

**UW Medicine**  

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**GRADUATE  
MEDICAL EDUCATION**

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

**RESIDENCY AND FELLOWSHIP POSITION APPOINTMENT  
2018-2019**

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## 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 primary objective of the training programs is education. 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 at training sites in which residents and fellows are assigned. Wherever possible, a hyperlink to the complete policy or resource is provided.

This RFPA is not the only governing document for residents’ and fellows’ appointments at the University of Washington. 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 here. The CBA (see [UWHA Contract](#) on UW Labor Relations website) covers salaries/stipends, benefits, and working conditions including: childcare, leave, moonlighting, professional development, licensing, and transportation. In the event of any inconsistency in subjects covered in the CBA and RFPA, the CBA will supersede the RFPA. The GME Office also maintains several policies and procedures that govern residents’ and fellows’ employment during training. These can be found on the [GME Policies and Procedures](#) page.

## 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) board recognized, 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 codes: Resident (Job Code 10328), Resident/Senior Fellow Trainee (Job Code 10328/10442), Fellows (Job Code 10439), Fellow/Senior Fellow Trainee (Job Code 10439/10442) and Chief Residents (Job Code 10329). Residents working at the UW but employed and paid by an outside entity are subject to certain (but not all) terms of the RFPA. Questions about these terms should be directed to the GME Office.

- 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 or CODA, 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 clinical and educational work 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 Graduate Medical Education Office (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 salary/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 Program Evaluation (APE), Clinical Learning Environment Review (CLER) reports and all quality improvement activities; and processes related to reductions and closures of 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 ACCESS AND REASONABLE ACCOMMODATION

The University of Washington is committed to providing equal access in its services, programs, activities, education and employment for individuals with disabilities (see [UW Administrative Policy Statement 46.5: Policy on Reasonable Accommodation of Employees with Disabilities](#)). Residents and fellows who have a disability and require an accommodation may request to the [UW Disability Services Office](#). In the event that such an accommodation is requested, the UW Disability Services Office will work with the GME Office and the program, or the program will notify the GME Office of the request in order to facilitate a reasonable accommodation.

### 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 Deans 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 program<sup>1</sup>, 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.

Applicants must further meet [specialty-specific eligibility](#) requirements for prerequisite training for initial entry or transfer into ACGME-accredited residency and fellowship programs.

For CODA-accredited dental residency programs, eligible applicants must be graduates from:

1. Pre-doctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
2. Pre-doctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
3. International dental schools that provide equivalent educational background and standing as determined by the program

- B. **Appointment and Credentialing:** The Resident agrees to comply with appointment and credentialing requirements, as outlined in the [Resident and Fellow Appointment and Credentialing Policy](#), both at initial appointment and annually during reappointment. 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. **eLearning:** Residents are required at initial appointment and annually to complete a series of [eLearning modules](#) in the UW Medicine Learning Management System (LMS). These modules address ACGME, state, federal, UW Medicine Compliance, and resident as teacher training requirements.
- D. **Resident Orientation:** Residents who are new to a UW GME training program are required to attend an in-person UW Medicine Orientation. 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).

**Orientation Compensation:** Residents will be paid a daily rate appropriate to their 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

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

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.

- E. **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. Please see the [UW Inclement Weather Policy](#) and the [UW Suspended Operations Policy](#). 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.
- F. **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. **Resident/Fellow Remediation Policy and Grievance Procedure:** Process and appeals related to academic matters are governed by the Resident/Fellow Remediation Policy and Grievance 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 Resident/Fellow Remediation Policy and Grievance 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.  
  
The process described in the Resident/Fellow Remediation Policy and Grievance Procedure is the exclusive means of review of academic actions within the UWSOM, and is designed to ensure that actions that 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.
  2. **Licensing Policy:** All residents must hold an active Washington state provider license (or Idaho permit for Boise-based residents). 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. Residents 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. Residents may be reimbursed by programs for the payment of license fee as outlined in Appendix IV of the CBA.
  3. **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 national licensing examinations by a given training year. USMLE 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 USMLE or COMLEX 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 USMLE or COMLEX Step 3 prior to commencement of training. Residents may be reimbursed for examination fees as outlined in Appendix III of the CBA.

Residents enrolled in CODA-accredited dental residency training programs must have successfully passed the National Board of Dental Examinations (NBDE) Part I and Part II and any other applicable licensing exams (written or clinical) as defined by the training program.

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). Residents who engage in outside professional activities (e.g., external moonlighting) 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 Washington Administrative Code [WAC 246.16.200](#). This reporting requirement applies to anyone concerned that a resident may be impaired. Proof 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.
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 [Corrective Actions COMP .006](#). All UW Medicine Compliance Policies are located at: <http://depts.washington.edu/comply/policies/>.

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.

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. 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 and UWSOD have 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 Policy on Professional Conduct](#): UW Medicine is committed to high standards of professionalism in patient care, research and education among our faculty, staff, residents,

fellows, and students. Professionalism is integral to our mission of improving health, and includes demonstrating excellence, respect, integrity, compassion, altruism, and accountability in all endeavors and creating an environment supportive of diversity in ideas, perspectives and experiences. All individuals in our UW Medicine community are responsible for creating an inclusive environment where every person is valued and honored.

All members of the UW Medicine community are expected to conduct themselves in a professional and ethical manner with colleagues, patients, and the public. Leaders in our community are expected to model, promote, and advocate for a strong and visible culture of professionalism.

11. [SOD Code of Professional Conduct](#): The Code of Professional Conduct is a set of principles that has been developed to ensure that all students (graduate students and residents included), staff, faculty, and volunteers in the School of Dentistry share a collective responsibility for maintaining the highest ethical standards and professional conduct in their relationships with each other and with patients.
12. [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.66).
13. [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.
14. [UW Medicine Social Networking Policy](#): 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 blogs, social networks, professional networking sites, video/audio/photo sharing, social bookmarking, public comment sections on webpages (e.g., online news sites) user created web pages, and any other internet-based social media application similar in purpose or function to these tools.
15. [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. 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.

16. Evaluations of Competence: As defined in the [Resident and Fellow 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.
17. 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.
18. Resignations: 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 Code 10328), Fellows (Job Code 10439), and Chief Residents (Job Code 10329) 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 receive salaries/stipends under training grants and who hold a title of Senior Fellow Trainee (Job Class 10442). UWSOM also provides a number of benefits that are unique to residents, which are included in Section V.D below. 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) 543-4444 for questions regarding UW benefits outlined below in Section A.

Residents required by their program to participate in overnight call or to perform other duties related to their residency program past midnight on their last night of service will receive pay and all benefits (including health insurance, professional liability coverage and workers' compensation) for hours worked past the end date of their appointment agreement.

#### 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 salary/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 1<sup>st</sup>. 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 or employer. Refer to the [UW Benefits](#) section on the UW Benefits website for a list of alternate options.
2. UW Retirement Plan (UWRP): Residents appointed at least 50% FTE in an eligible job title, which includes Residents (Job Code 10328), Fellows (Job Code 10439), and Chief Residents (Job Code 10329) 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 Code 10442) 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, [lactation room resources](#), 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 and international 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](mailto: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 [medical volunteer activities](#) that are not approved in advance by the Program Director and the GME Office. 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 approved 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 defending 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 [UW Administrative Policy Statement 14.1.4: University Risk Management and Insurance Programs](#)), and includes coverage during any out of state and international 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) 543-6744 or [claims@uw.edu](mailto:claims@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 effects of leaves of absence, for any reason, on satisfying the requirements of their training program and Board eligibility.

**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 clinical and educational work hours for residents shall apply.

**Extended Leave:** Except for extended military service leaves, approved leaves of absence without pay should not exceed twelve (12) months in duration. Extensions of leaves beyond the twelve (12) month limitation must be approved by the GME Office.

### D. Other Resident Resources and Services

1. **GME Wellness Service:** The [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 GME Wellness Services arranges community building events for residents, mindfulness-based stress reduction training, and other activities.

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 available transportation methods such as the [UW Shuttles](#) (includes Health Sciences Express, NightRide, South Lake Union, and SCCA shuttle), the SCH shuttles, 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 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. [Emergency/Safe Ride Home Program](#): If a situation arises where a resident is unable to safely get home at the end of or during his/her shift due to extreme fatigue, illness or the late hour, the resident may use the Emergency/Safe Ride Home Program. This program would provide transportation to the resident's place of residence via taxi from an approved training site. The GME Office will reimburse 100% of the meter fare (does not include tip) under eligible circumstances as defined in the policy.
6. [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.
7. [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. Residents should contact the local site director for further information on sleep quarters at other training sites.
8. [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.

## VI. CLINICAL AND EDUCATIONAL WORK HOURS

Hours of duty will be established in compliance with the [Institutional Clinical and Educational Work Hours Policy](#), the ACGME Clinical Experience and Education requirements, and specialty-specific Program Requirements. Clinical and Educational Work Hours are defined as all clinical and academic activities related to the training program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care such as completing medical records, ordering and reviewing lab test, and signing orders. This also includes time spent doing clinical work while on home call, moonlighting activities, and other scheduled activities, such as conferences. Clinical and Educational work hours do not include reading done in preparation for cases, studying, and research done away from the duty site. In-house call is defined as those work hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Program Policies: Each program shall maintain a program work hours policy that meets the educational objectives and patient care responsibilities of the training program, and must comply with work hour limits according to ACGME requirements and the Institutional Clinical and Educational Work Hours Policy.

Fatigue Mitigation: Programs must educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation. All residents are required to complete an online module on Fatigue and Sleep Deprivation via the UW Medicine LMS, or other GME-approved training arranged by their department, which will fulfill this training requirement.

Compliance: Residents are required to report their daily work 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 work hours. Compliance with reporting requirements, as well as overall compliance with work hour limits, will be monitored by the training program and by the GMEC on a monthly basis.

## 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/UWSOD 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 the residents in enrolling into another ACGME or CODA-accredited program in which they may continue their education. UWSOM/UWSOD and the Program Director will consider such issues as transfer of funding and board-specific requirements of residents, 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/UWSOD and the program will fulfill the terms of the current appointment (e.g., stipend, benefits) as described in this agreement and in the CBA.

Similarly, the UWSOM/UWSOD 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 (see [UW Executive Order No.31: Nondiscrimination and Affirmative Action](#)) 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. 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 (see [UW Administrative Policy Statement 46.3: Resolution and Complaints Against University Employees](#)), 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 anonymous Compliance Hotline 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 [Resident/Fellow Remediation Policy](#)

[and Grievance 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 15<sup>th</sup>.

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.