

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

**RESIDENCY POSITION APPOINTMENT  
2012–2013**

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**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") or other accrediting bodies. It is clearly understood that the major objective of the graduate medical education program is education, and it will be administered through the University of Washington School of Medicine (hereafter referred to as "UWSOM"), and by the respective Department Chair and Program Director, with the educational needs of residents foremost in mind. The purpose of this appointment agreement is to outline the terms and conditions of residents' appointments to a University of Washington graduate medical education training program, including the established educational and clinical practices, policies, and procedures in all sites to which residents are assigned. These policies include but are not limited to the policies and procedures referenced in this agreement. Wherever possible, a hyperlink to the complete policy online is provided.

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

This policy applies to the individual residents training in ACGME/ABMS-accredited graduate medical education programs sponsored by the UWSOM, the Program Director, the Department Chair, the affiliated hospitals, and 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 established educational and clinical practices, policies, and procedures of the hospitals and other training sites 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 UW GME policies and procedures, as well as the conditions and general responsibilities outlined below. 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.
- B.** 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 resident physicians who successfully complete the graduate medical education program will be qualified to enter into the specialty board examination and certification process. This provision assumes that all training program activities will be conducted within the requirements of the ACGME and guidelines of external agencies that evaluate and accredit hospitals.
- C.** The Program Director, with the support of the Department and UWSOM, shall be responsible for administering and maintaining 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). This responsibility shall include the provision of a quality didactic and clinical education at all sites that participate in the program, a sufficient number of faculty with documented qualifications to instruct and supervise residents at all locations, formative and summative evaluation of individual resident performance, evaluation of program and faculty performance, and 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.** 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) 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, on-call quarters, hospital and institutional grounds, and related facilities; and safe, quiet, and private call rooms with bathroom facilities. There shall be a sufficient number of call rooms so that on-call residents may sleep and have a secured storage area for personal belongings.

In addition, some affiliated hospitals and other training sites have agreed through a Single Source Service 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; and other educational and clinical opportunities. Annually, participants in the Single Source and the UWSOM shall agree on the number of positions to be offered and their allocation by specialty and resident training level.

- E. The UWSOM, as the Sponsoring Institution, shall be responsible for the provision of the necessary educational, financial, and human resources to support graduate medical education training activities. This responsibility shall include oversight and administration of training programs, and monitoring of programs to ensure implementation of terms and conditions of appointment. Additionally, the UWSOM agrees to perform a series of administrative and educational functions for the benefit of the residents and the affiliated hospitals. These include issuing stipend checks; maintaining resident records; administering the benefits outlined below; and providing mechanisms for coordination of the program among the affiliated hospitals, the UWSOM, and the various clinical services.

The UWSOM, through the Graduate Medical Education Committee (hereafter referred to as "GMEC"), which is composed of program directors, faculty, residents, fellows and GME administration, 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 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 residents, fellows, faculty, and GME administration, 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 appointment agreements.

### III. CONDITIONS FOR APPOINTMENT AND REAPPOINTMENT

Annually, the Department Chair, with the support of the Program Director, shall make recommendations for resident appointments to the Dean of the UWSOM (hereinafter referred to as the "Dean"). As specified in the [Eligibility and Selection Policy](#), to be eligible for appointment to a UW training program, the Resident must meet program-specific criteria, including individual preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. In addition, the Resident must be a graduate of a US or Canadian medical school accredited by the Liaison Committee on Medical Education (LCME) or otherwise be qualified as specified below:

- a graduate of a US college of osteopathic medicine accredited by the American Osteopathic Association (AOA);
- a graduate of a medical school outside the United States and Canada who has received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or a full and unrestricted license to practice medicine in a US licensing jurisdiction in which the individual is training;

- a graduate of a medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

The Resident agrees to comply with appointment and credentialing requirements, as outlined in the UW GME [Appointment and Credentialing Policy](#). The Resident will neither be permitted to begin the training program nor be eligible to receive benefits under this agreement without having met such credentialing requirements.

Residents appointed to the program must report for duty or be in attendance as specified by his/her duty/training schedule. Residents who are new to a UW GME training program are also required to attend all required UW Medicine Orientation days and to complete all online training modules, as required by his/her specialty and training sites, by the specified deadlines. Residents will be paid a daily rate appropriate to the level of training to attend the UW Medicine Orientation. Residents will also be paid for time required to complete mandatory online training modules, if completion of the modules is required prior to the start of the training program.

Residents may also be required to attend a pre-appointment orientation sponsored by the training program. The length of the program orientation may vary depending on the program. Compensation of program orientation days that occur before the first day of appointment may be provided in pay or in paid days off throughout the year equal to the number of required program orientation days.

Residents, either during the orientation process or at times throughout the academic year, may be required to attend in-person training on the electronic medical record (EMR) 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 Online Record of Clinical Activity/Computerized Practitioner Order Entry (ORCA/CPOE) and EpicCare at UWMC and HMC; Clinical Information System (CIS) web-based training at SCH; and the Computerized Patient Record System (CPRS) at VA hospitals.

Residents must comply with the policies and procedures of the affiliated hospitals and other training sites, as well as UWSOM policies and procedures, which include but are not limited to the Medical Licensure Policy, USMLE Policy, the Drug Enforcement Administration (DEA) Licensure Policy, the Outside Professional Activities and Moonlighting Policy, the Physician Impairment and Substance Abuse Policy, the UW Medicine HIPAA Compliance Policy, the Immunization Policy, Maintenance of Case/Procedure Logs Policy, Vendor Interaction Policy, the UW Medicine Professional Conduct Policy, Professional Behavior and Conduct for the Teacher/Learner Relationship Policy, Medical Records Policies, Social Networking Policy, and the UW Patent, Invention and Copyright Policy. Policies outlined throughout this agreement may be found in their entirety in the [Policies and Procedures](#) section on the GME website located at [www.gme.washington.edu](http://www.gme.washington.edu). As specified in the [Academic & Professional Conduct Policy & Procedures](#), failure to comply with the following policies 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.

- Medical Licensure Policy**: Medical licensure is required for all residents and it is the Resident's responsibility to comply with licensure requirements at all participating training sites, as well as any additional licensure requirements while participating in educational experiences outside of UW Medicine and affiliated hospitals. Likewise, trainees participating in programs or in rotations outside of Washington State must comply with the local state licensure requirements while training in a UW GME program. 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, who will be assisted by the residency program and the Office of Graduate Medical Education (hereinafter referred to as "GME Office"). Residents are responsible for the payment of all applicable license fees, and must submit all application materials and supporting documentation to the Washington State Department of Health or other applicable licensing body prior to commencement of training.
- USMLE Policy**: To meet appropriate educational standards and national quality standards in preparation for medical licensure and certification by the American Board of Medical Specialties,

Residents must successfully pass specified steps of the United States Medical Licensing Examination (USMLE) by a given training year. Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE) must be completed within 6 months of commencement of training in a UW residency or fellowship program, regardless of training level. Residents must complete Step 3 within 6 months of starting their PGY-3 year. Trainees entering a UW program after their PGY-3 year must pass Step 3 prior to commencement of training. The USMLE program recommends to state licensing authorities that all three Steps be passed within a 7-year period.

- C. **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., external 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. Residents who are not eligible for DEA licensure (i.e., those training with an Idaho permit) must use the institutional DEA numbers of their respective training sites.
- D. **Outside Professional Activities and Moonlighting Policy:** Neither the UWSOM, nor any of its training programs, require moonlighting. Rather, such activities are discouraged. In general, the time and effort required for training is a full-time endeavor that should be the Resident's highest priority at all times. Accordingly, all moonlighting activities of Residents outside the scope of their training activities must be approved their Program Director and the GME Office. The Program Director and the GME Office may not approve moonlighting activities which could, in any way, interfere with a Resident's approved training program responsibilities. Internal moonlighting is generally not permitted within UW Medicine and affiliated training sites, and requires prior authorization by the Dean. In circumstances where moonlighting activities are approved, all internal and external moonlighting hours must be counted towards and comply with the UW GME Institutional Duty Hours Policy. In addition, the Program Director and/or the GME Office may withdraw an approval at any time if the Resident is not in compliance with the conditions of approval or if it appears that the moonlighting activities are interfering with the Resident's performance in the approved training program.
- E. **Physician Impairment and Substance Abuse Policy:** To try to minimize the incidence of impairment, programs have been developed to educate residents about physician impairment, including problems of substance abuse, its incidence and nature, and risks both to the involved individuals and patients. Education includes knowledge concerning signs and symptoms of impairment, emphasizing detection of abnormal behavior associated with use of psychoactive drugs and alcohol abuse. The [Washington Physicians Health Program](#) provides counseling both to supervisors and to individuals in need. In the latter case, confidentiality is preserved to the limits that are legally permissible. 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 Washington Physicians Health Program or applicable physicians' health program to determine fitness for participation in training, appropriate care and monitoring.
- F. **UW Medicine HIPAA Compliance Policy:** All residents must be educated about privacy, confidentiality, and security of protected health information. Residents are required to read and sign the UW Medicine Privacy, Confidentiality, and Information Security Agreement prior to using their UW Medicine Accounts, and to complete HIPAA Online Training within 30 days of their start date. 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. The complete policy is available on the HIPAA Compliance program page of the GME website under "Sanctions for the Failure to Follow Privacy and/or Information Security Policies". Residents training solely at one of the VA training sites (Seattle

or Boise) must complete VA HIPAA Compliance training and are exempt from completing the UW Medicine training.

- G. Immunization Policy:** All residents must submit documented proof of current immunization and/or positive serology against Measles, Mumps, Rubella, Varicella, Hepatitis B, Tetanus, Pertussis and Diphtheria, and TB screening to UWMC-Employee Health prior to commencement of training. Affiliated training sites may also have additional documentation requirements. 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; however, residents who do not wish to be vaccinated are required to fill out a Hepatitis B waiver. In addition, all residents are required to comply with annual influenza vaccination requirements (typically either vaccination at UW Employee Health, documentation of vaccination at an outside facility, or signing a formal declination) and annual TB screening by December 1<sup>st</sup>. Residents are not required to disclose their Hepatitis B, Hepatitis C or HIV status unless they perform or are planning to perform high risk invasive procedures. In this case, they should seek confidential counsel from the UWMC-Employee Health Center at (206) 598-7971 and the UW Advisory Committee for HCWs Infected with Bloodborne Pathogens.
- H. Maintenance of Case/Procedure Logs Policy:** The case/procedure logs maintained by residents to document their clinical experience requirements must be protected so that only authorized individuals have access to patient information that reside in those logs. Each Program Director of training programs that rotate at UW Medicine sites is responsible for establishing a standardized process and documentation requirements for trainees to maintain case/procedure logs, which may include use of the ACGME Resident Case Log System, the MedHub Residency Management System, or a national society or board case log system 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.
- I. 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 have the appearance of compromising impartiality in clinical or academic practices. The UWSOM has defined a number of allowable and prohibited practices to guide resident behavior as it relates to interaction with outside vendors, which are described in the FAQ of this policy.
- J. UW Medicine Professional Conduct Policy:** UW Medicine values professionalism among its faculty, staff, trainees, and students in carrying UW Medicine's mission of improving the health of the public through teaching, research and patient care. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all of our work interactions and responsibilities. It is the policy and expectation of UW Medicine that UW Medicine faculty, staff, trainees, and students will conduct themselves in a professional manner in all of their interactions with patients, members of the public and the University community, and each other. The purposes of this policy are to promote excellence, integrity and altruism in all of our activities; to assure that all persons are treated with respect, dignity and courtesy; and to promote constructive communication and collaborative teamwork.
- K. Professional Behavior and Conduct for the Teacher/Learner Relationship Policy:** The UWSOM is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and mutual respect. 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 trainees, are responsible for adhering to the guidelines

for Professional Behavior and Conduct for the Teacher/Learner Relationship as outlined in the [University of Washington School of Medicine Student Handbook](#) (p. 69).

- L. Medical Records Policies:** Residents shall be responsible for complying with the 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. Residents are subject to the terms of the hospital or clinic's Medical Records Policy for delinquent medical records, as well as the Academic & Professional Conduct Policy & Procedures.
- M. Social Networking Policy:** UW Medicine's Social Networking Policy summarizes existing University and UW Medicine policies that apply to the use of social media, limits the use of social media in hospital and clinic space, and outlines best practice guidelines for residents who participate in social networking sites and share social media in other areas where use of social media is permitted. Use of social media is prohibited while performing direct patient care activities or in the 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, unless social media use for business purposes has been previously approved by the supervisor. Social media includes text, images, audio and video communicated via such tools as Twitter, FaceBook, LinkedIn, YouTube, Flickr, Photobucket, Digg, Redditt, Wiki, Wikipedia, and any other internet-based social media application similar in purpose or function to these tools.
- N. 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 ([UW Policy: Patent, Invention, and Copyright Policy](#)), as it may be modified from time to time in accordance with standard University procedures. The policy requires among other things that residents disclose to the University all inventions and discoveries and that Residents agree to assign to the University all inventions in which the University has an interest.

Each resident shall be provided with timely access to evaluations of his/her performance on each rotation and/or assignment in the training program. In addition, the Program Director or his/her designee shall meet with each resident on at least a semiannual basis to provide an evaluation with feedback on his/her performance and to discuss his/her overall progress toward demonstrating achievement of competence in the educational objectives set by the training program. Such discussions shall be documented in writing and maintained in the Resident's academic file.

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 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-reappointment, or termination of appointment and residency education.

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 [Academic & Professional Conduct Policy & Procedures](#) are designed to ensure that actions that might adversely affect a resident's status are fully reviewed and affirmed by impartial parties while at the same time ensuring patient safety, quality of care, and the orderly conduct of training programs. In the case of non-promotion or non-reappointment, the Resident will be notified by February 15<sup>th</sup> or at least four months prior to the normal termination date of the Resident's existing appointment if the date of appointment is any date other than June 30<sup>th</sup>. The notification will be by letter to the Resident and will contain the

reasons for the non-promotion or non-reappointment.

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 as a condition of appointment.

#### **IV. EQUAL OPPORTUNITY & REASONABLE ACCOMMODATION**

The University of Washington reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations. The University of Washington is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. For information or to request disability accommodation, contact the Office of Graduate Medical Education at (206) 543-6806 or the Disability Services Office at (206) 543-6450 or (206) 543-6452 (TTY) or e-mail at [dso@uw.edu](mailto:dso@uw.edu).

#### **V. STIPENDS**

The Resident will be paid a stipend to assist in defraying the cost of living and other expenses during his/her training. The resident's stipend rate for the current academic year is noted on the signature page of this agreement. Stipends are generally paid by the University of Washington and 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. In general, residents will not receive credit for prior training in a specialty that is not required for entry into the current program. 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 are paid directly by other sources, or to those who receive stipends under training grants and who hold a title of Senior Fellow Trainee (Job Class Code 0442). 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. Residents required to participate in overnight call or to perform other duties related to their residency program on their last night of service will receive stipend and all benefits (including health insurance, professional liability coverage and workers' compensation) for hours worked past the end date of this agreement. Additional compensation will be provided for the UW Medicine orientation activities, as noted in Section III above.

#### **VI. FRINGE BENEFITS**

The fringe benefit program outlined below is specifically designed for Residents (Job Class Code 0328), Chief Residents (Job Class Code 0329) and Chief Resident/Non-ACGME (Job Class Code 0333) paid by the University of Washington, and is administered through the UWSOM. Some of these benefits,

including but not limited to the UW Retirement Plan, may not apply to residents who are paid directly by other sources, or to those who receive stipends under training grants and who hold a title of Senior Fellow Trainee (Job Class Code 0442). UWSOM provides a number of benefits that are unique to residents, which are outlined below in Section C. Vacation Leave, Sick Leave and Other Leaves of Absence and Section D. Other Resident Perks. 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 communicate this information to residents. More information about each of these benefits may be found on the GME website or by contacting the GME Office at (206) 543-6806. Residents may also contact the UW Benefits and Work/Life Office at (206) 543-2800 or [benefits@uw.edu](mailto:benefits@uw.edu) for questions regarding UW benefits outlined below in Section A. UW Benefits and Work/Life. Questions regarding professional liability coverage and workers' compensation should be directed to the Office of Risk Management at (206) 543-3659 or [gdawg@uw.edu](mailto:gdawg@uw.edu).

#### A. UW Benefits and Work/Life

- 1. Medical, Dental, Basic Life and Long-Term Disability Insurance Benefits:** Residents appointed at least 50% FTE for a minimum of six consecutive months and who receive a monthly stipend are eligible to enroll in the University of Washington's Basic Insurance Package. The package is designed and authorized by the Public Employees Benefits Board (PEBB) and consists of medical insurance, dental insurance, term life insurance, accidental death and dismemberment insurance, and basic long term disability (LTD) insurance. Eligible residents may choose one of several medical insurance plans for which the University and the Resident share the cost of insurance premiums. Eligible residents may also choose one of several dental insurance plans for which the University pays the entire insurance premium. This package also provides for optional additional life, accidental death and dismemberment, and disability insurance that may be purchased by the individual. UW is subject to the State PEBB eligibility requirements as defined in Washington Administrative Code (WAC) Section 182-12-115, 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 of the month, and is effective through the end of the last month of appointment. 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 may also be eligible for COBRA.
- 2. [UW Retirement Plan \(UWRP\)](#):** Residents appointed at least 50% FTE in an eligible job class, which includes Residents (Job Class Code 0328), Chief Residents (Job Class Code 0329) and Chief Resident/Non-ACGME (Job Class Code 0333), 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. If the Resident has not enrolled in the UWRP by the end of the two-year anniversary of initial appointment, the Resident will automatically be enrolled in a default account with Vanguard and deductions will begin. Participation in a retirement plan after two years of appointment is a condition of continued appointment.
- 3. [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). The primary purpose of the plan is to help provide residents with long-term financial security through a tax-favored savings plan. There are four fund sponsors available through the VIP, and program participants may choose their contribution amount (up to the defined limit). The federal government limits access to these funds while residents are

employed, but early withdrawal may be allowed via loan or IRS-defined "hardships". Early withdrawal is subject to Federal income taxes, and a 10% penalty may apply.

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. To qualify as a dependent under the program, an individual must normally be a member of your household, receive more than one-half of his or her total support from you, and meet additional criteria as described [IRS Child and Dependent Care Expenses Publication 503](#).
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. 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. However, any money that is not spent during the plan (calendar) year will be forfeited.
6. **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.
  - **Childcare and Adult/Elder Care Consultation and Referral**: Includes resources for childcare and parenting (childcare, camps, parenting classes and support groups), adult and elder care, adoption, and education.
  - **Legal and Financial Services**: Free 30 minute telephone or in person consultation with a local attorney is available for personal/family services, real estate, IRS issues, etc. Residents may receive a 25% reduction in fees if they retain a network attorney.
  - **Critical Incident Assistance and Debriefing**: Assistance is 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.
7. **Sick Child Care**: Residents can find sick child care through the Tender Loving Care program (TLC) at Virginia Mason Medical Center if their child is mildly ill and between one and 12 years old. The University underwrites the entire daily fee for residents appointed 50% FTE or more. Families pay only a one-time registration fee of \$5 per child. Residents must register their children with and submit a consent form to TLC prior to their child's illness. Questions about TLC sick child care program should be directed to (206) 583-6521.
8. **UW Children's Centers**: University of Washington offers three on-site childcare centers open year-round to provide on-site infant, toddler, and preschool care for UW families. The centers are located at or near UWMC, HMC and SCH. The philosophy of the UW Children's Centers is based on Maria Montessori's principles for early childhood education. All childcare centers are fully enrolled; however, residents who are pregnant or have children may add their name to the childcare waitlist by completing the [waitlist application](#). Moving from the waitlist to enrollment is based on enrollment priority, the child's age, preferred start date, and scheduling preference.

## B. UW Risk Management

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 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 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. 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](#))

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

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.

If the University is defending an action involving the Resident, whether the School or the Resident are or are not individually named as defendants, the Resident shall cooperate fully with the University and its counsel in handling or resisting the action, claim or proceedings. This obligation shall continue after the Resident completes 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 at work (see [Administrative Policy Statement 14.1](#)). Employees who are injured at work or who believe that their illness is related to their job can file a Labor & Industries claim through a physician's office, clinic, emergency room or hospital.

### 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. In addition to formal requests to the program, a UWSOM GME Leave Request Form must be completed for all leaves of absence of 5 days or more (with the exception of regular vacation time) and submitted to the Program Director. 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, as well as information relating to access to eligibility for certification by the relevant certifying board. 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 stipend and fringe benefits at the level of the year of training the Resident is completing. Residents should refer to the training program's **Effects of Leaves of Absence on Board Eligibility Policy** for more information.

**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 colleague residents of the respective

departments cover for one another during the Resident's leave of absence. In arranging such coverage, the principles of the Residency Position Appointment and specific departmental policies concerning duty hours for residents shall apply. In unusual and rare circumstances, these principles may be waived by mutual consent of both the Resident and the Department.

- 1. Vacation Leave:** 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. Residents appointed less than full time but greater than or equal to 50% FTE will receive vacation leave credit on a pro rata basis. Residents appointed less than 50% FTE 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 Program Director and the head of the clinical service of which the Resident is a member, and will be subject to University and Departmental regulation. It is the responsibility of the Program Director to coordinate and communicate the planned vacation and leave schedules with each affiliated hospital or training site that may be affected.

- 2. Sick Leave:** Residents will receive seventeen (17) days of paid sick and health maintenance 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 appointed less than full time but greater than or equal to 50% FTE shall receive sick leave credit on a pro rata basis. Residents appointed less than 50% FTE are not eligible to receive and/or use sick leave. If sick leave credit is not used by the end of the appointment, accrued sick leave credit will be applied to a subsequent appointment within a UW GME training program if appointed within two years of the end of the previous appointment. Accumulated sick leave credit that is not transferable is not compensable at the completion or expiration of the appointment to the residency program. Sick leave may be used for the following:

- Personal medical, dental, or optical appointments.
- Personal illness, disability or injury (including disability due to pregnancy), childbirth or to recover from childbirth.
- To care for a child of the resident who has a health condition that requires treatment or supervision. For this purpose "child" means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is under 18, or 18 or older and is incapable of self care because of mental or physical disability (See [UW Family Care Leave](#) policy).
- To care for the resident's seriously ill family member<sup>1</sup>.
- Absence necessitated by the death of a resident's family member.
- To accompany a family member to medical, dental, or optical appointments when the resident's presence is required. The resident must make advance arrangements with the supervisor for such absences.
- Condolence or bereavement.
- Child care emergency.
- Parental leave - See parental leave for details.

- 3. Emergency Leave:** Residents may also be granted up to three (3) days of paid leave, with one (1) additional day if significant travel is required, for bereavement due to the death of a family or household member and four (4) days of unpaid leave for other emergent stresses as necessary (e.g., serious illness of a family member) with prior approval of the Program Director. This leave

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<sup>1</sup> **Family member** means the employee's spouse or same or opposite sex domestic partner; child; parent; grandparent; grandchild; sister; or brother. Family member also includes individuals in the following relationships with the employee's spouse or domestic partner: child, parent, or grandparent. It also includes those persons in a "step" relationship.

may be extended for an additional three (3) days, and in extraordinary circumstances leave without pay may be even further extended, with the prior approval of the Program Director and subject to prior approval by the GME Office. 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. **Family Medical Leave:** Residents may be eligible for family medical leave under the Family Medical Leave Act (FMLA). To be eligible, the 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 the 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. If the Resident's leave extends beyond the FMLA-covered period, employer paid medical benefits coverage is continued as long as the Resident is in pay status for at least eight (8) hours during each month of leave. Residents who do not have available paid leave may self-pay in order to continue basic medical benefits coverage. These provisions are intended to be in compliance with family leave laws as currently enacted or in the future amended.

5. **Pregnancy and Childbirth Leave:** 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, 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.
6. **Parental Leave:** Parental leave refers to the time taken off duty to bond with and care for a newborn child or newly placed adoptive or foster child. Residents may take up to 10 days of leave during the first year after the child's birth or placement. The Resident may use a combination of vacation leave, sick leave or unpaid leave during this time. Parental Leave may run concurrently with family medical leave, 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.

7. **Educational Leave:** Residents may be granted paid or unpaid educational leave to attend specialty sponsored society meetings and other conferences, to present research or other scholarly work at national or international meetings, or to participate in other activities related to their educational program. Educational leave may be granted at the discretion of the Program Director.
8. **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.
9. **Military Leave:** Residents called to active duty in one of the uniformed services of the United States are entitled to 21 paid work days (3 weeks) of military leave per year if appointed at least 50% FTE. In addition, during a period of military conflict, residents with spouses who are members of United States armed forces, National Guard or reserves are entitled to a total of 15 days of unpaid leave per deployment after the service member has been notified of an impending call to active duty and before deployment, or when the service member is on leave from deployment. A resident may elect to substitute paid vacation leave for any part of the otherwise unpaid spousal military leave.
10. **Other Leaves of Absence:** Other leaves of absence without pay may be granted for any of the following reasons:
  - 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 Program Director 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 GME Office 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 GME Office.

#### D. Other Resident Perks

1. **Resident & Fellow Wellness and Counseling Services:** The [UW Resident & Fellow Wellness Program](#) is devoted to supporting a positive learning environment for residents and fellows, and to improve the quality of life for residents, fellows and their families. Counseling, therapy and referral services for residents and fellows 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. Residents are also encouraged to discuss problems of either a personal or professional nature with their Chief Resident, Program Director, Division Chief, Department Chair, or with personnel in the GME Office. The Director of the Resident & Fellow Wellness Program, Mindy Stern, may be reached at (206) 543-6408 or [mindywho@uw.edu](mailto:mindywho@uw.edu), and

the Assistant Director, Kristi Schellie, may be reached at (206) 543-3484 or [schellie@uw.edu](mailto:schellie@uw.edu). Services can be provided over the phone or via videoconference for residents outside Seattle.

2. **Parking and Transportation:** Parking availability and associated fees 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, or clinic 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, if parking fees are in effect at both sites. Parking will be provided for residents returning to the hospital while on home-call at no charge within specified hours at UWMC and HMC. Residents are encouraged to use alternative transportation methods such as the [UW Shuttles](#) or [Hutchinson Center Shuttles](#).
3. **U-PASS:** Residents are highly encouraged to sign up for the UW U-PASS program, which provides residents with a variety of low-cost transportation options, including full fare coverage on Metro Transit and other local and regional buses, full fare coverage on light rail, free rides on the Night Ride shuttle service (local UW campus locations only), discount on Zipcar car-sharing program, and discounts and special offers at many local businesses.
4. **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.
5. **Escort Services:** Residents who would like an 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 call ext. 62899 or 63113 from any internal phone; and at Boise VA call (208) 422-1122. Also available is the Husky NightWalk service (206) 685-WALK, which provides a UW security escort to anywhere within the UW campus.
6. **Call Rooms:** Residents are provided with safe and secure designated call rooms at each of the training sites, and prioritization of call rooms is given to residents scheduled on call and on night shifts. Departments are assigned call rooms by the medical director's office at each hospital, and are assigned as follows: at UWMC in the Crow's Nest lounge and on the floors; at HMC in the Maleng Building skybridge and the main hospital; at SCH near the resident lounge; and at the VA-Seattle in buildings 1 and 100; and VA-Boise. Residents should contact the local site director for further information on call rooms at other training sites.
7. **Meals:** Meals (or compensation for meals) will be provided to residents while serving at UWMC, HMC, SCH, and the VA under the following circumstances:
  - Residents required to be on in-house overnight call overnight shall receive dinner or a late evening meal, and breakfast, and shall also receive lunch if on-call during a weekend or holiday.
  - Residents required to work a shift of 14-hour or longer shift.
  - 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 the first two points above.Provision of meals and reimbursement for purchased meals varies by training site. Detailed information about the process is outlined in the Meals Policy.
8. **Pagers:** Residents will be provided with pagers by their training program, which must be returned to the program at the completion of training.

- 9. Uniforms and Laundry of Uniforms:** Programs that require their residents wear a physician lab coat will provide these to their residents at the beginning of residency. Replacement of coats may be the responsibility of the Resident. Availability of scrubs and laundry services for uniforms will be provided in accordance with the policies and practices of the Resident's program and existing hospital assignment.

## VII. DUTY HOURS

Hours of duty will be established in compliance with the [Institutional Duty Hours Policy](#), the ACGME Duty Hours Standard, and specialty-specific Program Requirements. Duty hours are defined as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, scheduled didactic activities such as conferences and journal club, scheduled research activities, and other program activities such as participating in committees and in interviewing residency candidates. Duty hours do not include reading, studying, and academic preparation time spent away from the duty site. In-house call is defined as those duty hours beyond the normal work day when residents and fellows are required to be immediately available in the assigned institution. In general, the following duty hour limits apply:

- 1. Maximum Hours of Work per Week:** Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- 2. Mandatory Time Free of Duty:** Residents must be scheduled for a minimum of one day free of duty every week (when averaged over a four weeks). At-home call cannot be assigned on these free days.
- 3. Maximum Duty Period Length:**
  - a. Duty periods of PGY-1 residents must not exceed 16 hours in duration.
  - b. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
    - Residents may be allowed to remain on-site in order to accomplish these effective transitions of care; however, this period of time must be no longer than an additional four hours.
    - Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
    - **Protocol for Episodes When Residents Remain on Duty Beyond Scheduled Hours:** In unusual circumstances, PGY-2+ residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
      - Under those circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
      - The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty in MedHub.
- 4. Minimum Time Off Between Scheduled Duty Periods and After In-House Call to Ensure Adequate Rest:**
  - a. PGY-1 residents should have 10 hours off, and must have eight hours, free of duty between duty periods.
  - b. Intermediate-level residents [as defined by the specialty requirements] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
  - c. Residents in the final years of education [as defined by the specialty requirements] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
    - This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of

education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

- Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director and tracked in MedHub.

5. **Maximum Frequency of In-House Night Float:** Residents must not be scheduled for more than six consecutive nights of night float. This may be further specified by the specialty requirements.
6. **Maximum In-House On-Call Frequency:** PGY-2 residents and above must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).
7. **At-Home Call:** Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
  - a. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.
  - b. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

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

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

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

## VIII. PROGRAM REDUCTIONS & CLOSURES

As specified in the [Program Reduction and Closure Policy](#), in the event of a UW GME program reduction or closure, or closure of the institution, UWSOM and the training program will work collaboratively to ensure that residents currently enrolled in the program are able to complete their education within the program or will assist trainees in enrolling into another ACGME-accredited program in which they may continue their education. UWSOM and the Program Director will consider such issues as transfer of funding and board-specific requirements of trainees, and will make every attempt to phase out the program over a period of time to allow all residents currently in the program to complete their training. In all cases, UWSOM and the program will fulfill the terms of appointment (e.g., stipend, benefits) as described in this agreement for the duration of the current academic year.

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

## IX. SEXUAL HARASSMENT AND OTHER FORMS OF DISCRIMINATION

University policy prohibits discrimination or harassment against a member of the University community because of race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status; prohibits any member of the University community, including, but not limited to, the faculty, staff, or students, 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 ([UW Policy: Non-discrimination and Affirmative Action](#)).

“**Harassment**” is conduct directed at a person because of the person’s race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status that is unwelcome and sufficiently severe, persistent, or pervasive that: (1) it could reasonably be expected to create an intimidating, hostile, or offensive work or learning environment, or (2) it has the purpose or effect of unreasonably interfering with an individual’s work or academic performance. Harassment is a form of discrimination.

“**Sexual harassment**” is a form of harassment based on the recipient’s sex that is characterized by: (1) Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature 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 that is of a sexual nature or that is sufficiently severe, persistent, or pervasive that it could reasonably be expected to create an intimidating, hostile, or offensive working or learning environment, or has the purpose or effect of unreasonably interfering with an individual’s academic or work performance.

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

## X. COMPLAINT AND GRIEVANCE RESOLUTION PROCEDURES

UWSOM encourages resolution of problems, concerns, or complaints related to the training program and/or learning environment at the lowest local level, and has established the following processes through which residents may raise and resolve issues without fear of intimidation or retaliation (also refer to [How to Report a Concern in a Confidential Manner](#)):

- **Local investigation and resolution:** Residents are encouraged to discuss concerns or complaints regarding their program, a faculty member, the learning environment, etc. with their Chief Resident, Program Director, Faculty Mentor, Division Chief, or Department Chair.
- **UW GME Office:** The GME Office is available for confidential consultation on any problems or concerns of residents, to facilitate discussion with the appropriate parties and, when appropriate,

to assist in implementing informal complaint resolution. Residents may contact the GME Office anonymously or confidentially through the Complaint Hotline at (206) 543-2496 or via the [GME Feedback Form](#) on the GME website.

- **University Ombudsman Services:** Residents may seek confidential assistance from the University Ombudsman, whose mission is to provide high quality, client-focused services for preventing, managing and resolving conflict among students, trainees, staff, and faculty of the University. The Ombudsman serves as a neutral third party in a dispute and does not advocate for the University or for either party involved in the dispute. The Ombudsman may be reached at (206) 543-6028 or [ombuds@uw.edu](mailto:ombuds@uw.edu).
- **Patient Safety Concerns:** Each affiliated hospital has an online incident reporting tool that 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 and visitor. These reporting tools generally provide real time event notification to managers, faculty and other identified subject matter experts. For feedback on an event that you enter, please contact the manager of the area that you identified in the incident report. 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. For more information on the Patient Safety Net (PSN), which is utilized at UWMC, HMC and SCCA, contact the UWMC Center for Clinical Excellence at (206) 598-6168, the HMC PSN Administrator at (206) 744-9561, or the SCCA PSN Administrator at (206) 288-2236. For information on eFeedbackNOW at SCH, contact the SCH Compliance Officer at (206) 987-5220 or the SCH Compliance Helpline at (877) 483-3049. At the Seattle VA contact Patient Safety at (206) 764-2287 regarding the Patient Safety Information System ("SPOT"). At Boise VA, contact the Risk Management office at (208) 422-1000 x7704 or the Patient Safety Coordinator at (208) 422-1000 x7972.
- **UWSOM Compliance Office:** The [UWSOM Compliance Office](#) is responsible for establishing institutional policy, standards and expectations pertinent to research, clinical billing, privacy, information security, employment, personal and environmental safety, purchasing, ethics and records retention. The office provides safe mechanisms for reporting compliance concerns, including hotlines that enable anonymous reporting. Concerns may be reported confidentially to the Compliance, Privacy & Information Security Helpline at (206) 616-5248.
- **University Complaint Investigation and Resolution Office (UCIRO):** [UCIRO](#) is responsible for investigating complaints that a University employee has violated the University's non-discrimination and/or non-retaliation policies. UCIRO may be reached at (206) 616-2028 or by email at [uciro@uw.edu](mailto:uciro@uw.edu).

A "grievance" is defined as any controversy or claim arising out of an alleged violation of any provision of the Residency Position Appointment other than 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. Appeals related to these academic matters are covered under the Academic & Professional Conduct Policy & Procedures. Grievances may be filed by individual residents or by groups of residents.

The [Grievance Policy and Procedure](#) is intended to be an informal process to resolve disagreements internally and is not intended to be an adversarial forum. At each step, residents and program directors are encouraged to resolve differences through collegial discussion and negotiation. However, the procedure as set forth in the Grievance Policy and Procedure provides for those instances in which outside assistance in resolving conflict is needed.

## XI. 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 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.