



**UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION**

**RESIDENCY AND FELLOWSHIP POSITION APPOINTMENT
2017–2018**

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Office of Graduate Medical Education
UW Medicine – South Lake Union
850 Republican St., Box 358047
Seattle, WA 98109-4725
Phone: 206.543.6806 / Fax: 206.685.3314
www.gme.washington.edu

I. PREAMBLE

The primary purpose of the appointment of resident and fellow physicians (including dental residents) is the completion of a graduate medical education training program in accordance with the current accreditation standards established by the Accreditation Council for Graduate Medical Education (hereafter referred to as “ACGME”) or another accrediting body. It is clearly understood that the major objective of the training programs is education, and that appointments will be administered through the University of Washington School of Medicine (hereafter referred to as “UWSOM”)/University of Washington School of Dentistry (hereafter referred to as “UWSOD”), and by the respective Department Chairs and Program Directors, with the educational needs of residents and fellows foremost in mind and within the framework of the [Core Values](#) of UW Medicine. The UWSOM is committed to exemplary graduate medical and dental education that facilitates residents’ and fellows’ professional, ethical, and personal development. To that end, the mission of UW Graduate Medical Education (GME) is to guide, motivate and enlighten the next generation of physicians.

The purpose of this Residency and Fellowship Position Appointment (RFPA) agreement is to outline the terms and conditions of resident and fellow appointments to a University of Washington training program, including the established educational and clinical practices, policies, and procedures in all sites to which residents and fellows are assigned. These policies include, but are not limited to, the policies and procedures referenced in this agreement. Wherever possible, a hyperlink to the complete policy or resource posted online is provided.

Residents and fellows should refer to the collective bargaining agreement (CBA) between the University of Washington Board of Regents and the University of Washington Housestaff Association (UWHA) for subjects not addressed in the RFPA. The CBA (see [UWHA Contract on UW Labor Relations website](#)) covers stipends, benefits, and working conditions including: childcare, leave, moonlighting, professional development and licensing, salaries, and transportation. In the event of any inconsistency in subjects covered in these agreements, the CBA will supersede the RFPA.

II. PARTIES SUBJECT TO THIS AGREEMENT AND THEIR RESPONSIBILITIES

This agreement applies to the individual residents and fellows (hereafter referred to as “Residents”) training in ACGME, American Board of Medical Specialties (ABMS), and the Commission on Dental Accreditation (CODA)-accredited graduate medical and dental education programs sponsored by the UWSOM, UWSOD, the Program Director, the Department Chair, and the affiliated hospitals. This includes residents appointed under the following titles and job class codes: Residents (Job Class Code 0328), Resident/Senior Fellow Trainee (Job Class Code 0328/0442), Fellows (Job Class Code 0439), Fellow/Senior Fellow Trainee (Job Class Code 0440/0442) and Chief Residents (Job Class Code 0329).

A. Resident Responsibilities: The Resident will abide by the UW Medicine Core Values of respect, excellence, integrity, compassion, altruism and accountability in all of his/her work interactions and responsibilities, and agrees to serve the training sites and his/her patients; to accept the duties, responsibilities, and rotations assigned by the Program Director or his/her designee; to abide by established educational and clinical practices, policies, and procedures of the hospitals and other training sites assigned, to the extent these are not inconsistent with this policy; to conduct all discourse and interactions ethically and professionally in keeping with the position of physician; and to abide by UW GME policies and procedures, as well as the conditions and general responsibilities outlined below. As a part of an appointment at UWSOM/UWSOD, the Resident will be expected to actively participate in the care of all types of patients who may present at the assigned hospital or

clinic. In addition, the Resident will be expected to take an active role in the instruction of medical and dental students, junior residents, other residents, and/or other hospital personnel.

- B. Department Chair Responsibilities: The Department Chair, with the support of the UWSOM and the affiliated hospitals, shall provide clinical and research programs of sufficient quality and duration so that residents who successfully complete the graduate medical education program will be qualified to enter into the specialty and subspecialty board examination and certification process. This provision assumes that all training program activities will be conducted within the requirements of the ACGME, ABMS, CODA and other accrediting and certification bodies.
- C. Program Director Responsibilities: The Program Director, with the support of the Department and UWSOM/UWSOD, will administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice). Other responsibilities include the provision of a quality didactic and clinical education at all sites that participate in the program, approval of a local director at each participating site who is accountable for resident education, approval of the selection of program faculty as appropriate, evaluation of program faculty, approval of the continued participation of program faculty based on evaluation, preparation and submission of all information required and requested by the ACGME, ensuring a sufficient number of faculty are appointed with documented qualifications to instruct and supervise residents at all locations, monitoring of resident supervision at all participating sites, providing formative and summative evaluation of individual resident performance, ensuring compliance with grievance and due process procedures, providing verification of residency education for all residents, implementation of policies and procedures consistent with institutional and program requirements for resident duty hours and the working environment, informing residents of information related to eligibility for specialty board examinations, and ensuring program performance improvement.

In addition, the Program Director is responsible for notifying applicants and current residents of action taken regarding the accreditation status of the program, and for providing residents with a written copy of this agreement. Other publicly-available information regarding the training program or affiliated institutions may be provided upon request.

- D. Training Site Responsibilities: The affiliated hospitals, which include but are not limited to University of Washington Medical Center (UWMC), Harborview Medical Center (HMC), Seattle Children's Hospital (SCH), VA Puget Sound Health Care System (VAPSHCS), Seattle Cancer Care Alliance (SCCA), Northwest Hospital (NWH), Valley Medical Center (VMC), and Boise VA Medical Center (Boise VA) will provide appropriate services and systems to minimize residents' work that is extraneous to the graduate medical education programs' educational goals and objectives. In addition, the affiliated hospitals will assure access to appropriate food services at all times; safe and reasonably convenient parking facilities, hospital and institutional grounds, and related facilities; and safe, quiet, and private sleep/rest facilities available for residents to support education and safe patient care. There shall also be sufficient secured storage areas for personal belongings.
- E. UW School of Medicine/UW School of Dentistry Responsibilities: The UWSOM/UWSOD, as the Sponsoring Institution, will oversee resident assignments and the quality of the learning and working environment at all participating sites, and will ensure that programs only assign residents to learning and working environments that facilitate patient safety and health care quality. This responsibility, which is delegated to the Office of Graduate Medical Education (GME Office), shall also include oversight and administration of training programs, and monitoring of programs to ensure compliance with ACGME, CODA, and accrediting body requirements and implementation of terms and conditions

of appointment. In addition, the UWSOM/UWSOD will provide the necessary financial support for administrative, educational, and clinical resources, including personnel, to maintain graduate medical education training activities. This includes ensuring that program directors have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities. Additionally, the UWSOM/UWSOD agrees to perform a series of administrative and educational functions for the benefit of the residents and the affiliated hospitals. These include issuing stipend checks; maintaining resident records; administering the benefits outlined below and in the CBA; ensuring timely and appropriate communications to residents and programs from the parties listed in this agreement (e.g., via GME listservs, newsletter, MedHub portal); and providing mechanisms for coordination of the program among the affiliated hospitals, the UWSOM/UWSOD, and the various clinical services. Lastly, the UWSOM/UWSOD will ensure the provision of a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate.

The UWSOM, through the Graduate Medical Education Committee (hereafter referred to as “GMEC”), which is composed of program directors, faculty, medical directors, quality officers, residents, fellows, program administrators, and GME administration, is responsible for overseeing the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs; the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites; the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements; the ACGME-accredited programs’ annual evaluation and improvement activities; and processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution. In addition, the GMEC must demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR). Additionally, the Institutional Resident/Fellow Advisory Committee (hereafter referred to as “IRFAC”), which is composed of residents, fellows, faculty, program administrators, and GME administration, advises on policies relevant to resident and fellow appointment and education. These policies include but are not limited to the particulars of this appointment agreement, which is reviewed by the committee annually.

III. EQUAL OPPORTUNITY AND REASONABLE ACCOMMODATION

The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations.

The University of Washington is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. Residents and fellows who require a disability accommodation may request an accommodation from the UW [Disability Services Office](#). In the event that such an accommodation is requested, the UW Disability Services Office will notify the GME office and the program, or the program will notify the GME office of the request in order to facilitate an appropriate accommodation, if requested.

IV. CONDITIONS FOR APPOINTMENT AND REAPPOINTMENT

- A. Eligibility and Selection: Annually, the Department Chair, with the support of the Program Director, shall make recommendations for resident appointments to the Dean of the UWSOM/UWSOD (hereinafter referred to as the “Dean”). As specified in the [Eligibility and Selection Policy](#), each applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-

accredited program¹, subject to additional qualifications as may be specified in specialty/subspecialty-specific program requirements:

1. graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
2. graduation from a US college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,
3. graduation from a medical school outside the United States or Canada, and meeting one of the following additional qualifications:
 - a. holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
 - b. holds a full and unrestricted license to practice medicine in a US licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or,
 - c. has graduated from a medical school outside of the United States and completed a Fifth Pathway program provided by an LCME-accredited medical school.

Programs must further comply with specialty requirements for prerequisite training for initial entry or transfer into ACGME-accredited residency and fellowship programs.

- B. Appointment and Credentialing: The Resident agrees to comply with appointment and credentialing requirements, as outlined in the UW GME [Appointment and Credentialing Policy](#). The Resident will neither be permitted to begin the training program nor be eligible to receive benefits under this agreement without having met such credentialing requirements.
- C. Resident Orientation: Residents who are new to a UW GME training program are required to attend UW Medicine Orientation days and to complete eLearning modules, as required by their respective program and training sites, by the specified deadlines. Residents will be paid a daily rate appropriate to the level of training to attend UW Medicine Orientation activities and for completion of eLearning modules, if the requirements are met prior to commencement of training. Residents may also be required to attend a pre-appointment orientation sponsored by the training program. The length of the program orientation is determined by the program, and residents will be paid the daily rate for these orientation days.

Residents, either during the orientation process or at times throughout the academic year, will be required to attend in-person training on the electronic health record (EHR) systems utilized at the affiliated hospitals and other training sites. Residents may not be provided with access to these systems until the defined training requirements have been met. This includes but is not limited to training on the inpatient EHR (ORCA) and outpatient EHR (EpicCare) at UW Medicine sites; Clinical Information System (CIS) web-based training at SCH; and the Computerized Patient Record System (CPRS) at VA hospitals (VA Puget Sound Health Care System and Boise VA).

- D. Reporting for Duty: Residents appointed to the program must report for duty and attend required didactic and other educational activities as specified by his/her duty/training schedule. Residents may be required to report for duty or be available by pager or cell phone in the event of a disaster, during inclement weather, or other event that disrupts the normal operations of training sites. Residents reporting for duty will be provided with appropriate accommodations during such events. Residents with scheduled clinical responsibilities who are unable to report for duty must maintain appropriate communication with the Program Director and/or clinical supervisor, and may be allowed to complete other academic endeavors during this time with advance approval by the Program Director.

¹ Other eligibility and selection criteria for trainees in programs accredited or recognized by other accrediting bodies may apply.

- E. Policies and Procedures: Residents must comply with the policies and procedures of the affiliated hospitals and other training sites, as well as UWSOM/UWSOD policies and procedures. Policies outlined throughout this agreement may be found in their entirety in the [Policies and Procedures](#) section on the GME website.
1. [Academic and Professional Conduct Policy and Procedure](#): Appeals related to academic matters are governed by the Academic and Professional Conduct Policy and Procedure. This includes claims addressing evaluation of academic or clinical performance or professional behavior, a non-reappointment decision, or any other academic matters including but not limited to the failure to attain the educational objectives or requirements of the training program. As specified in the Academic and Professional Conduct Policy and Procedure, failure to comply with the following policies outlined in this agreement may result in the Resident's removal from patient care activities until the deficiency is resolved to the satisfaction of the program and/or UWSOM.
 2. [Licensing Policy](#): All residents must hold an active Washington state provider license (or Idaho permit for Boise-based residents) while training in a UW graduate medical education program. It is the Resident's responsibility to comply with licensure requirements at all participating training sites, as well as any additional licensure requirements while participating in educational experiences outside of UW Medicine and affiliated hospitals. Likewise, residents participating in programs, tracks, or rotations outside of Washington State must comply with the local state licensure requirements while training in a UW GME program. Programs and the GME Office are available to assist with questions regarding the application process. Residents will be reimbursed by programs for the payment of applicable license fees as outlined in the CBA, and must submit all application materials and supporting documentation to the Washington State Department of Health or other applicable licensing body prior to commencement of training.
 3. [USMLE and Licensure Examinations Policy](#): To meet appropriate educational standards and national quality standards in preparation for medical licensure and certification by the American Board of Medical Specialties, Residents must successfully pass specified steps of the United States Medical Licensing Examination (USMLE) by a given training year. Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE) must be completed within 6 months of commencement of training in a UW residency or fellowship program, regardless of training level. Residents must complete Step 3 within 6 months of starting their PGY-3 year, or earlier, if indicated by their training program. Residents entering a UW program after their PGY-3 year must pass Step 3 prior to commencement of training. The USMLE program recommends to state licensing authorities that all three Steps be passed within a 7-year period.
 4. [Drug Enforcement Administration \(DEA\) Registration Policy](#): Residents who prescribe, order, administer, or handle controlled substances are required to obtain an individual DEA registration. Registrations may be obtained on a fee-exempt basis while in training in a UW GME training program; however, such registrations are restricted to activities within the scope of the training program (including activities at UW Medicine sites and other affiliated training sites). Exemption from payment of the individual registration application fee is limited to federal, state or local government official duties. Residents who engage in outside professional activities (e.g., external moonlighting) at any site outside of UW Medicine must obtain an individual, fee-paid DEA registration and may not use their fee-exempt registration for this purpose. Residents who are not eligible for an individual DEA registration (i.e., those training with an Idaho permit) must use the institutional DEA numbers of their respective training sites.
 5. [Physician Impairment Policy](#): Program Directors and faculty must monitor Residents for the signs of impairment. Burnout, mood disorders, suicidality, substance abuse, and behavioral disorders

are examples of conditions that may result in practice impairment. Further, it is also the responsibility of every individual—including Program Directors, faculty and residents—licensed by the Washington State Department of Health (DOH) to report any licensed healthcare practitioner who may not be able to practice with reasonable skill and safety as a result of a physical or mental condition according to [WAC 246.16.200](#). This reporting requirement applies to anyone concerned that a resident may be impaired. Actual evidence or observation of impairment is not required. In the absence of patient harm, sexual misconduct, or professional misconduct, this reporting requirement may be fulfilled by confidentially reporting the individual to the [Washington Physicians Health Program \(WPHP\)](#). Residents may make this report to the WPHP directly, or may make their concerns known to the Program Director, Chief of Service, GME Wellness Service, or GME Office.

For new residents with a history of impairment as well as current residents who exhibit evidence of impairment, evaluation, treatment and monitoring may be indicated and is conducted under the auspices of the WPHP or applicable physicians' health program. When a resident is referred to the WPHP for assessment, the resident is required to sign a release allowing the Program Director and the GME Office to receive information on the outcome of the assessment and ongoing monitoring. The UW GME conducts a thorough background check on all new residents upon appointment to the UW residency or fellowship training program. If a history of DUI or other alcohol/substance abuse related crime(s) is revealed, a referral may be made to the WPHP in order to determine if ongoing evaluation, treatment and/or monitoring is required. As a condition of appointment, all residents are required to comply with the Program Director's or faculty member's decision to remove them from participation in clinical duties and other professional activities and to refer them to WPHP should impairment be suspected and/or confirmed. The WPHP is solely authorized to determine fitness for duty and endorse the return to work (i.e., the resumption of training and clinical care responsibilities) of all residents who experience and/or exhibit signs of impairment.

The University of Washington and WPHP support full confidentiality to the extent allowed by university policy and law. Further, confidentiality of evaluation, treatment and monitoring by WPHP is assured by the WPHP Confidentiality Assurance Policy. However, programs may be required to disclose impairment and successful return to practice, if applicable, for hospital or medical licensing board training verification and/or credentialing inquiries.

6. [UW Medicine Information Security Policies](#): All residents must be educated about privacy, confidentiality, and security of patient, confidential, restricted and proprietary health information. Residents are required to read and sign the UW Medicine Privacy, Confidentiality, and Information Security Agreement (PCISA) at initial appointment, at reappointment each year, and prior to using their UW Medicine Accounts. HIPAA Online Training must be completed within 30 days of a resident's start date. Residents training solely at one of the VA training sites (Seattle or Boise) must complete VA HIPAA compliance training using the VA "Mandatory Training for Trainees" course, are exempt from completing the UW Medicine training, and are also subject to the privacy and security policies of the VA.

Residents are responsible for safeguarding patient information and must be familiar with the UW Medicine Information Security Policies, which require password protection and [encryption](#) of any mobile device, including a laptop, notebook, tablet, and smartphone, that is used to store, maintain, or transmit confidential information, including protected health information (PHI). This requirement applies to University-owned and personal mobile devices. UW Medicine policy requires that appropriate sanctions be applied, up to and including dismissal from the program, to residents who fail to comply with institutional policies and established procedures related to

privacy, confidentiality, and information security, as outlined in the [Corrective Actions for Noncompliance with Privacy and Information Security Policies](#). All UW Medicine Privacy Policies are located at: <http://depts.washington.edu/comply/privacy.shtml>.

7. [Immunization Policy and Bloodborne Pathogens \(BBP\) Exposures](#): All residents must submit documented proof of current immunization and/or positive serology against Measles, Mumps, Rubella, Varicella, Hepatitis B (documentation of the series and/or serology or completed Hepatitis B waiver), Tetanus, Pertussis and Diphtheria, and TB screening to UWMC or HMC Employee Health prior to commencement of training. Affiliated training sites may also have additional requirements. In addition, all residents are required to comply with the following annual requirements by December 1: influenza vaccination (vaccination at UWMC/HMC, documentation of vaccination at an outside facility, or signing a formal declination), TB screening, and N-95 fit testing. It is recommended that residents infected with bloodborne pathogens (e.g., Hepatitis B, Hepatitis C or HIV) who perform high risk invasive procedures should seek confidential counsel from the UWMC-Employee Health Center at (206) 598-7971 and/or the UW Advisory Committee for Health Care Workers (HCWs) Infected with BBP. In the event of a bloodborne pathogen exposure (e.g., needlestick, cut, puncture, mucous membrane, or open wound exposure to human blood or other potentially infectious materials such as: body fluids, HIV/HBV/HBC containing cultures, HIV/HBV/HBC infected animals, human cell and/or tissue lines), residents should immediately seek medical attention. Residents can obtain medical treatment and report exposures in confidence to the University Employee Health Centers. Medical treatment can also be obtained at UWMC or HMC Emergency Departments, or your personal healthcare provider. See [Policies on Infection Control Procedures, with Special Emphasis on Health Care Practitioners Infected with Bloodborne Pathogens](#) for more information.
8. [Maintenance of Case/Procedure Logs Policy](#): The case/procedure logs maintained by residents to document their clinical experience requirements must be protected and kept secure so that only authorized individuals have access to patient information that reside in those logs. Each Program Director of training programs that rotate at UW Medicine sites is responsible for establishing and communicating a standardized process and documentation requirements for residents to maintain case/procedure logs, which may include use of the ACGME Resident Case Log System, the MedHub Residency Management System, a national society or board case log system, or UW's SkyDrive Pro for tracking purposes. Any written (paper) documentation generated in preparation for database entry or any other documentation pertaining to cases (e.g., sketched pictures) that are unsuitable for database entry that contain PHI must be physically secured in a location that cannot be accessed by non-UW Medicine workforce members. Each program must designate secure locations at each the training sites to maintain case/procedure logs. If the paper documentation must leave the site, it must remain in the possession of the resident at all times. Any patient information kept on a mobile device before being entered into a case log system or at any time, must be stored on an encrypted device only.
9. [Vendor Interaction Policy](#): Resident behavior and professional judgment should not be compromised by vendor influence, either through vendor interactions with the training program or the individual resident. Residents are professionally accountable to their patients and colleagues, and as such, should avoid interactions with vendor representatives that actually or have the appearance of compromising impartiality in clinical or academic practices. The UWSOM has defined a number of allowable and prohibited practices to guide resident behavior as it relates to interaction with outside vendors, which are described in the FAQ of this policy.

10. [UW Medicine Professional Conduct Policy](#): UW Medicine values professionalism among its faculty, staff, residents, and students in carrying out UW Medicine's mission of improving the health of the public through teaching, research and patient care. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all of our work interactions and responsibilities. It is the policy and expectation of UW Medicine that UW Medicine faculty, staff, residents, and students will conduct themselves in a professional manner in all of their interactions with patients, members of the public and the University community, and each other.
11. [Professional Behavior and Conduct for the Teacher/Learner Relationship](#): The UWSOM is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and respect for each other as individuals. These standards apply to all individuals associated with the educational experience, and it is expected that the teachers and learners will be on their honor to maintain the highest standards of professional behavior in all aspects of training. Residents, in their role as teachers of medical students and other residents, are responsible for adhering to the guidelines for Professional Behavior and Conduct for the Teacher/Learner Relationship as outlined in the [UWSOM Student Handbook](#) (p.61).
12. [Medical Records Policies](#): Residents shall be responsible for complying with timely documentation and medical records policies of the hospital or clinic to which they are assigned. These policies include requirements regarding the preparation of a complete and legible medical record for each patient. Discharge summaries, operative reports, and other key portions of the medical record must be co-signed by a supervising physician in accordance with Medicare teaching supervision rules. The use of medical student documentation to support billed services is prohibited, except in the case of past family/social history (PFSH) and review of systems (ROS). Medical records must be completed according to the timelines outlined in the relevant hospital or clinic's Medical Records Policy. In general, residents will continue to have access to medical records at UW Medicine sites for 48 hours following completion of training in order to complete required documentation. Residents are subject to the terms of the hospital or clinic's Medical Records Policy for delinquent medical records.
13. [UW Medicine Social Networking Policy](#): UW Medicine's Social Networking Policy summarizes existing University and UW Medicine policies that apply to the use of social media, limits the use of social media in hospital and clinic space, and outlines best practice guidelines for residents who participate in social networking sites and share social media in other areas where use of social media is permitted. Use of social media is prohibited while performing direct patient care activities or in unit work areas, unless social media in those areas has been previously approved by the supervisor. Residents should limit their use of social media in hospital or clinic space to rest or meal breaks. Social media includes text, images, audio and video communicated via such tools as Facebook, LinkedIn, Twitter, Google+, and Instagram, and any other internet-based social media application similar in purpose or function to these tools.
14. [UW Patent, Invention and Copyright Policy](#): Residents are considered employees for purposes of, and are required to comply with, the UW Patent, Invention, and Copyright Policy, as it may be modified from time to time in accordance with standard University procedures. The policy requires among other things that residents disclose to the University all inventions and discoveries conducted during their UW appointment, using UW time and resources, and that residents agree to assign to the University all inventions in which the University has an interest.
15. [Evaluations of Competence](#): As defined in the [Assessment and Evaluation Policy](#), each resident shall be provided with timely formative feedback by faculty during each rotation or educational

assignment, as well as access to written evaluations of his/her performance in MedHub at the completion of each rotation or educational assignment in the training program. In addition, the Program Director or his/her designee shall meet with each resident on at least a semi-annual basis to provide a documented assessment with feedback on his/her performance in the program. The assessment will be based on the Resident's overall performance appropriate to educational level and progress toward demonstrating achievement of competence in each of the specialty-specific Milestones. The program will appoint a [Clinical Competency Committee \(CCC\)](#) according to ACGME policies to review all resident evaluations semi-annually and to prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME. The semi-annual meeting discussions and Milestone reports shall be documented in writing and maintained in the Resident's academic file, which is accessible for review by the Resident.

16. Conditions of Reappointment and Promotion: Residents are first and foremost learners and are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen specialties. In addition, residents must adhere to standards of professional conduct appropriate to their level of training. Program appointment, advancement, and completion are not assured or guaranteed to any resident. Promotion to the next level of training is based on the achievement of program-specific competence and performance parameters via evaluation, including specialty-specific Milestones, as determined by the Program Director and/or CCC. Unsatisfactory resident performance can result in required remedial activities, temporary suspension from duties, non-promotion, non-reappointment, or termination of appointment and residency education.

The policies and procedures described in the [Academic and Professional Conduct Policy and Procedure](#) are the exclusive means of review of academic actions within the UWSOM, and are designed to ensure that actions which might adversely affect a resident's status are fully reviewed and affirmed by neutral parties while at the same time ensuring patient safety, quality of care, and the orderly conduct of training programs. In the case of non-renewal of appointment, non-promotion to the next training level, or dismissal, the program will provide the Resident with notice of its intent promptly, and in the most expeditious manner possible. The notification will be by letter to the Resident and will contain the reasons for the non-renewal of appointment, non-promotion or dismissal.

Residents who desire to voluntarily leave the program prior to completion of the training necessary for certification of the specialty are expected to discuss this action with the Program Director at the earliest possible time, preferably by January 1 of the training year. In this circumstance, residents are expected to complete the training year of their current appointment, unless an earlier resignation is mutually agreed upon by the Resident and Program Director.

Residents are not required to sign a non-competition guarantee or restrictive covenant by the Sponsoring Institution or any of its ACGME programs as a condition of appointment.

V. FRINGE BENEFITS

The fringe benefit program outlined below is designed for residents (Job Class Code 0328), Fellows (Job Class Code 0439), and Chief Residents (Job Class Code 0329) paid by the University of Washington, and is administered through the UWSOM/UWSOD. Some of these benefits, including but not limited to the UW Retirement Plan, may not apply to residents who are paid directly by other sources, or to those who receive stipends under training grants and who hold a title of Senior Fellow Trainee (Job Class Code 0442). UWSOM also provides a number of benefits that are unique to residents, which are outlined below in Section D. Other Resident Resources and Services. Policies related to these benefits are subject to change

during the academic year. In the event of a change in policy, the GME Office will notify residents via the communication channels noted in Section II.E. More information about each of these benefits may be found on the GME website or by contacting the GME Office. Residents may also contact [UW Benefits](#) at (206) 543-2800 or benefits@uw.edu for questions regarding UW benefits outlined below in Section A.

A. UW Benefits

1. Medical, Dental, Basic Life and Long-Term Disability Insurance Benefits: A [Summary of Benefits for Residents and Fellows](#) is available for applicants, incoming, and current residents. Incoming residents receive their benefits packets during UW Medicine Orientation, and as new employees, have 31 days from their initial eligibility date to select and enroll in the medical and dental plan of their choice.
 - a. Benefits Options: Residents appointed at least 50% FTE (full-time equivalent) for a minimum of six consecutive months and who receive a monthly stipend are eligible to enroll in the University of Washington's Basic Insurance Package. The package is designed and authorized by the Public Employees Benefits Board (PEBB) and consists of medical insurance, dental insurance, term life insurance, accidental death and dismemberment insurance, and basic long-term disability (LTD) insurance. Eligible residents may choose one of several medical insurance plans for which the University and the Resident share the cost of insurance premiums. Eligible residents may also choose one of several dental insurance plans for which the University pays the entire insurance premium, and for several [LTD](#) insurance plans. This package also provides for optional additional life, accidental death and dismemberment, and disability insurance that may be purchased by the individual.
 - b. Start of Benefits Coverage: UW is subject to the State PEBB eligibility requirements as defined in [Washington Administrative Code \(WAC\) Section 182-12-114](#), which specifies that basic insurance benefit coverage for eligible residents, begins on the first day of the month following their date of appointment, or on the first day of appointment for those starting on the first business day of the month, and is effective through the end of the last month of appointment. For residents starting at the end of June, benefits will therefore not take effect until July 1st. Residents who wish to obtain coverage prior to the time they are eligible for public health insurance benefits may purchase comprehensive and catastrophic health insurance coverage, including short-term health insurance coverage ranging from 30 days to six months. Residents who have just completed medical school, another training program, or position of employment may also be eligible for COBRA through their former school of employer. Refer to the [Private Health Insurance Options](#) section on the UW Benefits website for a list of short-term options.
2. UW Retirement Plan (UWRP): Residents appointed at least 50% FTE in an eligible job class, which includes Residents (Job Class Code 0328), Fellows (Job Class Code 0439), and Chief Residents (Job Class Code 0329) for a minimum of six consecutive months, are eligible to participate in the UW Retirement Plan (UWRP). Residents who receive their full stipend under a training grant and who hold a title of Senior Fellow Trainee (Job Class Code 0442) together with another title are ineligible to participate in the UWRP. Eligible residents may start participating in the UWRP on their first day in a UWRP-eligible appointment. The UW provides 100% matching funds to the Resident's own contributions, within their defined contribution limit. Both the UW and the Resident's contributions are immediately vested, and the plan is 100% portable when the Resident leaves the UW. If the Resident has not enrolled in the UWRP by the end of their two-year anniversary, they will automatically be enrolled in the plan. Participation in a retirement plan after two years

of appointment is a condition of continued appointment. Changes to the UWRP may occur as authorized by the UW Board of Regents.

3. [Voluntary Investment Program \(VIP\)](#): Residents may participate in the Voluntary Investment Program, a tax-deferred retirement savings plan, operating under Section 403(b) of the Internal Revenue Code. Participants may choose their contribution amount (up to the IRS-defined limit).
4. [Dependent Care Assistance Program \(DCAP\)](#): Residents are eligible to participate in the DCAP, which allows participants to take a deduction from their pay for eligible dependent care expenses before taxes are calculated.
5. [Medical Flexible Spending Account \(FSA\)](#): Residents are eligible to establish an FSA, which is an IRS-approved, tax-exempt account that allows the account holder to use pre-tax dollars to pay for eligible medical expenses.
6. [UW WorkLife](#): WorkLife acts as a hub for information on services for UW employees, spouses, partners and dependents, including [UW CareLink](#) (UW Employee Assistance Program providing confidential counseling, financial and legal services, and eldercare assistance), childcare, parenting, and eldercare resources, self-care, and ongoing workshops and seminars.

B. UW Risk Services

1. [Professional Liability Coverage](#): Professional liability coverage will be provided by the University of Washington at no cost to the Resident. This insurance will cover the Resident's good faith performance of duties assigned in the training program, which may also include program-approved volunteer activities and off-site/oversees and global health rotations. Details of coverage are available from the [Office of Risk Services](#). The professional liability program operates on an occurrence basis, and coverage includes insurance for claims filed after completion of the training program. As part of the professional liability coverage, the University will provide legal assistance through the University of Washington Division of the Attorney General's Office to any resident who becomes involved in litigation as a result of the good faith performance of his/her assigned duties at the affiliated or approved hospitals and clinics.

In the event a Resident receives a subpoena or any other inquiry regarding a claim, they should notify their Program Director and contact the Office of Risk Services. Questions regarding professional liability coverage should be directed to the [Office of Risk Services](#) at rmcerts@uw.edu.

[Exemptions from Coverage](#): The professional liability coverage will not apply to actions, claims or proceedings arising out of acts taken in bad faith. The following are examples of types of conduct which will normally be deemed to have been taken in bad faith: the act was committed with the willful intention of causing injury or harm, or was reckless or malicious in nature; the act was committed in willful violation of law or University regulations; or the act was committed while under the influence of alcohol or a controlled substance (as defined in [RCW 69.50.101](#) as now or hereafter amended). (UW Policy: [Indemnification of University Personnel](#)).

- [Volunteer Activities](#): Coverage may not be provided for "volunteer" activities that are not approved by the Program Director and/or are not part of the training program. The Resident should consult with his/her Program Director for clarification of coverage for proposed volunteer activities in advance of undertaking such activities. Granting of coverage will be at the sole discretion of the Director of Risk Services.

- **Moonlighting:** Professional liability coverage is not provided by the University of Washington for external moonlighting activities, as these activities are outside the scope of the residency program. In general, the University of Washington will provide professional liability coverage for Internal Moonlighting activities at UWMC, HMC, and other employing entities that are an existing part of the University's professional liability program.

If the University is defending an action involving the Resident, whether the School or the Resident are or are not individually named as defendants, the Resident shall cooperate fully with the University and its counsel in handling or resisting the action, claim or proceedings. This obligation shall continue after the Resident leaves the residency program.

2. **Workers' Compensation:** The University of Washington's workers' compensation program is state-insured. The Washington State Department of Labor and Industries (L&I) manages all of the workers' compensation claims. University of Washington faculty, staff, and volunteers are insured for injuries or illnesses that occur while acting within the course and scope of their duties for the University of Washington (see [Administrative Policy Statement 14.1.4](#)), and includes coverage during any out of state rotations. Employees who are injured at work or who believe that their illness is related to their job can file an L&I claim through a physician's office, clinic, emergency room or hospital. Questions regarding workers' compensation and how to file a claim should be directed to the [Office of Risk Services](#) at (206) 543-3659 or gdawg@uw.edu.

C. Vacation Leave, Sick Leave and Other Leaves of Absence

Residents must comply with GME and program requirements for requesting and reporting the use of vacation, sick and other leaves of absence, as defined in the CBA. When the need/desire for the leave of absence is foreseeable, the request should be submitted at least thirty (30) days prior to the leave. When the need for the leave is unforeseeable, the request should be submitted as soon as possible.

Effects of Leave on Program Completion and/or Board Eligibility: The Program Director must provide residents with a written statement regarding the effect of leaves of absence, for any reason, on satisfying the requirements of their Residency Review Committee and/or Specialty Board for completion of a residency or fellowship program, as well as information relating to access to eligibility for certification by the relevant certifying board.

Coverage during Leave: It is the responsibility of the Program Director and the head of the clinical service to which the Resident is assigned to assure that appropriate coverage by colleague residents and/or faculty of the respective departments is provided as required during the Resident's leave of absence. In arranging such coverage, the principles of the RFPA and specific departmental policies concerning duty hours for residents shall apply.

D. Other Resident Resources and Services

1. **GME Wellness Service:** The UW [GME Wellness Service](#) is devoted to supporting a positive learning environment for residents and fellows, and to improve the quality of life for residents and their families. Counseling, therapy and referral services for residents dealing with specific concerns such as stress, anxiety, depression, burnout, relationship issues, grief/loss, and interpersonal conflicts are available for free, and are kept confidential. Referrals to behavioral health services when necessary are also provided. Services can be provided over the phone or via video conference for residents outside Seattle. Residents are also encouraged to discuss problems of either a personal or professional nature with their Chief Resident, Program Director, Program Administrator, Division Chief, Department Chair, or with personnel in the GME Office. In addition

to providing confidential counseling, the UW GME Wellness Services arranges community building events for residents, mindfulness-based stress reduction training, discounts for self-care appointments, and produces a weekly eNewsletter of local resources and activities for residents.

2. [Husky Card](#): The Husky Card is the official identification card for members of the UW community and is available to students, faculty, and permanent staff. The Husky Card serves as the UW library card, enrollment card for the U-PASS program, membership card for the Intramural Activities Building (IMA), and discount card to arts and sporting events. It also serves as the reimbursement card for the GME Meals Program. Residents are issued Husky Cards at the beginning of their UW appointment.
3. **Shuttles**: Residents are encouraged to use alternative transportation methods such as the [UW Shuttles](#) (includes Health Sciences Express, NightRide, South Lake Union and SCCA shuttle), the SCH, or [Fred Hutchinson Center shuttles](#) when commuting between clinical sites.
4. **U-PASS**: Residents are highly encouraged to sign up for the UW U-PASS program, which provides a variety of low-cost transportation options, including full fare coverage on Metro Transit and other local and regional buses, full fare coverage on light rail, free rides on the Night Ride shuttle service (local UW campus locations only), discount on Zipcar, car2go and Pronto, and discounts and special offers at many local businesses. Participation in the U-PASS program requires a valid Husky Card, which all residents receive.
5. **Security Escort Services**: Residents who would like a security escort to their parked car may contact the Public Safety Office at the applicable training site to request a public safety escort. At UWMC, contact Public Safety at (206) 598-5555; at HMC, contact the Security Dispatch Center at (206) 744-3193; at SCH call (206) 987-2030; at SCCA call (206) 288-1111; at Seattle VA, for non-emergent needs call ext. 62899 or 63113 from any internal phone, or present to the security front desk (near the ER); and at Boise VA call (208) 422-1122. Also available is the Husky NightWalk service (206) 685-WALK, which provides a UW security escort to anywhere within the UW campus.
6. **Sleep Quarters**: Residents are provided with sleep quarters at each participating site, that are safe, quiet, and private, in order to mitigate fatigue at any time during the day. Programs with call rotations may be assigned designated sleep quarters by the medical director's office at each hospital. Undesignated sleep quarters are assigned as follows: at UWMC in the Crow's Nest lounge (HSB B-Wing) and on the floors; at HMC in the Maleng Building skybridge and the main hospital; at SCH near the resident lounge; and at the VA-Seattle in buildings 1 and 100; and VA-Boise. Residents should contact the local site director for further information on sleep quarters at other training sites.
7. **Meals**: Residents must have access to healthy, appropriate food services 24 hours a day while on duty at all institutions. Meals will be provided to residents while serving at UWMC, HMC, SCH, and the VA under the following circumstances:
 - a. **UWMC and HMC**:
 - Residents on in-house call overnight shall receive reimbursement (posted to their Husky Card) for the cost of two meals (dinner and breakfast) on weekdays, and for the cost of three meals (dinner, breakfast and lunch) on weekends/holidays.
 - Residents/fellows working in-house 12 hours or longer shall receive reimbursement for the cost of one meal.
 - Residents/fellows on home call who are called back into the hospital for patient care duties will receive reimbursement for the cost of one meal.

- b. SCH: Meals are provided to residents when working a 12-hour day or night shift, when on a swing shift, and when on 24-hour in-house call, and must present their SCH badge to the cashier. See the [SCH Meals Policy](#) for details.
- c. VA: Fresh meals including soups and salads (as well as fruit, drinks, and other miscellaneous items) are provided for residents and fellows when on-call or when required to stay at the hospital after 7 p.m., when food services are not available.

Detailed information about the process at each hospital is further outlined in the Meals Policy.

VI. DUTY HOURS

Hours of duty will be established in compliance with the [Institutional Duty Hours Policy](#), the ACGME Duty Hours Standard, and specialty-specific Program Requirements. Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care (including any medical record charting completed at home), the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees and in interviewing residency candidates. Duty hours do not include reading, studying, and academic preparation time spent away from the duty site. In-house call is defined as those duty hours beyond the normal work day when residents and fellows are required to be immediately available in the assigned institution. For more information, see the [Glossary of Terms and Resources](#) on the duty hours standards on the ACGME website.

Program Policies: Each program shall maintain a program duty hour policy that meets the educational objectives and patient care responsibilities of the training program, and complies with duty hour limits according to ACGME requirements and the Institutional Duty Hours Policy. Residents may be assigned night rotation and weekend duties on a regular basis. The Program Director shall establish fair and reasonable schedules of hours of duty for residents, as well as adequate and defined off-duty hours. When a resident is assigned to a rotation in a department different from his/her parent department, the specialty-specific Program Requirements regarding duty hours, as well as the receiving program's duty hours policy, applies.

Fatigue Mitigation: Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation; educate all faculty members and residents in alertness management and fatigue mitigation processes; and adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. All residents are required to complete an online module on Fatigue and Sleep Deprivation via the UW Medicine LMS, or via an approved didactic on fatigue mitigation delivered to all residents by their program. Programs may provide additional training to housestaff, and must identify proper training methods for their faculty.

Compliance: Residents are required to report their daily duty hours in MedHub, and have access to two-week blocks for documenting their time for the prior and current weeks. Blocks are available on a one-week rolling cycle (Sunday – Saturday), after which residents will be locked out from reporting duty hours. Compliance with reporting requirements, as well as overall compliance with duty hour limits, will be monitored by the training program and by the GMEC on a monthly basis. Residents with repeated non-compliance with the reporting requirements are subject to the terms of the [Academic and Professional Conduct Policy and Procedures](#).

VII. PROGRAM REDUCTIONS AND CLOSURES

As specified in the [Program Reduction and Closure Policy](#), in the event of a UW GME program reduction or closure, or closure of the institution, UWSOM and the training program will work collaboratively to

ensure that residents currently enrolled in the program are able to complete their education within the program or will assist resident in enrolling into another ACGME-accredited program in which they may continue their education. UWSOM and the Program Director will consider such issues as transfer of funding and board-specific requirements of resident, and will make every attempt to phase out the program over a period of time to allow all residents currently in the program to complete their training. In all cases, UWSOM and the program will fulfill the terms of the current appointment (e.g., stipend, benefits) as described in this agreement and covered under the CBA.

Similarly, the UWSOM and the Program Director are responsible for ensuring continuity of the educational experience of residents in training programs in the event of a disaster. The plan for [Continuity of UW Graduate Medical Education and Administration in the Event of a Disaster](#) addresses how lines of communication will be administered, the temporary or permanent transfer of residents if necessary, and continuation of resident stipends and benefits.

VIII. SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION

University policy prohibits discrimination or harassment against a member of the University community because of race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, or veteran status; prohibits any member of the University community, including, but not limited to, academic personnel, staff, temporary staff, academic student employees, student employees, and students at all University campuses and locations, from discriminating against or unlawfully harassing a member of the public on any of the above grounds while engaged in activities directly related to the nature of their University affiliation; and prohibits retaliation against any individual who reports concerns regarding discrimination or harassment, or who cooperates with or participates in any investigation of allegations of discrimination, harassment, or retaliation under this policy, or any individual who is perceived to have engaged in any of these actions (see UW Policy: [Non-discrimination and Affirmative Action](#)). This policy further defines the following terms: discrimination, harassment, retaliation, sexual harassment, and veteran status.

Complaint Resolution: The University of Washington encourages prompt investigation and resolution of complaints about the behavior of its employees, as referenced in [UW Administrative Policy Statement \(APS\) 46.3](#), and encourages employees to seek resolution assistance regarding behaviors that include but are not restricted to: harassing, discriminatory or threatening behavior; violation of University policy; or mistreatment of members of the public. Residents who believe they are being harassed or discriminated against should seek help from their Program Director or Department Chair, and may also seek assistance from the GME Office. A comprehensive list of additional complaint resolution resources, if needed, is available through [UW Human Resources](#).

IX. PATIENT SAFETY AND COMPLIANCE CONCERNS

- A. Patient Safety Concerns: Each affiliated hospital has an online incident reporting tool, accessible from the hospital desktops, which should be used to report adverse events, near misses and unsafe conditions at the hospital. Residents should report any event or condition that could cause or has caused injury or illness to a patient, staff member, or visitor. These reporting tools generally provide real-time event notification to managers, faculty, and other identified subject matter experts. Incident report entries, and any follow-up, are part of each hospital's quality improvement programs and are subject to quality improvement privilege and confidentiality laws.
- B. UW Medicine Compliance Office: The [UW Medicine Compliance Office](#) is responsible for establishing institutional policy, standards and expectations pertinent to research, clinical billing, privacy, information security, employment, personal and environmental safety, purchasing, ethics and records

retention. The office provides safe mechanisms for reporting compliance concerns, including hotlines that enable anonymous reporting. Concerns may be reported confidentially to the Compliance, Privacy and Information Security Helpline at (206) 616-5248.

- C. [Grievance Policy and Procedure](#): Any controversy or claim arising out of an alleged violation of any subject covered in the RFPA, excluding items covered under the Academic and Professional Conduct Policy and Procedure, may be addressed through the Grievance Policy and Procedure. Claims related to terms and conditions addressed in the CBA can be grieved according to the process outlined within Article 7 of the collective bargaining agreement.

X. AMENDMENTS

Amendment to this policy for the following academic year shall be approved by GMEC and the Dean by January 15th.

In the event of unforeseen or critical circumstances, the Dean may propose alterations of this policy. Such alterations will be referred to the IRFAC and GMEC for consideration prior to implementation. Critical or unforeseen circumstances shall be generally defined as grave, pressing, and/or unusual circumstances of sufficient import and urgency as to necessitate the modification of this policy in a manner which could not reasonably be construed as arbitrary or capricious. The Housestaff Advisory Committee (HAC) will be notified as soon as possible for their comment and input regarding such unforeseen or critical circumstances.