

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

**RESIDENCY POSITION APPOINTMENT  
2008–2009**

**I. PREAMBLE**

The primary purpose of the appointment of resident physicians is the completion of a graduate training program in accordance with the current accreditation standards established by the Accreditation Council for Graduate Medical Education (hereafter referred to as “ACGME”).

**II. PARTIES SUBJECT TO THIS POLICY AND THEIR RESPONSIBILITIES**

This policy applies to the individual residents training in accredited programs sponsored by the University of Washington School of Medicine (hereafter referred to as “UWSOM”) and to the UWSOM itself.

- A. The Resident will provide compassionate, timely and appropriate patient care and agrees to serve the training sites and their patients; to accept the duties, responsibilities, and rotations assigned by the Program Director or his/her designee; to abide by the rules and regulations of the hospitals and clinics to which he/she is assigned to the extent these are not inconsistent with this policy; to conduct himself/herself ethically and professionally in keeping with his/her position as a physician; and to abide by the conditions and general responsibilities outlined below.
- B. The UWSOM shall be responsible for providing faculty supervision of the graduate medical education programs. This responsibility shall include the definition of education program content, evaluation of educational program quality, and evaluation of individual residents’ clinical training and performance. Additionally, the UWSOM agrees to perform a series of administrative and educational functions for the benefit of the residents and of the affiliated hospitals and clinics. These include issuing stipend checks; providing an office and personnel for the administration of the program; maintaining residents’ records; administering the benefits outlined below; and providing mechanisms for coordination of the program among the affiliated hospitals and clinics, the UWSOM, and the various clinical services.
- C. The UWSOM, as the Sponsoring Institution, has established the Graduate Medical Education Committee (hereafter referred to as “GMEC”). The GMEC is chaired by the Designated Institutional Official (DIO) and is composed of GME administrators, program directors, faculty, residents and fellows. Nine (9) residents and/or fellows sit on the GMEC, including the UW Housestaff Association President, appointed Chief Medicine, Surgery, Psychiatry and Pediatrics Residents and four (4) peer-elected residents and/or fellows. The GMEC is responsible for monitoring and advising on all aspects of residency and fellowship education, including the establishment and implementation of policies and procedures regarding the quality of education, work environment, duty hours, supervision, general competencies, stipends, benefits, etc. The GMEC is also responsible for conducting internal reviews of all programs to assess compliance with the ACGME’s institutional and program requirements, and for monitoring action plans for the correction of concerns and areas of noncompliance found by the ACGME.

Additionally, the Institutional Resident/Fellow Advisory Committee (hereafter referred to as “IRFAC”), which is composed of eight (8) residents and fellows and eight (8) faculty, is a subcommittee of the GMEC that advises on policies relevant to resident and fellow appointment and education. These policies include but are not limited to stipend, fringe benefits, working conditions, supervision, duty hours, grievance and termination procedures, quality of patient care, and the particulars of Residency Position Appointment (RPA) and Fellowship Position Appointment (FPA).

- D. The affiliated hospitals and clinics have agreed through their Graduate Medical Education Affiliation Agreement to provide on an annual basis, funds for those stipends to which they commit themselves;

funds and/or services for the support of the Resident fringe benefit program and due process mechanism referred to hereafter; funds for administration of the graduate medical education program; and educational and clinical opportunities.

- E. The UWSOM and the affiliated hospitals and clinics will assure the availability of appropriate, economical, and nutritional meals; rest and sleeping quarters; security for personal belongings; and support facilities conducive to the educational process. The affiliated hospitals and clinics have agreed to provide clean and adequately lighted-for-study on-call rooms with available bathroom facilities. There shall be a sufficient number of on-call rooms so that residents on-call may sleep and have a secured storage area for books and clothing.

### III. CONDITIONS FOR APPOINTMENT & REAPPOINTMENT

Annually, the affiliated hospitals and clinics and the UWSOM shall agree on the number of positions to be offered and their allocation by specialty and resident training level. Each of the affiliated hospitals and clinics shall agree on the number of these positions it will support. Within this authorization, the chief of each clinical service and the respective Department Chair shall make recommendations for appointments to the Dean of the UWSOM (hereinafter referred to as the "Dean"). Initial appointments at the R-1 level will be offered within the framework of the National Resident Matching Program and will be subject to the acceptance of the Resident. No appointment will be for more than twelve (12) months.

The Department Chair, with the support of the UWSOM and the affiliated hospitals and clinics, shall provide clinical programs of sufficient quality and duration so that resident physicians who successfully complete the offered training program will be qualified to sit for specialty board certification and examinations. This provision assumes that all training program activities will be conducted within the guidelines of external agencies that evaluate and accredit training programs and hospitals. The obligation to train individual physicians in the practice of their specialties includes the provision of inpatient and outpatient settings in which the specialty may be practiced; the provision of equipment and other facilities for the care of patients; the provision of supervision, feedback and evaluation of professional work of the trainees by faculty members of the UWSOM and the affiliated institutions; and the provision of didactic experiences to supplement practical clinical experiences in the manner determined by the Department as appropriate for each individual graduate training program and trainee. If the Resident's performance evaluation indicates unsatisfactory performance in any aspect of the program, the Program Director may require the Resident to have a personal evaluation by a recognized resident counselor as a condition of further participation in the program.

Residents must be in attendance as required by their duty/training schedule. Residents are also required to attend the one-day UW Medicine orientation and to complete all online training modules (including but not limited to HIPAA, Infection Control, and Patient Safety/Risk Management) prior to the commencement of their clinical duties. Residents will be paid a single daily rate appropriate to the level of training to attend the UW Medicine orientation. Residents may also be expected to attend a pre-appointment orientation sponsored by the individual program. The length of the program-sponsored orientation will vary depending on the residency program. Compensation for the program-sponsored orientation may be provided in pay or in paid days off throughout the year equal to the number of required program orientation days.

Residents must also comply with leave of absence request protocols as delineated in Section VI. Residents may be assumed by the UWSOM to have resigned their appointment if they fail to comply with leave of absence request protocols or if they take unapproved leaves of absence. If by his/her actions, the Resident is assumed to have resigned his/her appointment, the UWSOM, through the relevant Department Chair will notify the Resident in writing of the assumption of resignation.

As a part of his/her appointment, the Resident will be expected to actively participate in the care of all types of patients who may present at the hospital or clinic to which he/she is assigned, including patients of designated individual physicians whom the Resident will be expected to assist. In addition, the Resident will be expected to take an active role in the instruction of medical students and/or other hospital personnel.

Residents must comply with UW GME policies and procedures, as well as the policies and procedures of the primary teaching sites and affiliated institutions, which include but are not limited to the Medical Licensure Policy, Drug Enforcement Administration (DEA) Licensure Policy, Outside Professional Activities and Moonlighting, and Physician Impairment and Substance Abuse, and Immunization Policy. Complete policies may be found on the GME website located at [www.gme.washington.edu](http://www.gme.washington.edu).

- A. Medical Licensure Policy:** Medical licensure for all residents is required by the UWSOM. The appointment of the Resident is conditioned upon his/her compliance with this policy. The responsibility of obtaining and maintaining medical licensure is that of the Resident and will be assisted by the residency program and the Office of Graduate Medical Education (hereinafter referred to as "GME Office"). Failure to comply with the licensure requirements set forth in the Licensing Policy may result in the rescission of the Resident's appointment by the UWSOM and withdrawal of Resident's privileges, stipends, and benefits.
- B. Drug Enforcement Administration (DEA) Licensure Policy:** Residents who write prescriptions are required to register for an individual DEA license. Licenses may be obtained on a fee-exempt basis while in training in a UW GME training program; however, such licenses 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 application fee is limited to federal, state or local government operated hospitals, institutions and officials. Residents who engage in outside professional activities (e.g., moonlighting) may be required to obtain an additional fee-exempt license or an individual paid DEA license and may not use their UW issued fee-exempt license for this purpose.
- C. Outside Professional Activities and Moonlighting:** Neither the UWSOM, nor any of its training programs, require moonlighting. Rather, such activities are discouraged, believing in general that the time and effort required for training is a full-time endeavor that should be the Resident's highest priority at all times. Accordingly, Program Directors and the Associate Dean for Graduate Medical Education may not approve moonlighting activities which could, in any way, interfere with the Resident's approved training program responsibilities. In addition, moonlighting is generally not permitted within UWMC, SCCA, HMC or the clinics associated with these institutions. Nevertheless, in certain circumstances and with prior approval, residents may engage in moonlighting activities outside the scope of their training program. The Program Directors and the Associate Dean for Graduate Medical Education may withdraw an approval at any time, if he/she determines that the Resident is not in compliance with the conditions of approval or that it appears that the moonlighting activities are interfering with the Resident's approved training program.
- D. Physician Impairment and Substance Abuse:** To try to minimize the incidence of physician impairment and substance abuse, Programs will educate residents about physician impairment, including problems of substance abuse, its incidence and nature and risks both to the involved individuals and patients. Education will include knowledge concerning signs and symptoms of impairment, emphasizing detection of abnormal behavior associated with use of psychoactive drugs and alcohol abuse. To the extent that its resources allow, the Washington Physicians Health Program will provide individual counseling both to supervisors and to individuals in need. In the latter case confidentiality will be preserved to the extent possible. For both new residents with a history of impairment and current residents who experience impairment and/or for whom evidence of substance abuse exists, evaluation will be performed under the auspices of the Physicians' Assistance Committee on an ad-hoc basis by the GME Office and in consultation with the appropriate Medical Directors from the affiliated hospitals. A typology may be used to assist in determining appropriate care and monitoring.
- E. Immunization Policy:** All residents must have documented proof of current immunization and/or positive serology against Measles, Mumps, Rubella, Varicella, Tetanus and Diphtheria. (A disease history may be substituted for mumps and chickenpox. If born before 1957 an exemption is given for mumps). Hepatitis B series vaccination is highly recommended for all residents who are likely to have exposure to blood and body fluids in the workplace. Documentation of the series and/or serology results is required. Residents who do not wish to be vaccinated are required to fill out a Hepatitis B

waiver. In addition, all residents must provide documentation regarding his/her current TB testing/status.

Each resident shall be provided with:

- Access to evaluations of their performance on each rotation in the individual's training program. In addition, the Program Director (or his/her designee) shall, from time to time, discuss with each resident his/her overall progress toward the educational objectives set by the Resident's training program. Such discussions shall occur on at least a semiannual basis and shall be in compliance with the applicable Residency Review Committee requirements.
- The current accreditation status of the individual's training program.
- A copy of the current UWSOM stipend schedule. (May not apply to residents who receive stipends under training grants and who hold a title of Senior Fellow Trainee.)
- A copy of this policy and other publicly available information regarding the training program or affiliated institutions on request.

Each resident applicant and each resident who is a candidate for reappointment will be informed of any anticipated substantive change in the program to which s/he is applying (e.g., probational status of accreditation, anticipated extensions of training time).

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.

If the UWSOM determines that it is necessary to reduce the size of a residency program or to close a residency program, currently appointed residents will be notified of the decision as soon as possible. Every reasonable effort will be made to allow currently appointed residents in good academic standing to complete their education. If this is not possible, every reasonable effort will be made to assist these residents in identifying a program in which they can continue their education.

It is clearly understood that the major objective of the graduate medical education program is education and it will be administered throughout the UWSOM by the respective clinical Department Chair and Residency Program Director with the educational needs of trainees foremost in mind. Residents will not be required to sign a non-competition guarantee as a condition of appointment.

#### **IV. DUTY HOURS**

Hours of duty will be established in compliance with the Institutional Hours of Duty Policy and all hours of duty requirements as mandated by the ACGME Duty Hours Standard. Any exceptions to this policy shall be made with approval of the GMEC and appropriate Residency Review Committee (RRC) and shall be reviewed annually.

- A. Residents may be assigned night rotation and weekend duties on a regular basis. The Program shall establish fair and reasonable schedules of hours of duty for residents, as well as adequate and defined off-duty hours.
- B. Each Program shall maintain a policy on hours of duty (referred to in this policy as "Hours of Duty Statement") that is in keeping with the educational objectives and patient care responsibilities of the Residency training program. The Hours of Duty Statement shall also outline how the program meets and monitors the RRC program requirements regarding Hours of Duty.
- C. Each Program is required to track duty hours using VerinformRM. For most programs, residents are responsible for updating their daily duty hours in VerinformRM on a weekly basis. Programs in substantial compliance with the ACGME Duty Hours Standard (e.g., less than 70 hours per week on average and have no violations of other aspects of the standard) may monitor duty hours via end-of-rotation duty hour surveys in lieu of daily tracking. Duty hours will be monitored by each Program and

by the GMEC on a regular basis. Programs with substantial violations will be required to report to the GMEC on how it is addressing the duty hours problems.

- D. When a resident is assigned to a rotation in a department different from his/her parent department, the guidelines of that department apply.

## V. STIPENDS

The Resident will be paid a stipend to assist in defraying the cost of his/her training. Stipends are generally paid according to the UWSOM stipend schedule, which is determined annually by the University of Washington in consultation with the GMEC, the IRFAC and the affiliated hospitals. Factors that are considered in determining the UWSOM stipend schedule include but are not limited to the institutional budget, most recent available changes in the cost of living in King County, and the need to remain competitive with the stipends paid to trainees in hospitals under common ownership with a University. Residents will be paid according to the training year in which they are participating in a UW GME training program, and will receive a stipend increase for each additional year of ACGME training. Residents in any given level of training will be reimbursed at the same rate, and there will be no differentials among the various specialty fields.

The UWSOM stipend schedule may not apply to residents who receive stipends under training grants and who hold a title of Senior Fellow Trainee (Job Class Code 0442). Federal taxation rules may also vary for residents paid under training grants, as stipends paid through training grants are generally not subject to various Federal taxes, including FICA and Medicare taxes.

All stipends and the UWSOM stipend schedule will be effective for periods not to exceed twelve (12) months, unless otherwise approved by the GME Office. Additional compensation will be provided for the UW Medicine orientation, as noted in Section III above.

## VI. FRINGE BENEFITS

The fringe benefit program outlined below is specifically designed for residents and will be uniform for all residents. It will be administered through the UWSOM. Regardless of funding source, the benefits outlined below apply to all eligible residents. More information about each of these benefits may be found on the GME website located at [www.gme.washington.edu](http://www.gme.washington.edu) or by contacting the UW Benefits Office.

- A. Medical, Dental, Basic Life and Long-Term Disability Insurance Benefits:** Residents appointed at least 50% 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 & dismemberment insurance, and basic long term disability (LTD) insurance. Eligible residents may choose one of seven medical insurance plans for which the University and the Resident share the cost of insurance premiums. Eligible residents may also choose one of three dental insurance plans for which the University pays the entire insurance premium. This package also provides for optional additional life, accidental death & dismemberment, and disability insurance that may be purchased by the individual. Basic insurance benefit coverage is effective for eligible residents on the 1<sup>st</sup> day of the month following their date of appointment, or on the first day of appointment for those starting on the 1<sup>st</sup> of the month, and is effective through the end of the last month of appointment.
- B. Counseling Services:** Residents are encouraged to discuss problems of either a personal or program nature with their Chief Resident, Program Director, Division Chief, Department Chair, or with personnel in the GME Counseling Office. In the event a Resident desires to have professional counseling, the Director of Counseling will seek to assist the Resident in adjusting to the demands of their residency. The goal of the Counseling Office is to restore, maintain, or improve the quality of life for residents and their families by providing a variety of services to residents of the UWSOM including assessment, referral, and counseling with individuals, couples, families and groups.

- C. UW Retirement Plan (UWRP)<sup>1</sup>:** Residents appointed at least 50% in an eligible job class, which includes Residents (Job Code 0328) and Chief Residents (Job Code 0329), for a minimum of six consecutive months are eligible to participate in the UW Retirement Plan (UWRP). Residents who receive a stipend under a training grant and who hold a title of Senior Fellow Trainee (Job Code 0442) together with another title are ineligible to participate in the UWRP under that title. Eligible residents may start participating in the UWRP on their first day in a UWRP-eligible appointment. The UW helps residents save even more for retirement by providing 100% matching funds to the resident's own contributions. Both the UW and the resident's contributions are immediately vested, and the plan is 100% portable when the resident leaves the UW.
- D. Voluntary Investment Program (VIP):** Residents may participate in the Voluntary Investment Program (VIP), a tax-deferred retirement savings plan, operating under Section 403(b) of the Internal Revenue Code (IRC). Deductions are made the resident's gross salary before taxes are calculated, so less tax is paid now, and contributions and earnings grow tax-deferred until the resident requests a distribution. There are four fund sponsors available through the VIP, and program participants may choose their contribution amount (up to the defined limit).
- E. Educational Meetings:** As part of their Residency training, residents may be authorized to attend educational meetings at the discretion of their Department Chair or his/her designee.
- F. Parking:** The availability of free parking varies by service location. Residents who choose to drive to their assigned training site may be required to pay for parking. Residents who are required to travel to a second training site in the same day in order to attend conferences, education and administrative meetings, clinic, or to provide call coverage will be provided with pre-paid parking at the second site or will be reimbursed by their program within two months of submitting a receipt for parking at the second site. Residents are encouraged to use alternative transportation methods such as the Health Sciences Express Shuttle.
- G. Meals:** Meals will be provided to residents while serving at a given hospital under the following circumstances:
- Residents required to be on in-house overnight call shall receive dinner or late evening meal, and breakfast, and shall receive lunch if the Resident is on-call during a weekend or holiday.
  - Residents who have been on duty a full day who must remain in the hospital additional hours past 7 p.m., but who leave later in the evening shall receive dinner.
  - Residents who normally take night call from home but who are called back to the hospital for patient care duties will receive meals on those occasions as described in sections 1 and 2.
  - Hospitals may provide compensation for meals if meals are not provided. Compensation must be provided to the Resident within a period of two months of reimbursement request. Requests for reimbursement of meal charges need to be made within a period of two months from the date such charges occur. Compensation levels will be based on the average cost of the various meals at the hospital's cafeteria and hence may vary among institutions. These levels will increase in proportion to the increases in the cafeteria's price schedules. Each hospital will review its compensation levels annually and adjust them as necessary.
- H. Uniforms and Laundry of Uniforms:** If the Resident is required to wear a standard uniform the first year, the Resident will be provided with up to five (5) sets of uniforms at the affiliated hospital to which they are initially assigned. Replacement of uniforms will be the responsibility of the Resident. Laundry services for uniforms will be provided in accordance with the policies and practices of the Resident's assigned department and existing hospital assignment.
- I. 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.

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<sup>1</sup> Subject to approval by UW Board of Regents.

**J. Medical Flexible Spending Account (FSA):** Residents are eligible to establish an FSA, which is an IRS-approved, tax-exempt account that saves the account holder money on eligible medical expenses. Money deposited each pay period into a flexible spending account is deducted from the account holder's gross pay before taxes are calculated. These funds are exempt from both federal income and Social Security and Medicare taxes. As the account holder incurs eligible medical expenses, withdrawals may be made from the FSA. Establishing a Medical Expense FSA will save valuable tax dollars on eligible medical expenses.

**K. UW CareLink:** Residents may use the UW Carelink assistance program, which provides confidential counseling services, legal and financial services, and critical incident assistance and debriefing.

- **Counseling Services:** In-person assessment and short-term confidential counseling is available for a variety of issues such as: stress, drug/alcohol problems, work-related problems, family and relationship issues, grief, and depression or parenting concerns. There is no cost to the resident for up to three CareLink sessions per concern. Referral to additional resources may be made after in-person counseling.
- **Legal and Financial Services:** Free 30 minute telephone or in person consultation with local attorney is available for personal/family services, real estate, IRS issues, etc. Residents may receive a 25% reduction in fees if a network attorney is retained.
- **Critical Incident Assistance and Debriefing:** Assistance available in the case of a critical incident, which could include a coworker's serious illness, death or suicide, a threatening or violent incident in the work setting, or a natural or manmade disaster.

#### **L. Leaves of Absence**

Residents must comply with the requirements for submitting a request for leave of absence. When required, a request for leave of absence must be submitted to the Program Director on the UWSOM GME Leave Request form. 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 practical. 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 program. Should any approved leaves compromise the necessary time for certification, the Resident will be allowed to receive additional training sufficient to meet certification requirements. During such additional training, the Resident will continue to receive salary and fringe benefits at the level of the year of training the Resident is completing. More information may be found on the GME website located at [www.gme.washington.edu](http://www.gme.washington.edu).

Residents may be eligible for family medical leave under the Family Medical Leave Act. To be eligible, a Resident must have a record of twelve (12) months cumulative State service and have been on duty 1250 hours during the twelve (12) months immediately preceding the family medical leave. Twelve (12) weeks leave of absence without pay shall be granted for the following reasons:

- Because of the birth of a son or daughter of the Resident and in order to care for such son or daughter.
- Because of the placement of a son or daughter with the Resident for adoption or foster care.
- In order to care for the spouse or registered domestic partner, or a son, daughter, or parent, of the Resident, if such spouse or registered domestic partner, son, daughter, or parent has a serious health condition.
- Because of a serious health condition that makes the Resident unable to perform the functions of his/her position.

Eligible residents may request a family medical leave of absence without pay not to exceed twelve (12) weeks during any twelve (12) month period. The twelve (12) month period begins on the Resident's appointment date (typically June 25). The leave for childcare must be taken within the first twelve (12) months of birth, adoption or placement. When medically necessary, family medical leave may be taken intermittently or on a reduced leave schedule. Requests for such leave shall, when practical, be made to the Program Director at least thirty (30) days before the leave is to begin.

Family medical leave will be unpaid unless a resident elects to use vacation or sick leave to the extent the circumstances meet the requirements for such leave. During this period of leave, the University shall maintain basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance co-payments. These provisions are intended to be in compliance with family leave laws as currently enacted or in the future amended.

### 1. **Vacation Leave**

All residents will receive twenty-one (21) days of paid vacation per year at the start of each one (1) year appointment period to be broken down as fifteen (15) business days and six (6) weekend days per twelve (12) month appointment. Residents on duty less than full time will receive vacation leave credit on a pro rata basis. Residents on duty less than a fifty (50) percent basis are not eligible to receive and/or use vacation leave. Vacation leave need not be taken in one block of time. Unused vacation leave shall lapse at the expiration of each appointment period.

All vacations will be scheduled with the approval of the head of the clinical service of which the Resident is a member and will be subject to the University and respective departmental regulation. It is the responsibility of the appropriate Residency Program Director to coordinate and communicate the planned vacation and leave schedules with each affiliated hospital and clinic that may be affected.

**Coverage During Leave:** It is the responsibility of the head of the clinical service to which a resident is assigned and of the Residency Program Director to assure that colleague residents of the respective departments cover for one another during a Resident's leave of absence. In arranging such coverage, the principles of the Resident Position Appointment and specific departmental policies concerning hours of duty for residents shall apply. In unusual and rare circumstances, these principles may be waived by mutual consent of both Resident and the Department.

### 2. **Sick Leave** (UWSOM GME Leave Request Form required for five (5) or more consecutive, calendar, sick leave days)

All Residents will receive seventeen (17) days of paid sick leave at the start of each one (1) year appointment period that will be broken down as twelve (12) business days and five (5) weekend days. Residents on duty less than a full time schedule shall receive sick leave credit on a pro rata basis. Residents on duty less than a fifty (50) percent basis are not eligible to receive and/or use sick leave. If sick leave credit is not used by the end of the term of the appointment, the Resident may apply the accumulated credit to a consecutive, subsequent appointment period within the UWSOM residency program. The Resident may also transfer accumulated sick leave when the Resident is appointed to another UWSOM residency or fellowship program. Accumulated sick leave credit that is not transferable shall lapse and is not compensable at the completion or expiration of the appointment to the Residency program. Sick leave may be used for the following:

- Personal illness, disability or injury including disability due to pregnancy or childbirth.
- Care for a child under 18 years of age with a health condition that requires treatment or supervision.
- Health care appointments.
- Care for a spouse, registered domestic partner, or parent with an illness, injury, or serious health condition.

### 3. **Emergency Leave** (UWSOM GME Leave Request Form required for five (5) or more consecutive, calendar, emergency leave days)

Residents shall be granted up to three (3) days of paid leave, with one additional day if significant travel is required, for bereavement and, with the approval of the Program Director subject to prior

approval of the Dean, up to four (4) days of unpaid leave for other emergent stresses as necessary (e.g., serious illness of a family member). This leave without pay may be extended for an additional three (3) days, and in extraordinary circumstances leave without pay may be further extended, with the approval of the Program Director subject to prior approval by the Dean. The Resident will inform the Program Director as soon as possible of the need for emergency leave. As soon as possible upon return, the Resident will indicate his/her reasons for emergency leave in writing to the Program Director for the record.

**4. Pregnancy and Childbirth Leave** (UWSOM GME Leave Request Form required)

A Resident shall be provided pregnancy and childbirth leave for the period of time that she is sick or temporarily disabled because of pregnancy or childbirth. Pregnancy and childbirth leave will be unpaid unless the Resident elects to use vacation leave or sick leave. Pregnancy leave may run concurrently with family medical leave provided in Part G, if available. During the period of the pregnancy and childbirth leave that the Resident is eligible for family medical leave, the University shall maintain the basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance co-payments. During the period of the pregnancy and childbirth leave that the Resident is not eligible for or does not elect to use family medical leave, and the Resident does not have vacation or sick leave that can be used to maintain her on the payroll, the Resident will be allowed to continue, at her own expense, basic insurance benefits. (See Fringe Benefits on page 5.)

**5. Parental Leave** (UWSOM GME Leave Request Form required)

Parental leave refers to the time taken off duty to bond with and care for a new-born child or newly placed adoptive or foster child. Residents may take up to two weeks (14 days) of leave during the first year after the child's birth or placement. The Resident may use a combination of annual leave, sick leave or unpaid leave during this time. Parental Leave may run concurrently with family medical leave provided in Part G, if available. During the period of the parental leave that the Resident is eligible for family medical leave, the University shall maintain the basic insurance benefits for the Resident. The Resident will be responsible for maintaining any optional insurance coverage, other payroll deductions, and insurance co-payments. During the period of the parental leave that the Resident is not eligible for or does not elect to use family medical leave, and the Resident does not have vacation or sick leave that can be used to maintain him/her on the payroll, the Resident will be allowed to continue, at his/her own expense, basic insurance benefits. (See Fringe Benefits on page 5.)

**6. Civil Leave**

Residents receive paid civil leave for jury duty, to serve as trial witnesses, or to exercise other subpoenaed civil duties such as testifying at depositions. Residents are not entitled to civil leave for civil legal actions that they initiate or when named as a defendant in a private legal action that is unrelated to their University appointment.

Residents who must perform jury duty or other subpoenaed civil obligations receive their regular UW pay while serving, and may retain any compensation received for their jury duty participation.

Residents are eligible for civil leave immediately upon appointment to the University.

**7. Military Leave**

Every resident who is a member of the Washington national guard or of the army, navy, air force, coast guard, or marine corps reserve of the United States, or of any organized reserve or armed forces of the United States shall be entitled to and shall be granted military leave of absence from his/her residency training program for a period not exceeding 15 working days during each year. Such leave shall be granted in order that the resident may report for active duty, when called, or report for active training duty in such manner and at such time as she or he may be ordered to

active duty or active training duty. Such military leave of absence shall be in addition to any vacation or sick leave to which the resident might otherwise be entitled, and shall not involve any loss of efficiency rating, privileges, or pay. During the period of paid military leave, the resident shall receive his or her normal pay.

#### **8. Other Leaves of Absence**

Other leaves of absence without pay may be granted for any of the following reasons:

- Educational Leave
- Military Leave (after 15 days of paid leave)
- Leave for government service in public interest
- Other personal reasons, other than health, acceptable to the appointing department

A request for leave of absence without pay is to be submitted in writing to the Department Chair for endorsement and/or recommendation and is to identify the reason for the leave as well as the requested duration. The request will then be forwarded to the Dean for approval or action as appropriate. Normally, requests for leave of absence without pay, or extensions of previously approved requests, involving educational leave and other personal reasons should be approved only if the appointing authority can be reasonably certain that the position from which the Resident is leaving will be available to the Resident upon his/her return. 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 Dean. Should any of the leaves provided in this section or in preceding sections compromise the necessary time for certification, the Resident will be allowed to receive the additional training time without loss of training status. The Resident is reminded that University basic insurance benefits may be kept in force while on leave of absence, but the monthly insurance premiums become the responsibility of the Resident taking leave. The Resident should contact the UW Benefits Office for specifics of coverage.

### **VII. PROFESSIONAL LIABILITY COVERAGE**

Professional liability coverage for residents will be provided by the University of Washington at no cost to the Resident. The coverage will cover each resident's good faith performance of his/her assigned duties in the training program. Details of coverage are available from the Office of Risk Management. 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 Attorney General's Division 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. 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 (as defined in RCW 69.50.101 as now or hereafter amended): (1) The act was committed with the willful intention of causing injury or harm, or was reckless or malicious in nature. (2) The act was committed in willful violation of law or University regulations. (3) The act was committed while under the influence of alcohol or a controlled substance University of Washington Handbook Volume I, Part III, Chapter 5, Section 2.

Coverage may not be provided for "volunteer" activities that are not part of the specific 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 Management.

If the University is defending an action involving a resident, whether the School or 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 completes his or her residency program.

## **VIII. ACADEMIC & PROFESSIONAL CONDUCT POLICY & PROCEDURES**

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.

Due process refers to an individual's right to be adequately notified of charges or proceedings against that individual, and the opportunity to respond to these actions. The policies and procedures described in the UW Resident Academic and Professional Conduct Policy and Procedures, which may be found on the GME website located at [www.gme.washington.edu](http://www.gme.washington.edu), are 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.

Program appointment, advancement, and completion are not assured or guaranteed to the resident, but are contingent upon the resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. Unsatisfactory resident evaluation can result in required remedial activities, temporary suspension from duties, non-promotion, non-renewal, or termination of appointment and residency education. The policy and procedures described in the UW Resident Academic and Professional Conduct Policy and Procedures are collectively referred to as the Academic Action Review, and the ad-hoc committees established to review program actions are referred to as Academic Action Review Committees. This procedure is the exclusive means of review or appeal of academic actions within the UWSOM.

## **IX. GRIEVANCE PROCEDURE**

A grievance under this policy shall mean any controversy or claim arising out of an alleged violation of the Resident Position Appointment resulting from the misinterpretation or misapplication of these provisions (hereafter referred to as grievance), provided that a grievance shall not include any aspect of the evaluation of academic or clinical performance or professional behavior, the 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.

The grievance process, which may be found on the GME website located at [www.gme.washington.edu](http://www.gme.washington.edu), is intended to be an informal process to resolve grievances internally and is not intended to be an adversarial forum. Therefore, throughout the grievance process the Resident may be accompanied by a colleague resident, medical student or a medical school faculty member who hereinafter shall be identified as "associate." The grievant may confer with an associate; however, the associate may not actively participate or present in the proceedings. Attorney representatives may not attend the grievance proceedings.

## **X. SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION**

### **A. Definitions**

Discrimination can include (but is not limited to) harassment. "Harassment" is behavior by a member of the University community (1) based on race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled or Vietnam era veteran which is unwelcome AND (2) sufficiently severe, persistent or pervasive that it could reasonably be expected to create an intimidating, hostile, or offensive University environment.

Discrimination on the basis of "sex" includes sexual harassment, which means: (1) unwelcome sexual advances or requests for sexual favors by a person who has authority over the recipient when (a) submission to such conduct is made either an implicit or explicit condition of the individual's employment, academic status, or ability to use University facilities and services, or (b) submission to or rejection of the conduct is used as the basis for a decision that affects tangible aspects of the individual's employment, academic status, or use of University facilities; or (2) unwelcome and unsolicited language or conduct by a member of the University community that is of a sexual nature

or is based on the recipient's sex and that is sufficiently offensive or pervasive that it could reasonably be expected to create an intimidating, hostile, or offensive University environment. (University of Washington Handbook Volume IV, Part I, Chapter 2, Section 3.)

## **B. Procedures**

Residents who believe they are being harassed or discriminated against can seek help from their Residency Program Director or Department Chair. They may also seek assistance from the GME Office. Other resources available on campus include the University Ombudsman and Ombudsman for Sexual Harassment and the University Complaint Investigation and Resolution Office. Agencies outside of the University with whom a resident may file a complaint include the Washington State Human Rights Commission and the U.S. Equal Employment Opportunity Commission.

## **XI. EQUAL OPPORTUNITY**

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

As part of equal opportunity, the UWSOM provides reasonable accommodation to otherwise qualified residents with a disability. Requests for accommodation are to be submitted by the Resident to the GME Office, and are evaluated on an individual basis.

## **XII. DISABILITY ACCOMODATION**

The UWSOM provides reasonable accommodation to residents with a disability. Reasonable accommodation may include, but is not limited to, a leave of absence or modification to a position, work environment, policy or procedure to enable a qualified individual with a disability to enjoy equal opportunity and/or to perform the essential functions of the position. Requests for accommodation are to be submitted to the GME Office. Accommodation requests are evaluated on an individual basis.

## **XIII. AMENDMENTS**

Amendment to this policy for the following academic year shall be approved by GMEC 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 the GMEC for consideration prior to implementation. Critical 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.