



April 7th, 2025

UW Health Employee ID # \_\_\_\_\_

Name  
Department  
Program

Dear Dr. \_\_\_\_\_,

As the sponsoring institution of your Graduate Medical Education program, UW Health (University of Wisconsin Hospitals and Clinics) is pleased to offer you a full-time appointment with the Department of \_\_\_\_\_, in the \_\_\_\_\_ program at the PGY-1 level. Your clinical training appointment is for one year for the period beginning 6/24/2025 and ending 6/23/2026. The current annual stipend for this level of postgraduate training is \$\_\_\_\_\_ and may increase at the start of your academic year. Your hire date is 6/12/2025 and may be prior to your clinical appointment date if orientation is scheduled before the clinical start.

All residents and fellows must abide by GME and UW Health policies and procedures, the *UW Health Code of Conduct*, and applicable state and federal laws. The following requirements are among the conditions on which this appointment is made:

1. Maintain compliance with all employee health requirements;
2. Obtain and maintain the appropriate medical license for your PGY level;
3. Obtain and maintain a personal DEA certificate for your PGY level if required by your program;
4. Timely completion of all UW Health required training;
5. Maintain any required lifesaving certifications;
6. Pass the USMLE or COMLEX exams required for your PG level;
7. Have no disqualifying offenses based on the findings of your caregiver background check; and
8. If a non-U.S. citizen, maintain a work authorization accepted by UW Health.

All terms of this appointment, including salary and benefits, may cease in the event of:

1. Non-compliance with any of the conditions of your appointment.
2. Misrepresentation or omission in any of your application materials or the Background Information Disclosure form.
3. Failure to e-sign this appointment letter within 7 days of receipt.
4. Resignation or termination of employment with UW Health.

Prior to signing your appointment letter on the final page of this document, please review the *UW Health GME Resident and Fellow Handbook* found in your MedHub onboarding portal (also found here <https://uwmadison.box.com/s/dq8kz5dlbjvtmxhdq2ntq69vge5zmcr3>), the *UW Health Code of Conduct*, resources found in your MedHub onboarding portal, and the key policies listed below.

*UW Health GME Policy 43.30, Resident and Fellow Credentialing and Conditions of Appointment*

*UW Health GME Policy 43.4, Resident Expectations and Discipline*

*UW Health GME Policy 43.21, Evaluation and Promotion of Residents and Fellows*

*UW Health GME Policy 43.18, Stipend Administration for GME Residents*

*UW Health Administrative Policy 9.03, Caregiver Background Checks*

## UW Health Code of Conduct

### *A MESSAGE FROM THE CHIEF EXECUTIVE OFFICER*

Friends and Colleagues:

We have long been a leader in providing quality healthcare and service to our patients. We are committed to maintaining a workplace that assures our medical staff, employees, and agents can perform their daily tasks with high ethical standards, honesty, integrity, and in compliance with laws and regulations. We can continue this tradition and our commitment to remarkable care only through the efforts of our highly skilled caregivers and support staff.

While the patients remain our focus, healthcare is a complex and highly regulated industry. To help our employees maneuver their way through, UW Health has adopted a formal Compliance Program (Program) to ensure compliance with all applicable state and federal laws and regulations. The day-to-day operations of the Program are administered by the Chief Compliance Officer and the Business Integrity Department staff. An important component of the Program is the Code of Conduct (Code), which sets a cultural compass of how to conduct ourselves every day as we go about our work. The Code provides the basic principles which all UW Health and its subsidiaries, directors, officers, medical staff, employees, and agents must follow.

The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles of ethical business standards as we care for our patients. All employees are responsible for ensuring that their behavior and activity is consistent with the Code of Conduct.

As we continue to be innovative and responsive to the needs of our patients, each of us must be fully knowledgeable of and adhere to the Code of Conduct. If we are successful in this endeavor, we will preserve and promote organization-wide integrity and achieve our vision of providing remarkable care to our patients.

Sincerely,  
Alan Kaplan, MD  
CEO UW Health

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## **I. Purpose - Principles and Standards**

UW Health has a tradition of ethical standards in the provision of health care services as well as in the management of its business affairs. The Code of Conduct supplements the mission, vision and values of UW Health and applies to all who provide services under UW Health and its affiliates.

Our Code of Conduct, which has been adopted by the highest level of leadership, provides guidance to all working for and with us in carrying out daily activities within appropriate ethical and legal standards.

The Code of Conduct provides ideals (or Principles) and policies (or Standards) to which UW Health medical staff, employees, agents, joint ventures, wholly owned subsidiaries, and affiliates are expected to follow. The purpose of the Code of Conduct is to articulate the ethical framework within which the organization operates and communicate expectations of the Principles and Standards.

UW Health expects each medical staff, employee, and agent to abide by the Principles and Standards set forth herein and to conduct the business and affairs of UW Health in a manner consistent with the Code of Conduct. Failure to comply with the Principles and Standards or the guidelines for behavior which the Code of Conduct represents shall lead to appropriate employment action.

UW Health's Code of Conduct has been adopted to maintain corporate compliance and enhance its ability to achieve its vision of providing remarkable healthcare.

## **II. Our Duty to Report and Cooperate with Investigations**

The Code of Conduct is to be used as a guide if you are confronted with situations that raise questions about ethical conduct. If you believe a law, policy or our Code of Conduct is not being followed, you must report it to your supervisor and/or the Business Integrity Department. If you do not feel comfortable talking to your supervisor about the issue, voice your concern to the next supervisory level up or again report it to the Business Integrity Department.

The Business Integrity Department can be contacted at:  
UW Health Administrative Office Building  
7974 UW Health Court, Middleton, Wisconsin, 53562

The UW Health Reporting Line (888) 225-8282 (toll-free) (608) 821-4130  
Online: <https://uconnect.wisc.edu/depts/uwhealth/business-integrity/reporting-compliance-issues/>  
UW Health Northern Illinois Telephone: (800) 442-5675 (toll free)  
Online: [www.swedishamerican.ethicspoint.com](http://www.swedishamerican.ethicspoint.com)

UW Health is committed to providing an environment that allows reporting in good faith without fear of retaliation. Anyone making such a report is assured that it will be treated as confidential and will be shared with others only on a need-to-know basis. The findings of a compliance investigation are confidential to protect all involved in the investigation process. No adverse action will be taken against someone for making a report in good faith. UW Health has a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. Although we have this policy it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. In addition, if someone purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusation or statements made in a report or during an investigation may result in appropriate employment action.

### **III. Seven Principles of Conduct**

The UW Health Code of Conduct can be categorized into Seven Principles of Conduct:

- Patient Rights & Responsibilities
- Business Ethics & Legal/Regulatory

Compliance

- Confidentiality
- Conflicts of Interest
- Professional Conduct
- Resource Management
- Workplace Responsibility

Each of these principles is explained in greater detail below.

### **IV. Principle of Patient's Rights and Responsibilities**

UW Health is committed to treating patients and their families with dignity and respect. We drafted the UW Health Patient Rights and Responsibilities to establish our expectation for our medical staff, employees, agents, and patients. This guideline includes the patient's right to:

- Treatment without discrimination
- Respect, confidentiality, and personal dignity
- Information you can understand.
- Participation in decisions about your care
- Care that supports you and your family
- Access to your billing and medical records
- A method to file a complaint.

UW Health medical staff, employees, and agents are held to these standards and should refer to this document for additional detail and guidance if needed.

### **V. Principle of Business Ethics and Legal/Regulatory Compliance**

UW Health is committed to the highest standards of business ethics and integrity and requires honesty when representing UW Health. UW Health is committed to ensuring that its activities are completed in a manner that complies with applicable federal and state laws regulations, guidelines, and policies.

- A. Accounting/Financial Reporting:  
UW Health maintains a high standard of accuracy and completeness in the documentation and reporting of all financial records and ensures that these records are completed within generally accepted accounting principles and established corporate policy. This serves as the basis for managing the business and is important to meeting the obligations to patient, suppliers, and others that we do business. It is against UW Health policy, and possibly illegal, for any person to knowingly cause UW Health's financial records to inaccurately describe the true nature of a business transaction. We cooperate fully with internal and external auditors and any regulatory agencies that examine our financial records.
- B. Anti-Kickback/Bribes:  
UW Health prohibits its medical staff, employees, and agents from offering, paying, asking for, or accepting any money or other benefits in exchange for patient referrals, purchases, leases, or orders. All contracts and other referral sources are to follow all applicable laws.

- C. **Antitrust:**  
UW Health competes fairly and complies with Anti-Trust Laws. Our medical staff, employees, and agents do not engage in activities or negotiate agreements that restrain or obstruct competition or illegally share proprietary information with competitors. The illegal obtainment or use of proprietary information from competitors is also strictly prohibited.
- D. **Coding, Billing & False Claims Act:**  
Coding is the way UW Health identifies and classifies health information, such as diseases and services, which are documented in the patient medical record. Billing is the way we submit charges for the services we have provided. UW Health takes great care to ensure that billings to the government, third-party payers and patients are accurate and conform to all applicable federal and state laws and regulations. We are committed to timely, complete, and accurate coding and billing. We bill only for services that we provide and believe to be medically necessary.

The Federal False Claims Acts and the Federal Deficit Reduction Act protect government programs such as Medicare, Medicaid and Tricare from fraud, waste, and abuse. It is a violation of the Federal False Claims Act to knowingly submit a false claim for payment of government funds.

UW Health prohibits its medical staff, employees, or agents from knowingly presenting, or causing to be presented, claims for payment or approval, which are false, fictitious, or fraudulent.

Medical staff, employees, and agents can be prosecuted for filing inaccurate claims for reimbursement, and can be subject to civil fines, criminal penalties, or both.

UW Health expects employees to report known or suspected activity of this type to the Business Integrity Office. Employees who lawfully and in good faith report known or suspected activity of this type are protected from retaliation to the furthest extent possible under both federal and state law. UW Health performs routine auditing and monitoring, with internal controls, to prevent and detect fraud, waste, and abuse. We cooperate fully with internal and external auditors and any regulatory agencies that examine our financial records.

- E. **Contracts:**  
UW Health negotiates and enters into, fair and equitable contractual arrangements with reputable vendors and individuals that meet the needs of our organizations. We fairly and accurately bid and negotiate outside contracts at an arm's length and at fair market value. All arrangements must comply with applicable federal and state laws. Prior to executing arrangement for items and services, we verify that all contracted parties are eligible to participate in federal and state-funded healthcare programs.
- F. **Marketing:**  
UW Health utilizes marketing and advertising activities to educate the public, provide information to the community, to increase awareness of our services, and to recruit medical staff and employees. Marketing materials and media announcements are to be presented in a truthful, fully informative, and non-deceptive manner.
- G. **Non-For-Profit Status:**  
UW Health is a tax-exempt entity because of its charitable mission. UW Health provides community benefits that include healthcare services, medical training, education, research, and community outreach activities. UW Health must use its resources in a manner that furthers the public good rather than the private or personal interest of any individual or entity.
- H. **Research:**  
UW Health is committed to following ethical standards in full compliance with federal and state laws and regulations in any research, investigations and clinical trials conducted. UW Health is committed to integrity in disseminating appropriate, valid scientific results in accordance with applicable regulations and guidelines. It is UW Health's priority to protect the rights of its subjects. As in all financial accounting and recordkeeping, UW Health's policy is to submit accurate and complete costs related to research grants.

## **VI. Principle of Confidentiality**

Medical Staff, employees, and agents of UW Health are obligated to maintain the confidentiality of patients, personnel, and other proprietary information, as well as with those who enter into business or professional relationships with UW Health. We are trusted with a wide spectrum of confidential information. Sharing of confidential information with other employees or others outside the organization is strictly forbidden, unless the person requesting the information has a legitimate reason to know and has been properly approved by appropriate leadership.

#### A. Patient Information

UW Health collects information about patients' medical conditions, histories, medications, and family illnesses in order to provide quality care. We realize the sensitive nature of this information and are committed to protecting patient privacy. We do not access patient information internally use patient information or disclose patient information outside the organization except as necessary to perform our jobs. We are committed to complying with state and federal privacy laws, and to assisting patients with exercising their patient privacy rights.

#### B. Proprietary Information

UW Health closely controls the dissemination of proprietary information. Except as specifically authorized by managements pursuant to established policy and procedures, medical staff, employees, or agents should not disclose to any outside party any non-public business, whether financial, personnel, commercial or technological information, plans or data acquired during their time with UW Health.

#### C. Personnel Actions and Decisions

Salary, benefits, and other personal information relating to employees shall be treated as confidential. Personnel files, payroll information, disciplinary matters, and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws and regulations. Employees shall prevent the release or sharing of information beyond those persons who may need such information to fulfill their job function.

#### D. Media Relations

All requests from reporters or the general public for information should be referred to the Media Relations Office. Employee should never release information without the permission of Media Relations.

### VII. Principle of Conflict of Interests

A conflict of interest involves any circumstances where your personal activities or interest are advanced at the expense of UW Health. These circumstances may be financial or involve some other type of personal interest that conflicts with your professional responsibilities. UW Health medical staff, employees, and agents avoid any situation in which our participation is or may appear to be, in conflict with the mission, vision, values, and interest of UW Health. We avoid any position or financial interest in any outside organization when such a relationship would improperly influence our professional objectivity or the performance of our duties. Should a conflict of interest arise, we will immediately disclose the situation to our immediate supervisor, the Business Integrity Department, or the Legal Department.

#### A. Gifts

UW Health maintains high ethical standards regarding the offering and acceptance of gifts. Offering or accepting personal gifts may influence our decisions or the decisions of others and may constitute a conflict of interest. UW Health Policy prohibits medical staff, employees, and agents from accepting any gifts from industry. UW Health recognizes that patients or other outside parties may wish to present employees with gifts or money. In order to avoid conflicts of interest, gratuities in any dollar amount and gifts of any value may not be accepted. However, if perishable goods are delivered to a unit or employee (e.g., cookies from a family member, fruit basket), it should be handled consistent with guidelines established by the Employee Gift Policy.

#### B. Outside Activities and Employment

UW Health medical staff, employees, and agents who hold positions of trust and stewardship should refrain from directly or indirectly performing duties, incurring obligations, or engaging in business or professional relationships where there would appear to be a conflict of interest. No outside activity may interfere with job performance.

#### C. Political Activities

UW Health encourages medical staff, employees, and agents to vote and participate in the political process. However, the use of UW Health property or funds to support a political cause, party or candidate for public office is prohibited. UW Health assets, such as telephones, copiers, and our work time should not be used to support political activity. All medical staff, employees, and agents clearly indicate that the political views they express as individuals are their own and not those of UW Health.

### VIII. Principle of Professional Conduct

UW Health expects all medical staff, employees, and agents to work in a professional manner. Due to the high expectations of our health care providers UW Health has adopted Guidelines for Professional Conduct of Physician Faculty in the Clinical Setting. Please refer to this document for additional guidelines if necessary.

### IX. Principle of Resource Management

It is our responsibility to ensure the proper use of UW Health property and equipment. Theft, carelessness, and waste have a direct impact on our success. We need to report any possible loss or theft to the supervisor. It is UW Health's policy to manage and operate its business in the manner which respects our environment and conserves natural resources. We strive to utilize resources appropriately and efficiently, to recycle where possible, and otherwise dispose of all waste in accordance with applicable laws and regulations.

We handle any purchase, transfer, or sale of assets in accordance with applicable policies and procedures. We do not use materials, equipment, or other assets of UW Health for any purpose that is not directly related to UW Health business. Medical staff, employees, and agents have no expectation of personal privacy in connection with personal or work use of UW Health electronic resources. We do not photocopy or distribute material from books periodicals, computer software or other sources if doing so would violate copyright laws.

## **X. Principle of the Workplace**

We want all medical staff, employees, agents, and others to have the best possible work environment. We follow all federal, state, and Equal Employment Opportunity Commission laws and regulations for recruiting and retaining qualified employees.

### **A. Workplace Health and Safety**

All of UW Health is smoke free. We also prohibit the use of illegal drugs and abuse of controlled substances. We do not allow employees to be involved in the unlawful use, sale, manufacture, distribution or possession of controlled substances, illicit drugs, or alcohol. Working under the influence of such illegal drugs, controlled substances or alcohol is not allowed. UW Health has an extensive safety program for medical staff, employees, and agents to reduce the risk of injury for patients, staff, and visitors.

### **B. Workplace Discrimination**

UW Health believes that the fair and equitable treatment of employees, patients, and other persons is critical to fulfilling its vision and goals. It is UW Health's policy to treat patients without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or any other classification prohibited by law. It is also UW Health's policy to recruit, hire, train, and promote qualified persons in all job titles, and ensure that all other personnel actions are administered without regard to race, color, religion, sex, national origin, disability, sexual orientation or status as a special disabled veteran, Vietnam era veteran, or other covered veteran.

### **C. Workplace Harassment**

UW is committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristics and that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

### **D. Workplace Violence**

UW Health has zero tolerance for threats or acts of violence in the workplace. Workplace violence includes physical assaults or action or statements that give UW Health reasonable cause to believe that the safety for our patients, visitors, medical staff, employees, or agents may be at risk. Medical staff, employees, or agents who engage in workplace violence shall be subject to disciplinary action up to and including removal from UW Health facilities, termination and/or referral to appropriate law enforcement agencies.

### **E. Screening of Excluded Individuals**

UW Health will not knowingly employ or contract with individuals or entities that have been listed as debarred, excluded or otherwise ineligible for participation in Federal health care programs. As a condition of employment or eligibility to provide services, medical staff, employees, or agents are required to notify clinical leadership or Human Resources immediately if they are currently or know they will be in the future listed as a person excluded from participation in Federal health care programs.

### **F. Workplace Inclusion**

UW Health supports diversity, equity and inclusion initiatives throughout the organization and recognizes that all patients, families, faculty, and staff deserve to feel safe and respected. Through a wide variety of initiatives and teams, we work toward our goal of an inclusive workplace. Our workforce and the patients we serve include people from all backgrounds and identities, and we celebrate those differences. To protect our team members and our patients, UW Health has adopted policies and tools that dismantle racism and bigotry of any kind.

If you have questions about the Code of Conduct, contact Business Integrity (608) 203-2201.

**Graduate Medical Education Departmental Policy****Policy Title: Resident and Fellow Credentialing and Conditions of Appointment****Policy Number: 43.30****Effective Date: September 21, 2022****Version: Revision**

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**I. Purpose**

To ensure all residents and fellows in clinical service areas are properly screened and credentialed in accordance with The Joint Commission, Centers for Medicare and Medicaid Services (CMS), the Accreditation Council for Graduate Medical Education (ACGME), UW Hospitals and Clinics (UW Health) policies, and state and federal law. This policy covers initial and annual credentialing and resignation or termination of an appointment and procedures for all departing residents.

**II. Scope**

This policy will apply to all residents and fellows in ACGME-accredited training programs training within UW Health (UWH), not including UWH Northern Illinois Hospitals.

**III. Definitions**

**Resident:** The term "resident" shall refer to both resident and fellow physicians, including post-doctoral fellows (unless otherwise specified).

**Program(s):** Will refer to ACGME-accredited training program(s).

**UW Health:** For this policy, the term "UW Health" shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. "UW Health" is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.

**Credentialing:** Credentialing is the process of obtaining, verifying, and assessing the qualifications of a clinician to provide care or services in or for a healthcare organization.

**GME Administration:** For GME programs sponsored by the University of Wisconsin School of Medicine and Public Health (UWSMPH), GME Administration shall be the Department of Family Medicine and Community Health GME Administration. For all other residents and fellows, GME Administration shall refer to UW Health GME Administration.

**Legal Name:** The first and last name (surname) a resident has listed with the United States Social Security Administration.

**IV. Procedure**

Residents must be fully credentialed by GME Administration prior to commencement of training in a UW Health or UWSMPH GME program, and prior to reappointment. Some requirements must be met to begin employment, when applicable. Appointment to a GME program is conditional and contingent upon successful completion of the appointment and credentialing process, which includes satisfactory completion of the criminal background check process, verification of satisfactory prior training (when applicable), and eligibility for employment with UW Health or UWSMPH.

Residents must also comply with the credentialing requirements of all participating sites to which assigned. If a resident is unable to become credentialed at a required rotation site, the program will determine whether a change in curriculum can be reasonably accommodated. In cases where the curriculum change cannot be reasonably accommodated, a waiver or release from the relevant Matching service shall be requested when necessary (e.g., National Resident Matching Program, San Francisco Match, or incumbent), subsequently, the resident appointment may be rescinded. If training has already commenced, the resident may be terminated.

Failure to timely complete, or maintain, credentialing and appointment requirements may result in rescission of offer of appointment, administrative suspension, or discipline up to and including termination.

Additionally, residents employed by UWSMPH must adhere to all UWSMPH policies and procedures regarding resident credentialing and conditions of appointment. If requirements differ, UWSMPH-employed residents will follow the SMPH policies if in a UWSMPH-sponsored training program.

## A. Initial Appointment

Residents must complete and submit all appointment and credentialing requirements using their legal name, as directed by GME Administration. Additional appointment documentation required by specific training programs may be communicated to residents directly by the program.

1. Submitted by the resident, list not inclusive of all requirements:
  - a) Signed training appointment letter
  - b) Medical (MD or DO) or graduate (PhD for post-doctoral fellows only) school diploma copy within 60 days of start or similar date as specified by GME Administration
  - c) Milestone Evaluation (for PGY-2s and above)
  - d) Verification of prerequisite GME training by hire date. GME Administration may grant additional time for receipt of verification as necessary due to delays from previous training site. Clinical start will be delayed until prerequisite training may be verified.
2. Additional submissions in the list below do not apply to post-doctoral fellows:
  - a) DEA registration copy (if applicable for training program)
  - b) Registration with Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP)
  - c) Lifesaving certification as appropriate for training program (reference UWH Policy 9.35 and program policy)
  - d) Verification of required medical licensure (maintenance of a Wisconsin medical license, educational or unrestricted, is required throughout training). PGY-3s and above must obtain an unrestricted license unless waived by GME Administration, in which case a resident education license would be required.
  - e) National Provider Identifier (NPI)
  - f) Medicare Provider and Supplier Enrollment, Chain, and Ownership System (PECOS) enrollment
  - g) Wisconsin Medicaid enrollment (assisted by GME Administration)
  - h) GME Summative Evaluation from previous training program (for transfer residents)
3. Additional Responsibilities
  - a) Prospective Employee Health Assessment and Drug Screening, which includes a urine drug screen (reference UWH Policy 9.20)
  - b) I-9 Employment Eligibility Verification (completed at Employee Health appointment for UWH sponsored programs)
  - c) Completion of GME institutional new-hire orientation
4. Background Checks
  - a) Residents must consent to an online background check through a national background check screening service provider, and federal regulatory checks as part of onboarding.
  - b) Caregiver Background Checks (performed on hire and then every four years) (Reference UWH Policy 9.03)
  - c) Office of Inspector General List of Excluded Individual/Entities clearance
5. Additional Conditions of Appointment
  - a) Each resident shall notify the Director of GME or designee within 10 days following the receipt of any of the following. Failure to notify shall constitute grounds for disciplinary action.
  - b) Any voluntary or involuntary loss or lapse of any license, registration, or certification regarding professional practice; any disciplinary or monitoring measure and any change in such discipline or monitoring measure by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice.
  - c) Any settlements, judgments, or verdicts entered in an action in which the clinician was alleged to have breached the standard of care other than those arising out of their employment by UW Health or their training at UW Health.
  - d) Pending disciplinary or other adverse action by a governmental agency or any other action adversely affecting their privileges at another health care facility.
  - e) The voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation or reduction of clinical privileges at another hospital or institution. The affected resident shall provide the hospital with complete information as to the reasons for the initiation of corrective or disciplinary action and the progress of the proceedings.
  - f) Each resident shall notify the Director of GME or designee within 30 days following the receipt of any notice of complaint or investigation by any licensing or registration body or certification board that licenses, registers, or certifies clinical professional practice. Failure to notify shall constitute grounds for disciplinary action.

## 6. Use of Legal Name

Residents will use their legal name for most purposes at UW Health, including but not limited to employment documentation, certification, licensure, and other registrations. In the case that multiple names have been used during the application and employment process, the legal name will be the one used by UW Health. A resident's legal name will be verified at the time of hire by viewing a Form I-9 acceptable document that establishes identity. Credential detail on hospital ID badge and lab coats shall be consistent with UW Health policy/guidance.

## B. Annual Reappointment

The following requirements will be completed for annual reappointment. Sections IV.B.2. and IV.B.3. do not apply to post-doctoral fellows.

1. Appointment and credentialing documentation required from residents:
  - a) Signed training appointment letter. Residents must sign a new appointment letter for each year appointed.
  - b) Compliance with all policy and regulatory requirements, including:
  - c) Required e-learnings, such as Safety and Infection Control and Annual Compliance
  - d) Respiratory Protection Program (a.k.a., fit testing)
2. PGY-2s advancing to PGY-3: PGY-2s who have completed the PGY-1 year in the same training program are required to complete Step 3 by December 31 of the PGY-2 year. PGY-2s who have completed the PGY-1 year in a different program (regardless of whether it was at the same institution or at another institution) are required to complete Step 3 by March 1 of the PGY-2 year (UW Health-sponsored programs only).
3. PGY-3s and above (UW Health-sponsored programs only): All residents appointed to a PGY-3 and above must have passed USMLE Step 3, or COMLEX Level 3. Continuing residents who do not pass one of these tests by the beginning of PGY-3 year will be promoted to the next PGY level as appropriate, but the stipend will remain at the PGY-2 level. Continuing residents will be given up to one year to pass the exam. If unsuccessful at passing the exam by the end of the PGY-3 year, the resident will be terminated for not meeting employment requirements. Under exceptional circumstances, GME Administration may waive or allow extensions of time for this requirement.

## C. Resignation, Termination, or Nonrenewal of Appointment

### 1. Resignation of Appointment

When a resident chooses to resign from an appointment prior to the completion of the program, the resignation must be submitted in writing (email is acceptable) to the program director and GME Administration. Residents must provide at least 12 weeks' notice. Exceptions to this notice requirement may be considered by the program director and GME Administration when there are exceptional circumstances. Prior to the resignation effective date, the program director must allow sick, medical, and parental leave when the request is compliant with the GME Time Off policy. Vacation may only be used if the program can accommodate the resident's time away, which is at the discretion of the program director. No other paid time off is allowed.

### 2. Termination or Nonrenewal of Appointment

Terminations are typically effective on the day of notice to the resident. A nonrenewal of appointment will result in termination at the end of the current appointment period. Residents will be given as much notice as possible after the decision not to renew their appointment is made, but no more time than the end of the current appointment. For residents with nonrenewed appointments, allowed time off and the procedures for GME Administration and the program are the same as resignations listed above.

### 3. Administrative Responsibilities for All Departing Residents

- a) GME Administration will:
  - i. Submit a UWH HR ServiceNow ticket
  - ii. Notify any affiliate hospitals
  - iii. Notify UWSMPH HR
  - iv. Deploy Exit Checklist to resident via MedHub
- b) Program administration will:
  - i. Collect the resident's white coats, pager, badges, keys, computer equipment, and any other UWH and UWSMPH property.
  - ii. Provide outgoing resident with a copy of their final (summative) evaluation which must be

- dated on or after their final day of training.
- c) Resident will:  
Complete all tasks detailed in Exit Checklist

#### D. Visiting Residents

Required documentation:

- a) Visiting Resident Application
- b) Letter from home program director stating approval of rotation and confirming that resident is in good standing
- c) Medical school diploma (copy)
- d) Wisconsin medical license (valid through duration of the resident's training)
- e) Medicare provider enrollment
- f) Wisconsin Medicaid provider enrollment
- g) DEA certificate (if applicable)
- h) Certificate of liability insurance
- i) Background check verification (must be on institution letterhead, include date of background check, and signature of individual completing verification)
- j) Current life-saving certifications as required for the program and service through which visiting resident will rotate.
- k) Home institution employee health certification of all required immunizations, including Tuberculin (TB) skin test, flu vaccination, and COVID vaccination. TB test and flu vaccination (or waiver) must be current at time of UWH rotation. COVID waivers will not be accepted.
- l) ECFMG certificate (if applicable)
- m) If training under J-1 visa, home program will submit to ECFMG the Required Notification of Off-site Rotation/Elective request providing approval to train outside of home institution

#### V. **Coordination**

Sr. Management Sponsor: Susan Goelzer MD, MS  
Designated Institutional Official  
Author: Director of Graduate Medical Education and Medical Staff Administration  
Review/Approval Committee: Graduate Medical Education Committee

Signed by  
Susan L Goelzer MD, MS  
Designated Institutional Official (DIO), UW Health  
Associate Dean of Graduate Medical Education  
Professor of Anesthesiology, Internal Medicine and Population Health Sciences  
University of Wisconsin School of Medicine and Public Health

**Graduate Medical Education Departmental Policy****Policy Title: Resident Expectations and Discipline****Policy Number: 43.4****Effective Date: 11/20/2019****Version: New**

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**I. Purpose**

This policy establishes resident employment performance and behavioral expectations and outlines the disciplinary and review processes for residents in graduate medical education (GME) programs.

**II. Scope**

This policy applies to all ACGME-accredited GME training programs and their residents sponsored by the University of Wisconsin Hospitals and Clinics (UW Health).

**III. Definitions**

**Resident:** The term "resident" shall refer to both residents and fellows.

**Graduate Medical Education Training Program:** ACGME-accredited resident and fellowship training program.

**Employment Concern:** Failure to demonstrate good judgment, violation of a UWH policy or procedure, failure to meet eligibility for employment requirements, failure to perform obligations under UW Health's Code of Ethics and Code of Conduct, or violations of the behavioral standards set forth in UWH policy 9.55 (Employee Expectations, Disciplinary Action and Appeal).

**Dismissal:** The act of terminating a resident's participation in a training program and UW Health employment prior to the successful completion of the course of training, whether by early termination of a contract or by non-renewal of a contract.

**Leader:** In UWH GME, the leader is typically considered to be the program director. However, other leaders in GME may be associate program directors, program faculty, and the director of GME.

**IV. Expectations**

Residents are both learners and employees and as such are expected to conduct themselves in a manner that supports UW Health (UWH), reflects its values and is conducive to efficient operations. Residents are expected to participate in institutional programs and activities involving physicians and become familiar with and adhere to any and all applicable laws (including U.S. Selective Service registration), regulations, rules, bylaws, policies, codes, procedures and established practices, including those of the sponsoring institution and all other institutions/sites to which they are assigned. A resident whose actions fail to demonstrate good judgment, who violates a UWH policy or procedure, fails to meet eligibility for employment requirements, fails to perform obligations under UW Health's Code of Ethics and Code of Conduct, or violates the behavioral standards set forth in UWH policy 9.55 (Employee Expectations, Disciplinary Action and Appeal), may face disciplinary action up to and including termination from employment.

Disciplinary action is a corrective process to ensure acceptable job performance and adherence to UW Health policies. Disciplinary action should be directed towards improving resident performance and/or behavior. The interests of UW Health, its patients and their families, and employees should be considered in the application of discipline.

**V. Related Policies**

A. **Harassment or Discrimination:** All allegations of harassment, sexual harassment, or discrimination will be reported immediately to UW Health Provider Services, in accordance with UW Health policy 9.27 Equal Employment Opportunity and Non-Discrimination. For investigations of allegations pursuant to Policy 9.27, Provider Services will fulfill the responsibilities for Human Resources as outlined in the policy.

B. **Caregiver Misconduct:** Whenever any UW Health staff member becomes aware of an alleged

incident that may meet the definition of Caregiver Misconduct (see UWH policy 4.47, Caregiver Misconduct Investigations and Reporting), they are required to immediately report any suspected incidents of abuse and/or neglect to their supervisor or their supervisor's designee. The supervisor or designee is required to report the incident to their Director and to Corporate Counsel (608-261-0025) within 24 hours of learning of the alleged incident to ensure that the incident is documented, and an investigation is appropriately conducted.

## VI. Addressing Employment Concerns

UW Health GME takes steps to promote appropriate workplace behavior and to correct any behavior, actions, or lack thereof that are inappropriate or violate policy. Leaders are expected to pay close attention to the development of their residents as employees, and work with them to correct any issues. Leaders are expected to communicate the consequences that will result if the behavior or actions continue.

- A. Structured Feedback: Alternative resolution for addressing less serious Employment Concerns may include structured feedback through verbal counseling, Letters of Counseling, and Letters of Expectation (LOE). Structured feedback is not considered discipline under this policy.
- B. Disciplinary Steps: For more serious matters for which structured feedback may not be appropriate, or for ongoing Employment Concerns that have been previously addressed through structured feedback, UW Health will use the following progressive disciplinary steps after considering appropriate mitigating and aggravating factors:
  1. Warning
  2. Final Warning
  3. Termination

When there are multiple, repeated or intentional violations of policy, significant acts of poor judgement, or the presence of other aggravating factors, discipline may begin at an advanced step in the discipline process, skip steps, or proceed directly to termination from employment and the training program. Failure to maintain eligibility for employment may result directly in termination.

## VII. Process

- A. Upon receipt of a reported concern that may result in formal discipline (e.g. warning, final warning, or other reportable action), the program director or other leader shall consult with Provider Services regarding appropriate next steps. The Provider Services consultant will partner with the program director and the director of GME to address the concerns.
- B. For less serious matters and/or minor first violations that do not warrant formal discipline, such as minor attendance or tardiness concerns that can be resolved through alternative resolutions, the program director should do the following:
  1. Meet with the resident to advise the resident of the concerns, give the resident an opportunity to understand the nature of the concerns and provide any related and/or mitigating information.
  2. Document the meeting conversation and resolution (e.g. counseling, LOE, etc.) and retain a copy of the record.
- C. A review of a reported concern may result in the following outcomes, including, but without limitation, the following:
  1. A letter of counseling or expectation
  2. Reportable Actions:
    - a) Letter of warning or final warning
    - b) Election to not promote to the next Post Graduate Year (PGY) level which results in an extension of the current training year, or unsuccessful completion/graduation from the program
    - c) Non-renewal of contract
    - d) Suspension
    - e) Dismissal from the residency or fellowship program and associated employment

All outcomes shall be presented to the resident in writing, with the date of when presented to the resident. The date of the communication shall be the effective date of the action marking the first day of the reportable action review timeline.

- D. Reportable Actions: Reportable actions are those actions that programs must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. All reportable actions under consideration should be discussed with the director of

GME and Provider Services prior to notifying the resident. Counseling and a LOE are not discipline and are therefore not reportable. A letter of warning or final warning may be reported if the querying entity specifically asks for disclosure of disciplinary actions so it is considered a "reportable action" as defined in this policy. The decision not to promote a resident to the next PGY level (extension of current training year) or to not graduate or successfully complete, not to renew a resident's appointment or contract, suspend a resident, and/or terminate the resident's participation in the training program and associated employment are considered "reportable actions."

E. Other Reporting Requirements: The following describes other reporting obligations that may apply.

1. J1 Visa Holders and ECFMG Reporting: Some misconduct may be reportable to the Educational Commission for Foreign Medical Graduates (ECFMG). As an exchange visitor program sponsor, ECFMG must monitor the well-being of exchange visitor program participants and report incidents involving exchange visitor physicians and/or their accompanying J-2 dependent(s) to the U.S. Department of State (DoS). Therefore, ECFMG must be notified of any serious matter involving an exchange visitor physician or accompanying J-2 dependent. The DoS has indicated that any incident or event that impacts the health, safety, or welfare of J visa holders or that could bring the DoS exchange visitor program "notoriety or disrepute" is reportable. Exchange visitor physicians and/or J-2 dependents must report any serious incident or allegation to their TPL (UWH GME) immediately. The TPL and/or exchange visitor physician must then report the matter to ECFMG. All reporting is expected to take place within one (1) business day of incident occurrence. Failure to do so may be considered to be a violation of the physician's J-1 visa status (<https://www.ecfm.org/evsp/incident-report-physician.pdf>).
2. Wisconsin Medical Examining Board, Duty to Report: A physician who has reason to believe any of the following about another physician shall promptly submit a written report to the board that shall include facts relating to the conduct of the other physician:
  - a) The other physician is engaging or has engaged in acts that constitute a pattern of unprofessional conduct.
  - b) The other physician is engaging or has engaged in an act that creates an immediate or continuing danger to one or more patients or to the public.
  - c) The other physician is or may be medically incompetent.
  - d) The other physician is or may be mentally or physically unable safely to engage in the practice of medicine or surgery.

No physician who reports to the board may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith (<https://dps.wi.gov/Documents/BoardCouncils/MED/MEBDutyToReport.pdf>).

F. Request for Review: UW Health GME encourages full discussion between a leader and the resident to ensure that all reasonable efforts have been made to informally resolve an employee's concerns regarding disciplinary action received. However, when an informal approach within the program or clinical department is unsuccessful in resolving an issue, the resident may request a review of the decision to take a reportable action. A request for review must be submitted to the director of GME or their designee within thirty (30) calendar days of learning of the reportable action. Upon receipt of a request for review, the director of GME will determine whether the matter is reviewable under this policy, and if so, shall appoint two neutral reviewers. Neutral reviewers shall be individuals who were not involved in the underlying action. One reviewer is typically the UW Health Designated Institutional Official (DIO) or designee and the other a Human Resources consultant or a GME Program Director.

The reviewers will:

1. Review the complaint
2. Meet with the resident in person or by phone
3. Review the resident's file and the inquiry report
4. Meet with the program director in person or by phone
5. Consider any extenuating circumstances
6. Consult with others, as appropriate, to assist in the decision-making process; and
7. Determine whether this policy was followed: the resident received notice and an opportunity to be heard and the decision to take the reportable action was reasonably made.

The director of GME will:

1. Advise the DIO of the request for review
2. Assist the DIO to identify other potential participants, if warranted
3. Monitor timely completion of the review process

If the reviewers disagree on the decision, the UW Health Chief Clinical Officer shall make the final

decision. The decision resulting from this review is final and binding. A written decision will be provided to the resident and the program director, and others as appropriate within thirty (30) days of the director of GME's receipt of the resident's request for review.

#### **VIII. No Retaliation**

Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances shall anyone retaliate against, interfere with or discourage anyone from participating in good faith in an inquiry conducted under this policy. A resident who believes they may have been retaliated against in violation of this policy should immediately report it to their supervisor, the director of GME, or any other supervisor or leader.

#### **IX. Coordination**

Sr. Management Sponsor: Susan Goelzer MD, MS, Designated Institutional Official  
Author: Director of Graduate Medical Education and Medical Staff Administration  
Review/Approval Committee: Graduate Medical Education Committee

**SIGNED BY**

Susan L Goelzer MD, MS  
Designated Institutional Official (DIO), UW Health  
Associate Dean of Graduate Medical Education  
Professor of Anesthesiology, Internal Medicine and Population Health Sciences  
University of Wisconsin School of Medicine and Public Health

Sample

**Graduate Medical Education Departmental Policy****Policy Title: Evaluation and Promotion of Residents and Fellows****Policy Number: 43.21****Effective Date: 3/20/2024****Version: New**

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**I. Purpose**

To establish a policy and multi-faceted process for all graduate medical education (GME) training programs to use in the evaluation and assessment of competence and progress of residents and fellows for both strengths and deficiencies. By implementing these notification mechanisms, the policy ensures that residents receive timely feedback on their performance, have opportunities for improvement, and are informed of any academic decisions that may affect their career development. This approach upholds principles of due process and fairness in resident evaluation and promotion, or nonrenewal of appointments with subsequent dismissal from a training program.

**II. Scope**

This policy applies to all GME training programs and the residents and fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited training programs sponsored UW Health.

**III. Definitions**

**Resident:** The term "resident" shall refer to both residents and fellows (includes post-doctoral fellows unless otherwise specified).

**Program(s):** Will refer to ACGME-accredited training program(s).

**UW Health:** For the purpose of this policy, the term "UW Health" shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. "UW Health" is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.

**Program Managers:** Shall refer to program coordinators, managers, and administrators of graduate medical education at UW Health.

**IV. Goals and Objectives (CPR IV.A.2.)**

Programs must have goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and made available to residents and faculty members. Goals should be overarching principles that guide decision making. Objectives are specific, measurable steps that can be taken to meet the goals.

**V. Criteria for Promotion**

Each program must have a policy communicating the criteria for resident promotion and successful completion of the program (i.e., graduation). Decisions regarding promotion or completion are made by:

1. Comparing the resident's performance against the goals and objectives of the educational experiences.
2. Confirming compliance with the conditions of appointment as outlined in the UW Health appointment letter and Resident and Fellow Handbook.
3. Confirming any additional program criteria for promotion or completion have been met.

**VI. Feedback and Evaluation**

Programs must have a system to provide both formative and summative evaluation to residents. Feedback, formative evaluation, and summative evaluation compare expectations with accomplishments and enable the resident to progress to autonomous practice. To ensure residents receive due process, residents must be notified of their deficiencies and given adequate time to resolve them. Notice of each learner's strengths and deficiencies through feedback can take many forms. It can be written or verbal, structured or unstructured. All forms offer reasonable opportunities for residents to improve or resolve deficiencies.

*Formative evaluation* is monitoring resident learning and providing ongoing feedback that can be used by residents to improve their performance in the context of provision of patient care or other educational experiences. Residents require multi-sourced, formative evaluation and feedback to reinforce well-performed duties and tasks, as well as to correct

deficiencies. This feedback allows for the development of the resident as they strive to achieve the Milestones and become competent for autonomous practice. The ACGME has developed specialty-specific Milestones that are designed as a formative judgment of progress at least twice a year. More frequent feedback is strongly encouraged for residents who have deficiencies. Throughout the program, formative evaluation of, and feedback to residents should:

1. Be frequent but need not always be formally documented.
2. Be given throughout each rotation or similar educational activity.
3. Include direct observational experience.
4. Encourage the resident to engage in self-reflection.

*Summative evaluation* is evaluating a resident's learning by comparing the resident against the goals and objectives of the educational activities and other requirements of the program. Summative evaluation is utilized to make decisions about promotion to the next level of training, Milestone attainment, and program completion. Summative evaluations must be provided:

1. After each rotation or at least every three months when block rotations are longer than three months, or at least every three months for longitudinal experiences such as continuity clinics.
2. Semi-annually with the program director or designee (see B below).
3. Within 30 days of the end of training, regardless of whether training has been completed (see D below).

Summative evaluation may be needed off-cycle or more frequently to notify residents of performance deficiencies or to update them on their progress towards deficiency resolution. These notifications may be through a letter of deficiency or other update regarding their progress.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when residents or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the residency program.

#### A. Clinical Competency Committee (CCC) (CPR V.A.3.b))

##### Role and Responsibilities

1. The Clinical Competency Committee (CCC) performs a summative evaluation of all residents in the program. The CCC must review all resident evaluations at least semi-annually and is also responsible for reviewing each resident's progress on the specialty-specific Milestones. Finally, the CCC must meet prior to the residents' semi-annual evaluations and advise the program director about each resident's progress.
2. The CCC should engage in holistic reviews of each resident's performance. Recommendations by CCC should not rely too heavily on end-of-rotation evaluations, simple means of aggregate assessments, or consider only the Milestones as they do not represent the totality of any specialty. In addition to written evaluations and feedback, CCCs should include narrative data from their own and others' direct observations and from other sources. This ensures a reasonable decision-making process regarding strengths, deficiencies, and status in the program.
3. After discussion of each resident, the CCC must make a recommendation to the Program Director regarding each resident's progress. The CCC recommends one of the following:
  - a. Progressing as expected, no significant deficiencies.
  - b. Not progressing as expected, one or more significant deficiencies
    - i. Remediation needed.
    - ii. Remediation needed and either 1) may not promote on time (if mid-year) or 2) do not promote if end of academic year. If at end of the last year of training, an extension of the last year of training may be recommended.
  - c. Do not renew at end of year or dismiss from the program.
  - d. Successful completion of the program (i.e., graduation) at the appropriate time point.
  - e. Non-successful completion of program. The resident did not successfully complete the program and additional time in training is not expected to remediate deficiencies.
4. CCC minutes should be:
  - a. A written document reflecting the discussion of each resident's performance.
  - b. A concise summary of each resident's performance and any action or follow-up items. This may be the milestone report and recommendation to the Program Director.
  - c. Confidential (i.e., not shared with anyone other than the resident, CCC, program leadership, and GME Administration).
  - d. Retained until all residents reviewed have left the program.
5. The CCC discussion is part of the information presented to the resident during semi-annual evaluation meetings. Information regarding strengths and deficiencies from the CCC should be reviewed with the resident.

##### Composition and Development (CPR V.A.3.)

1. Programs must have a CCC appointed by the Program Director in accordance with ACGME requirements.

- a. The Program Director appoints a CCC Chair.
  - b. The Program Director may be a full member, an ex-officio member, or choose to not attend the CCC meetings. UW Health Graduate Medical Education Committee (GMEC) recommends program directors attend all CCC meetings.
  - c. The Program Manager is an ex-officio member of the CCC.
  - d. To the extent possible, Program Directors should try to balance the CCC with diversity of academic rank, gender, race/ethnicity, role, and professional focus.
2. The CCC Chair should develop a plan for professional development of the CCC members related to their roles on the CCC.

#### B. Semi-annual Evaluation (CPR V.A.1.d))

Program Directors or their designee must meet with each resident and provide a summative, objective performance evaluation twice a year.

1. Content of a semi-annual evaluations will include:
  - a. Discussion of strengths and deficiencies as noted by the CCC and other sources, as applicable.
  - b. Review of progress on the Milestones.
  - c. Review of required quotas of procedures, clinic experiences, patient volumes, etc., as applicable to the specialty.
  - d. Notification of progress in meeting Program goals and expectations.
  - e. Assistance in development of the resident's individualized learning plan (ILP).
  - f. Development of plans for residents failing to adequately progress.
  - g. Additional data per Program Director.
2. Documentation of a semi-annual evaluation: Programs should have a structured template to conduct the semi-annual meeting with the resident to mitigate the risk of bias and to ensure review of critical information for each resident. Documentation of the meeting should be given to the Program Manager to upload into the resident's personnel file (a.k.a. Core File). The document(s) should be filed in the Competency Assessments folder in the resident management system, MedHub.
3. Final Decision as to the resident's progress in the program: Considering the CCCs recommendation, the Program Director shall make the final decision as to the resident's progress in the program. If any decision besides "progressing as expected, no significant deficiencies" is chosen, the following must be notified:
  - a. The GME Administration office at uwgme@uwhealth.org or the GME Director
  - b. The Educational Commission for Foreign Medical Graduates (ECFMG) if the resident is a J1 physician visa holder and is under remediation or if there are any progress concerns. The ECFMG training program liaison (TPL) in the GME Administration office will assist with this process.

#### C. Individualized Learning Plan (CPR V.A.1.d).(2))

Residents must demonstrate competence in self-reflection, identification of strengths, deficiencies, limits, areas of expertise, and setting and reviewing improvement goals. All residents will have an Individualized Learning Plan (ILP). Ideally, these will be completed twice annually in conjunction with the semi-annual evaluation process. ILPs should be formulated by the learner for the benefit of the learner. The ILP should then be reviewed by a facilitator (e.g., Program Director, faculty mentor, CCC Chair, etc.) and could be done during a semi-annual evaluation meeting. Updating or development of additional ILPs may be helpful at other times, such as when deficiencies are identified.

#### D. Final Evaluation (CPR V.A.2)

When a resident leaves the Program for any reason (e.g., graduation, dismissal, non-renewal, resignation, etc.), the Program Director must provide a final evaluation. It is the practice of UW Health GME to have programs complete the Verification of Graduate Medical Education Training (VGMET) along with the final evaluation. The final evaluation must:

1. Include a competency-based assessment of the last six months of training.
2. Be dated on or after the last day of training.
3. Include one of the following based on the situation:
  - a. For successful completion of training, the final evaluation must verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in the specialty in which they are completing training as found in the ACGME Program Requirements.
  - b. If not completing the program, must document the resident's achievement and performance in each of the Core Competencies up to the point of leaving the program.
4. Become part of the resident's permanent record maintained by the UW Health GME Administration in the resident's MedHub file in the Alumni Records folder.
5. Be shared with the resident upon completion of the program.

## **VII. Resident Not Meeting Academic Standards (IR IV.D.1.b))**

If the Program Director determines that a resident is not meeting academic standards or has failed to satisfactorily resolve deficiencies, the program should consider further action.

1. The Program Director will review the academic record, subjective and objective assessments and evaluations, feedback from the faculty, and feedback from the CCC.
2. After review, the Program Director will consult with the Director of GME, or delegate, regarding procedural next steps when considering non-promotion, non-renewal, dismissal, or unsuccessful completion of the program.
3. The Program Director will make the final decision and is responsible for all promotion and completion decisions.
4. Decisions of non-promotion, non-renewal, dismissal, or unsuccessful completion of the program will be provided to the resident in writing.

## **VIII. Verification and Reporting (CPR II.A.4.a).(10))**

Programs are required to provide competency-based evaluations to subsequent training programs within 30 days of program completion or departure from program. Employers or credentialing organizations may require training verification and current competence documentation. The VGMET form should be sufficient for the verification of training and current competence for those graduating within the past five years. State licensing agencies, medical boards, or other agencies may require all or part of resident files.

## **IX. Coordination**

Sr. Management Sponsor: Susan L. Goelzer, MD, MS  
Designated Institutional Official  
Author: Director Graduate Medical Education and Medical Staff Administration  
Review/Approval Committee: Graduate Medical Education Committee

Signed By  
Susan L. Goelzer, MD, MS  
Designated Institutional Official (DIO), UW Health  
Associate Dean for Graduate Medical Education  
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**Graduate Medical Education Departmental Policy****Policy Title: Stipend Administration for GME Physicians****Policy Number: 43.18****Effective Date: 1/15/2025****Version: Revision**

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**I. Purpose**

To administer a fair and consistent stipend policy that supports the UW Health mission by maintaining competitiveness and establishing market-based compensation compliant with applicable government regulations.

**II. Scope**

This policy applies to all Graduate Medical Education (GME) physicians and fellows in Accreditation Council for Graduate Medical Education (ACGME) accredited programs sponsored by UW Health (UWH).

**III. Definitions**

- A. GME Physician: The term "GME physician" shall refer to both resident and fellow physicians, including post-doctoral fellows (unless otherwise specified).
- B. Chief Resident: For this policy, the term applies to a GME physician that has administrative responsibilities in addition to their required duties and educational activities within their ACGME-accredited training.
- C. Resident Super User: For this policy, the term applies to a GME physician with documented competency using Health Link, who acts as a liaison between the users within their department / program, and the Information Services (IS) Health Link Team.
- D. Program(s): Refers to ACGME-accredited program(s).
- E. UW Health: For the purpose of this policy, the term "UW Health" shall mean University of Wisconsin Hospitals and Clinics Authority, which is the sponsoring institution of the ACGME-accredited training programs. "UW Health" is the trade name of University of Wisconsin Hospitals and Clinics Authority and its affiliates.
- F. Stipend: The term used to describe the base compensation, or other periodic sums of money granted to GME physicians for services, or to defray expenses.
- G. Program Standard Post-Graduate Year (PGY) Level: The starting level of the program based on the number of years of accredited prior training which meet prerequisite requirements as indicated by the ACGME or certifying board. For a program with prerequisite requirements of varying lengths, the starting level of the program will be based on the minimum number of years of accredited prior training required for the appointed program as indicated by the ACGME or certifying board.

**IV. Procedure**

- A. Classification and compensation decisions will be made in a fair and equitable manner and will comply with all legal and regulatory requirements.
- B. GME Administration and UW Health Human Resources department work together to determine recommended stipend levels. Stipend changes are not effective until they are reviewed and approved by the UWH Graduate Medical Education Committee and the UWHC Authority Board. GME physicians will be informed by GME Administration of their individual stipend in the annual appointment letter or by email.
- C. Stipend and Post-Graduate Year Levels  
It is the objective of UWH to maintain GME physician salaries at a competitive level as compared to sponsoring institutions nationwide.
  - 1. GME physicians and Non-post-doctoral Fellows
    - a. GME physician PGY levels will be set at the program standard PGY level. Additional training outside of the standard prerequisite requirement is not recognized when establishing the PGY level for entry into a program.
    - b. Stipend levels will be based on the rates reported in the Association of American Medical Colleges (AAMC) annual Survey of GME physician Stipends and Benefits Report. To ensure competitiveness, UWH strives to set stipends at the 75th percentile of comparable sponsoring institutions.

- c. The GME physician stipend level will correspond to the program's standard PGY level. GME physicians may qualify for a total of one additional stipend level for any of the reasons listed below:
  - i. A UWH dedicated non-accredited chief resident year;
  - ii. A UW non-accredited research year as part of UWH ACGME-accredited program training;
  - iii. Completion of prerequisite GME training that is longer than the standard requirement. prerequisite training will only be considered if specified in ACGME requirements or an official specialty board pathway.
- 2. Post-doctoral Fellows  
Stipends are assigned based on the National Institutes of Health Postdoctoral Intramural Research Training Awards corresponding level.
- D. Ancillary stipends
  - 1. Well-being  
Subject to leadership approval each year, an annual well-being stipend will be distributed to GME physicians as a lump-sum payment.
  - 2. Chief Resident
    - a. A GME physician may receive a lump sum stipend for a chief resident year. If there is more than one chief resident per training program, the stipend will be evenly split unless directed by the program in writing, with specific allocation amounts.
    - b. A GME physician may serve more than one term.
    - c. Qualifications to receive stipend:
      - i. served during an ACGME-accredited year of training
      - ii. in line with any specialty board requirements, if applicable
      - iii. training program is three or more years in length
      - iv. training program has a total program complement of more than five GME physicians in accredited years of training per year (e.g., a three-year program would need two or more GME physicians per training year)
  - 3. Resident Super User (RSU)
    - a. A GME physician may receive a stipend, divided into two installments, twice per year, for acting as a liaison between Health Link and a clinical department.
    - b. A GME physician may serve more than one term.
    - c. Qualifications to receive stipend:
      - i. must pass a knowledge assessment with a minimum score of 80%
      - ii. must attend 60% of the training meetings throughout an academic year
      - iii. Stipend policy sharing with applicants: An applicant invited to interview for a GME physician position must be informed of stipend information, in writing or by electronic means, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointment. (IR IV.B.3.)

## V. Coordination

Sr. Management Sponsor: Susan L. Goelzer, MD, MS

Designated Institutional Official

Author: Director of Graduate Medical Education and Medical Staff Administration

Approval Committee: Graduate Medical Education Committee

SIGNED BY

Susan L Goelzer, MD, MS

Designated Institutional Official (DIO), UW Health

Associate Dean for Graduate Medical Education

Professor of Anesthesiology, Internal Medicine, and Population Health Sciences

University of Wisconsin School of Medicine and Public Health

**UW Health Administrative (Non-Clinical) Policy**

This administrative policy applies to the operations and employees of the University of Wisconsin Hospitals and Clinics Authority ("UWHCA"), University of Wisconsin Medical Foundation ("UWMF"), and those subsidiaries and affiliates of UWHCA and UWMF that have adopted this administrative policy (each an "Adopting Affiliate"). UWHCA, UWMF and the Adopting Affiliates are referred to in this administrative policy as "UW Health".

**Policy Title: Caregiver Background Checks****Policy Number: 9.03****Effective Date: July 8, 2020****Chapter: Human Resources****Version: Revision****I. PURPOSE**

UW Health believes in promoting a safe environment for all persons, including patients, families, visitors and employees. UW Health shall review caregiver background records of all employees, persons expected to be employees, contractors, volunteers, students, and temporary agency personnel, consistent with state and federal laws.

**II. DEFINITIONS**

Regular, Direct Contact: Regular means contact that is planned, scheduled, expected or periodic. "Direct contact", when used in reference to a person's contact with patients, means face-to-face physical proximity to a patient that affords the opportunity to commit abuse or neglect of a patient or misappropriation of a patient's property.

**III. POLICY ELEMENTS**

- A. This policy applies to all existing and potential regular employees, volunteers, and students, agency or contracted personnel, and any other persons in regular, direct contact with patients. However, the procedures in this policy do not apply to those individuals employed solely by University of Wisconsin Madison School of Medicine and Public Health (SMPH) and checks for those individuals are handled by SMPH HR. The Vendor Liaison Office shall administer this policy for those vendors who have regular, direct patient contact. For dually employed individuals, SMPH and UW Health are permitted to share background check results upon request, but the individual must complete a Background Information Disclosure (BID) for each entity. Providers (physicians, including dentists and podiatrists, and non-UWMF employed advanced practice providers and physicians) credentialed through the Medical Staff Administration Office (MSA) have caregiver background checks performed by MSA or a copy received from SMPH and on file.
- B. All employees, persons expected to be employees, volunteers, and other persons in regular, direct contact with patients must complete and submit a BID form prior to starting to work or training. A completed BID form is required to run a caregiver background check ("check"). A check must be completed within sixty (60) days of the start of employment or training. UW Health shall make a good faith effort to complete out-of-state background checks within the sixty (60) day timeframe. While a check is pending completion, the person must be supervised which, at a minimum, includes periodic, direct observation.
- C. UW Health will conduct a renewal check, or obtain an updated one from SMPH (if applicable), at least every four (4) years or at any time when there is reason to believe a renewal check should be obtained.
- D. All individuals covered by this policy have a continuing obligation to report any information listed below to their leader or directly to Human Resources (HR). Any leader who receives such information shall immediately report it to HR. Individuals must notify of the following as soon as possible, but no later than their next working day:
  1. The individual has been convicted of any crime.
  2. The individual has been or is being investigated for any act, offense, or omission, including abuse, neglect, or misappropriation.
  3. The individual has a substantiated finding of abuse, neglect, or misappropriation.
  4. The individual has been denied a license or had their license restricted or otherwise limited.
- E. An individual who fails to complete and submit the BID form, knowingly gives false

information or knowingly omits information on the BID form, or subsequently fails to report any information about a conviction for a crime or other act or offense requested on the BID form may be subject to disciplinary action, up to and including termination of employment or other relationship with UW Health.

#### IV. PROCEDURE

- A. All volunteers and new hires must complete a BID form and submit any relevant court documents for disclosed convictions. For new hires, the BID form and supporting documents will be collected post-offer but prior to start date. New hires and volunteers shall not begin work until a completed BID form has been submitted. The Talent Acquisition department shall receive these forms for new hires, and the Volunteer Services department shall receive these forms for volunteers.
- B. Any persons who misrepresents, falsifies or knowingly omits information on the BID may be terminated or, if an applicant, have the offer of employment withdrawn.
- C. If a new hire or volunteer has disclosed criminal conviction(s) on the BID form, the Talent Acquisition representative or Volunteer Services shall request the criminal complaint, judgment of conviction and any other relevant documents. It is the responsibility of the new hire or volunteer to secure and provide these, including any associated costs. If no documents are received or are not received in a timely manner, the offer of employment may be rescinded. HR may waive this requirement or accept alternate documentation when appropriate.
- D. All new employees and volunteers who served in the Armed Forces, regular or reserves, must provide discharge papers (DD214) if they were discharged within the past three (3) years. Additional information may also be requested if the discharge is other than "honorable."
- E. The Talent Acquisition representative, and Corporate Counsel if appropriate, shall review the BID form and supporting documents to determine if the information precludes employment. The Volunteer Services Office shall conduct this review for volunteers, in consultation with Corporate Counsel if needed.
- F. Once this review is completed and employment is not precluded, the person may start work or as a volunteer.
- G. If the new employee or volunteer has a conviction or a pending arrest for crimes that act as statutory bar to employment, the individual shall be barred from employment/volunteering at UW Health. See Wis. Admin. Code Chapter DHS 12, Appendix A.
- H. Final applicants and volunteers may be denied if there is a substantial relationship between their criminal history and the position for which they are being hired. This determination shall be made consistent with state law.
- I. The final decision to rescind an offer of employment shall be made by Corporate Counsel and a manager of Talent Acquisition.
- J. A complete Wisconsin Caregiver Background Check includes:
  1. A criminal history search through Wisconsin Department of Justice (DOJ);
  2. A check of the status of professional licenses and credentials through the Wisconsin Department of Safety and Professional Services (DSPS); and
  3. A review of records kept by Wisconsin Department of Health Services (DHS) for any substantiated findings of abuse or neglect and license restrictions or denials.
- K. A renewal check shall be completed at least every four (4) years or more often as appropriate. An employee or volunteer who fails to return a BID form required to run a renewal check in a timely manner will be removed from employment or volunteering. If a renewal check reveals a new criminal history, it will be addressed in accordance with the guidelines above. If this periodic check determines that a prior criminal history was overlooked, UW Health reserves the right to reevaluate previous decisions. Additionally, if a renewal check reveals that an employee or volunteer failed to report a new arrest or conviction, appropriate disciplinary action, including termination, may result.
- L. Graduate Medical Education will collect the required documents from the Graduate Medical Education trainees employed by UW Health and will provide that information to Human Resources for processing the check.

- M. All temporary agency personnel, travelers, students, contractors or other persons having regular, direct contact with patients must submit a BID form prior to starting to work or train, and at least every four (4) years thereafter from their start date. In general, these individuals will be required to submit the BID form to their school, agency or employer. These individuals shall not begin work or training until the completed background check or letter confirming same has been reviewed and accepted by Human Resources. Students whose completed BID form does not reveal any crime or offense making them ineligible may train, under supervision, for up to 60 days without a completed check.
1. The individual, school, temporary employment agency or other entity is responsible for conducting the Wisconsin Caregiver Background check, out-of-state checks, and associated costs. They will inform UW Health that the person(s) has no offenses and is therefore eligible for clinical placement or work at UW Health. The school or agency must also advise UW Health of any convictions and provide the check results to the UW Health contact so that UW Health can determine whether the individual will be precluded.
  2. The final decision to permit someone to work or train shall be made by Corporate Counsel.
- N. UW Health Medical Staff Administration (MSA) tracks and maintains compliance of those non-UWMF employed physicians and Advanced Practice Providers (APP) (as defined in UW Medical Staff Bylaws, exhibit 3) credentialed through the MSA office. MSA coordinates with partners, including, but not limited to, UnityPoint Health-Meriter to minimize the number of times this process needs to be completed. This is done in compliance with The Wisconsin Caregiver Program Manual.
1. At least thirty (30) days prior to the expiration date on file with MSA, a notice will be sent to the provider with a copy of the BID form to be completed and returned to the MSA office.
  2. At least one week before the expiration date on file with the MSA office, Department Administrators will be contacted with the names of the providers who have not returned the completed BID form.
  3. Privileges for providers who do not submit a completed BID form by the expiration date may be administratively suspended until the form is received and the CBC can be completed by the MSA office staff.

## **V. RECORD RETENTION AND STORAGE**

The Caregiver Background Check forms and related documents will be maintained by the HR department separate from the personnel files. All forms will be retained for a minimum of four (4) years following termination of employment. Medical Staff Administration will maintain a record in the credentialing file of all Caregiver Background Checks for those providers credentialed through the MSA office.

## **VI. MODIFICATIONS**

This Policy creates no rights, contractual or otherwise. Statements of policy obtained herein are not made for the purpose of inducing any person to become or remain an employee of UW Health and should not be considered "promises" or as granting "property" rights. UW Health may add to, subtract from and/or modify this Policy at any time. Nothing contained in this Policy impairs the right of an employee or UW Health to terminate the employment relationship at-will.

## **VII. REFERENCES**

UW Health Administrative Policy 9.55 Employee Expectations, Disciplinary Action and Appeal  
Wisconsin Caregiver Law  
Wisconsin Fair Employment Act

## **VIII. COORDINATION**

Sr. Management Sponsor: VP, Chief Human Resources Officer  
Author: Corporate Counsel  
Reviewers: Director, Performance Management and Organizational Development; Director, Employee Health Services and Wellbeing  
Approval Committee: UW Health Administrative Policy and Procedure Committee

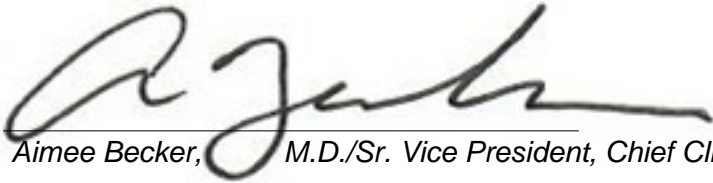
SIGNED BY:  
Elizabeth Bolt  
UW Health Chief Operating Officer

**ACCEPTANCE OF OFFER**

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This letter is the formal legal document regarding your appointment and agreement with the terms of training outlined in the UW Health GME Resident and Fellow Handbook, policies, and the resident or fellow job description (provided in the Handbook). If you have any questions before or after signing this appointment letter, contact the UW Health Graduate Medical Education Office at 608-263-0572 Option 5 or uwgme@uwhealth.org.

Sincerely,



*Aimee Becker, M.D./Sr. Vice President, Chief Clinical Officer*

Through my e-signature below, I hereby accept the position offered to me and agree to all requirements in the appointment letter, policies, and GME Resident and Fellow Handbook provided.

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*Name*

*Date*

Sample