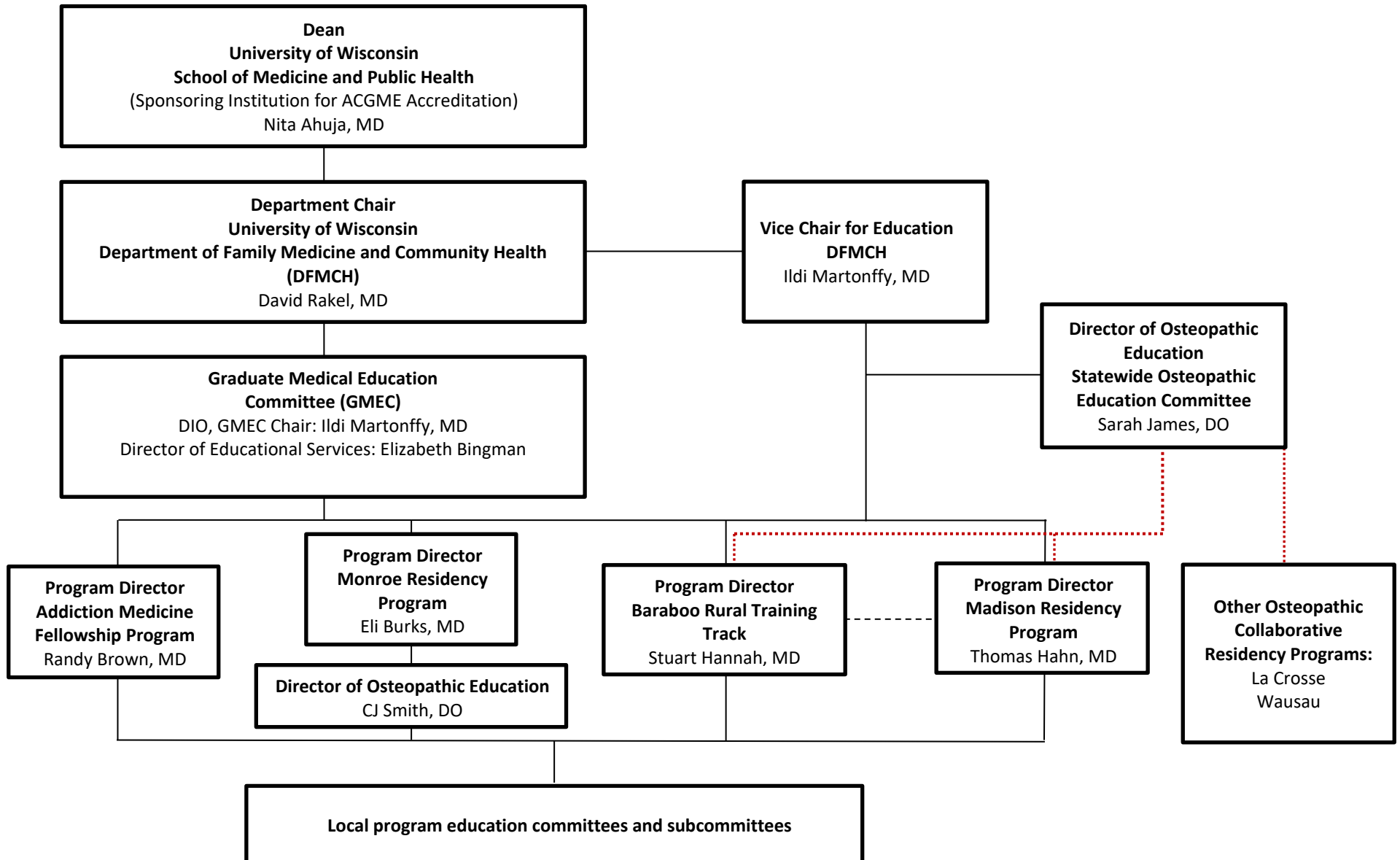
More information can be found at the following websites:

SMPH Accommodation Information: <https://intranet.med.wisc.edu/human-resources/disability-accommodations/>

UW Madison Employee Disability Resource Office: <https://employeeedisabilities.wisc.edu/>

Appendix A

Graduate Medical Education Infrastructure



Appendix B

UW-Employed Residents/Fellows: Medical Malpractice/Professional Liability Benefits

Following are brief descriptions of Medical Malpractice/ Professional Liability Benefits for UW-employed residents/fellows in Baraboo and Madison. More detailed information will be provided for you at your local program.

Malpractice coverage information is available upon request for SSM Monroe-employed residents. Please contact Residency Program Manager, Stacey Steinmann at Stacey.Steinmann@ssmhealth.com.

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/fellow'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 GME 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/fellow'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 GME 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 that gave rise to the claim. Contact UW Office of Legal Affairs at (608) 263-7400 to file these claims.

A Certificate of Insurance from the University of Wisconsin Risk Management Services is available online at <https://businessservices.wisc.edu/managing-risk/liability/certificates-of-insurance/university-certificates-of-insurance/>. Contact your program's education coordinator or Randy Ballwahn for more information about the Certificate of Insurance.

For questions and more information: Please contact:

- Ron Ravel, CFO, Associate Director of Business Services at: Ronald.Ravel@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/fellows, 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**
- Return as indicated on the form

Additionally, residents/fellows are exempt from assessment fees for up to 240 hours in a fiscal year (July-June) for moonlighting activities. While moonlighting, residents/fellows 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 Ron Ravel, CFO, Associate Director of Business Services at: Ronald.Ravel@fammed.wisc.edu