



The Wisconsin Northern & Central (WiNC) GME Consortium is the sponsoring institution for the following residency/fellowship programs: Aspirus Wausau Family Medicine, MCW-Prevea Health Family Medicine-Green Bay, Mosaic Fox Valley Family Medicine, MCW-Central Wisconsin Psychiatry, and the Tamarack Health Emergency Medicine Fellowship. The Graduate Medical Education Committee (GMEC), with representation from each program, provides oversight for the programs. Kevin O’Connell, M.D. serves as the Designated Institutional Official (DIO) of WiNC and is the Chair of the GMEC.

For family medicine residents who elect to participate in osteopathic training, WiNC collaborates with our academic partners, the University of Wisconsin School of Medicine and Public Health (UWSMPH) and the Medical College of Wisconsin (MCW) (depending on which family medicine program the resident is matched with) to oversee osteopathic training. These residents are considered osteopathically designated.

This document further defines the terms of resident/fellow employment, communicates selected policies and procedures, and informs residents/fellows of additional information that must accompany their Agreement of Appointment as required by the Accreditation Council for Graduate Medical Education (ACGME) or the American Association of Physician Specialists, Inc. (AAPS). Regardless of program location, all residents/fellows are held to the same conditions of employment as well as resident/fellow responsibilities.

### **Additional information and resources**

For copies of WiNC graduate medical education policies please refer to the [WinCGME.org](http://WinCGME.org) website under the “[Resident/Fellow Resources](#)” tab or contact your local Program Director or Education/Program Coordinator. The version posted online will be considered the official policy version.

For information on program accreditation, family medicine board requirements, family medicine board certification examinations, or psychiatry board requirements, please refer to the following:

- 1) Accreditation Council for Graduate Medical Education – <https://www.acgme.org/>
- 2) American Association of Physician Specialists– <https://www.aapsus.org/>
- 3) The American Board of Family Medicine – <https://www.theabfm.org/>
- 4) American Osteopathic Board of Family Physicians – <https://certification.osteopathic.org/family-physicians/>
- 5) American Board of Psychiatry and Neurology – <https://www.abpn.com/>

For questions and further information, please contact your local Program Director, Education/Program Coordinator, or the WiNC GME office. The GMEC may revise information, policies and procedures at any time as deemed necessary and/or as required.

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## **I. Resident/Fellow Salary and Benefits**

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**For further information regarding salary and benefits, contact the GME Office.**

### **A. Resident/Fellow Salaries**

All residents/fellows within a given post graduate year receive the same salary. Salaries are pro-rated for part-time and partial-year appointments. The salary rate for 2024-2025 is as follows:

PGY 1	\$67,040
PGY 2	\$69,257
PGY 3	\$71,422
PGY4	\$73,416

Information on direct deposits and other pay details will be provided by the WiNC GME Office.

### **B. Resident/Fellow Medical and Life Insurance Benefits**

All residents/fellows are provided medical and life insurance benefits. The following are brief descriptions of insurance coverages. For each item below, more detailed information will be provided for you by the WiNC GME Office.

#### **1. Group Health Insurance**

Comprehensive health insurance is available for residents/fellows, their spouses, eligible dependents, and eligible adult children. To ensure coverage, the application must be submitted during the enrollment period. Coverage begins on the first day of employment.

#### **2. Dental Insurance**

Dental coverage is available for residents/fellows, their spouses, eligible dependents, and eligible adult children. To ensure coverage, the application must be submitted during the enrollment period.

#### **3. Vision Care Insurance**

Vision care insurance is available for residents/fellows, their spouses, eligible dependents, and eligible adult children. To ensure coverage, the application must be submitted during the enrollment period.

#### **4. Long-Term Disability Insurance**

Long-term disability (LTD) insurance is provided for all residents/fellows beginning with the first day of employment. LTD provides a monthly benefit in the event of a covered disability.

#### **5. Short-Term Disability Insurance**

Short-term disability (STD) insurance is provided for all residents/fellows beginning with the first day of employment. STD provides a monthly benefit in the event of a covered disability.

#### **6. Group Life and Accidental Death & Dismemberment (AD&D) Insurance**

WiNC provides a Group Life and AD&D policy for residents/fellows in the amount of \$50,000 starting with the first day of employment. Life and AD&D insurance provides a benefit in the event of loss of life, or accidental loss of sight, or limb, subject to guidelines of the policy. Residents/fellows may purchase additional individual, spouse, or dependent coverage.

### **C. Pre-Tax Benefits**

#### **1. Medical Expense and Day Care Reimbursement Pre-Tax Programs**

Residents/fellows may elect to pay for certain expenses from pre-tax, rather than after-tax income, as authorized by the federal Internal Revenue Code — enrollment in these programs reduces taxable income. Programs include:

- a. Pre-tax medical expense reimbursement account for income allocated for approved out-of-pocket health care costs.
- b. Pre-tax dependent day care reimbursement account for income allocated for qualified day care costs for dependents.

## 2. Retirement Plan

WiNC offers access to an individual retirement account that residents/fellows may contribute to. The funds are 100% vested.

## D. Professional Development Benefits

All residents/fellows are provided professional development benefits. **For any questions, contact your local program's Education/Program Coordinator.**

### 1. Professional Memberships and Certifications

Membership dues for family medicine residents are paid by the residency program for the American Academy of Family Physicians (AAFP), which includes membership in the Wisconsin Academy of Family Physicians (WAFP). American Psychiatric Association (APA) and Wisconsin Psychiatric Association (WPA) membership dues for PGY-1 psychiatry residents are complimentary. Residents may continue to elect to continue membership in the APA in subsequent years using personal funds or Professional Development Funds. Membership dues for the emergency medicine fellowship are paid for by the program for the American Academy of Emergency Medicine. Dues will also be paid by the program for the Wisconsin Medical Society.

Additionally, for osteopathically designated residents:

- a. Membership in the AOA is required, and dues are paid by your residency program.
- b. Membership in the ACOFP is also required--at this date, there is no cost for membership.
- c. Membership in the Wisconsin Association of Osteopathic Physicians and Surgeons (WAOPS) is free for residents/fellows.

For family medicine chief residents, a membership for the Society of Teachers of Family Medicine (STFM) or another organization of choice may be provided. Check with your local program for information.

**American Board of Family Medicine (ABFM) or American Osteopathic Board of Family Physicians (AOBFP) Certification:** Board eligible PGY3s are required to take either the ABFM or the AOBFP certification exam in the spring of their 3rd year as a condition of employment. The base exam fee for one exam will be covered by your residency program. Residents who choose to take both exams may use Professional Development Funds to cover the expenses of a second exam. Late fees are not reimbursable. Cost associated with the exam may be covered by the residency program based on local program policy.

**Note:** Dates for certification exams for off-cycle residents vary. See your Education/Program Coordinator for specific information.

### 2. Life Support Courses

Varying by individual residency/fellowship program and subject to local program policies, fees are covered by your residency/fellowship program for the following life support courses, if required:

- a. Advanced Cardiac Life Support (ACLS)
- b. ACLS re-certification
- c. Basic Life Support (BLS)
- d. Pediatric Advanced Life Support (PALS)
- e. Neonatal Resuscitation Program (NRP)
- f. Advanced Trauma Life Support (ATLS)
- g. Advanced Life Support in Obstetrics (ALSO)

Residents/fellows are encouraged to take life support courses offered in their community or by their program's member institutions. When these courses are taken outside of your community, reimbursement will be limited to a rate comparable to those available locally. Training materials may be available through

your residency/fellowship. Please check with the Program.

### 3. Exams and Licensing

The following is reimbursed by the residency/fellowship program:

- a. Fee for USMLE Step 3 (once) – OR –
- b. Fee for COMLEX Level 3 (once)
- c. Fee for a State of Wisconsin medical license
- d. Fee for DEA Certification

### 4. Professional Development Funds

In addition to professional memberships and life support courses as described above, funds are also provided to residents/fellows for other professional development activities--**\$1,000 is provided for each PGY training year**. Residents who enter the program with credit for a partial year of residency will receive prorated professional development funds for that year. For example, a resident who begins a program in the second half of the PGY 1 academic year will receive 50%, or \$500, for professional development during their PGY1 year. Up to \$1,000 of unused funds can be transferred to the next PG year. Fellows receive a one-time allocation of professional development funds.

Funds must be spent before the date of graduation. However, funds may not be used prior to graduation for professional development activities that occur after the date of graduation.

Professional development expenses require advance approval from the Program Director or designee.

Examples of suitable use of professional development funds include, but are not limited to:

#### Travel and Conferences

- a. Registration, travel, room, and meals for approved conferences, subject to the reimbursement guidelines set by the resident's employer and local policy.
- b. Expenses (airfare, other transportation, lodging, registration fee) incurred during an approved international rotation.
- c. Travel and lodging for approved out-of-town elective rotations.

#### Other Memberships and Educational Expenses

- a. Fees and expenses for life support courses not covered by your local residency program.
- b. Cost of one board exam for osteopathic residents who choose to take both the ABFM and AOBFP exams.
- c. Medical-related professional memberships not covered as described in this section.
- d. Purchase of medical books, medical journals and subscriptions, and educational and medical software
- e. Cost of program approved medical equipment for clinical or educational use (note: some purchases may result in a taxable event).
- f. Medication Assisted Treatment Waiver for programs where the training and waiver are optional. If this training is required, it is covered by the Program.
- g. Examination fees associated with retakes if program policy allows (e.g. Step 3 retake)

#### Computers, Tablets, Smartphones

- a. Based on educational need and Program approval, the purchase of a desktop computer, laptop computer, smartphone or tablet, cases not included. Professional Development Funds cannot be used to offset one-time or ongoing operating costs of the devices. Certain restrictions apply, particularly in the final year of training. Check local Program policy for specifics.
- b. Any device (computers, smartphones, tablets, etc.) purchased with Professional Development Funds will be considered a Personal Device for the purpose of support, updates and troubleshooting. WiNC's Information Technology Services (ITS) staff do not provide support, troubleshooting or assistance with Personal Devices. Warranty support can be obtained through individual hardware vendors.
- c. Personal Devices are not allowed to directly connect to hospital internal networks. Connections to protected resources must be achieved through virtual private network (VPN) connectivity. On-site network connectivity must be achieved via free or guest Wi-Fi networks.
- d. Individuals are responsible for providing/installing and maintaining anti-virus software on all Personal Devices. WiNC does not provide anti-virus, Microsoft Office, or other "utility" software. The WiNC GME Office is able to make recommendations and provide links to obtain anti-virus software. The WiNC GME

Office cannot install or troubleshoot anti-virus software on Personal Devices.

- e. Personal Devices are taxable. **Note:** Reimbursement of Personal Devices are considered taxable income in accordance with IRS rules and will be included on the resident's year-end W2 wage statement.
- f. Professional Development funds are not to be used to offset the ongoing operational costs, including extended warranties of computers, tablets, or smartphones/cellphones.

**Examples of expenses not covered by Professional Development Funds include but are not limited to:**

**Travel-Related**

- a. Expenses for personal travel or expenses to extend professional time away with personal time. Travel expenses for family or others who may accompany you on a professional time away activity.
- b. Cost for movies in hotel rooms while traveling.

**Secondary Medical Employment-Related**

- a. Fees incurred with moonlighting activities, such as assessment fees for the Wisconsin Injured Patients and Families Compensation Fund (IPFCF).

**Other**

- a. Cost for non-approved medical equipment or personal devices.
  - i. This includes special glasses, shoes, lab coat(s) and other items not of an educational nature and/or non-approved computers, tablets, or smartphones.

The process to request reimbursement for professional development expenses will be outlined by your local residency program.

**5. Support for Research and Scholarly Activities**

There are opportunities to participate in ongoing scholarly projects conducted by WiNC program faculty. Please contact Kevin O'Connell, MD, DIO, at (715) 675-5246; [kevin.o'connell@aspirus.org](mailto:kevin.o'connell@aspirus.org) if you are interested in finding out about current opportunities.

Faculty and staff from around the state are available to guide and assist residents/fellows in research and other scholarly work including presentations and publications. Additionally, for residency programs that have faculty actively participating in a Good Evidence Matters (GEMS) project, residents will have access to the national Family Practice Inquiry Network (FPIN). FPIN has many opportunities available for residents to write medical inquiries and evidence-based *Help Desk* answers for publication. FPIN aims to make evidence-based family medicine and clinical scholarship more accessible to family physicians in clinical practice. For questions and more information on these opportunities, please contact your Program Director or Education/Program Coordinator.

**E. Medical Malpractice/Professional Liability Benefits**

All residents/fellows are provided medical malpractice/professional liability benefits by their employer arising out of their participation in the education program: Refer to Appendix B and the [WinCGME.org](http://WinCGME.org) website under [Resident/Fellow Resources](#).

**F. Resident Time Away Benefits**

All residents/fellows are offered paid time away from the residency/fellowship program. WiNC Programs provide a generous Paid Time Off (PTO) benefit to include 4 weeks of PTO annually and should an approved qualifying event occur, up to 8 additional weeks of PTO one time during the residency/fellowship. Section II of the Manual details the time away guidelines, procedures, eligibilities, and scheduling.

**NOTE:** When scheduling time away, residents/fellows are advised to make note of residency/fellowship training requirements from their respective Boarding Bodies, as time away that exceeds the maximum allowed will extend residency/fellowship training time. Additionally, at any point, a Program Director and the Clinical Competency Committee (CCC) can make a decision to extend a resident's training or based on their assessment that the resident is not ready for attestation of meeting Accreditation/Board requirements and enter autonomous practice. Residents/Fellows are advised to take these factors under consideration when planning time away and may choose to limit their PTO/time away.

## G. Additional Resident/Fellow Benefits

### 1. Local Program Benefits

- a. **Pagers:** When deemed necessary, pagers and associated monthly fees are provided at no cost to residents/fellows.
- b. **Hospital Call Rooms:** Each residency/fellowship program, in collaboration with local hospital teaching sites, offers call-room accommodations when overnight stay is required. The local program works with the hospital(s) to ensure that call rooms are safe, quiet, and have accessible private rest/sleep facilities available.
- c. **Meals:** Residents/fellows on duty in the hospital will be provided access to food services during call. Check with your local residency/fellowship program for specific locations and resources.
- d. **Lab coats:** Lab coat(s) are provided for residents/fellows at each residency/fellowship program location.
- e. **Additional benefits:** Additional benefits and stipends may be offered by local programs such as moving and relocation, parking, meals during resident/fellow conferences, laundry services for lab coats, travel for required rotations or other required program travel, housing for rural rotations, certain membership dues, etc.
  - i. **Note:** Mileage reimbursement, when applicable and if approved by the program, will be paid at the lesser of either the program approved per diem or the current allowable IRS tax rates for travel and relocation.
  - ii. **Note:** Reimbursement of moving expenses, if offered by the program, are considered taxable income in accordance with IRS rules and will be included on the resident/fellow's year-end W2 wage statement.

### 2. Resident/Fellow Support and Employee Assistance Program

Resident/fellow support and social activities with peers are essential components of each residency/fellowship program. These vary by location, but may include resident/fellow retreats, dinners, parties, resident/fellow support groups, and more.

In addition, the following resources are available:

- a. **Anonymous DIO Email Contact:** A link allowing anonymous email contact with the Designated Institutional Official (DIO) is available on the WiNC website under Resident Communication. The link is: <https://www.wincgme.org/resident-fellow-communication>. The intent is for residents to have a way to report issues without fear of repercussion as well as any positive feedback they wish to convey.
- b. **Resident/Fellow Email and Virtual Forums:** An electronic resident/fellow-only email forum is provided where you may discuss topics and issues with your colleagues. The resident/fellow-only forum email address is: [WiNCResident-to-All-Residents@rwhc.com](mailto:WiNCResident-to-All-Residents@rwhc.com). This confidential forum includes only WiNC residents/fellows. Sending an email to the aforementioned address will send your email to every WiNC sponsored resident/fellow. The virtual forums are scheduled in February and September. An electronic calendar invite will be sent to each resident/fellow.
- c. **Program Personnel:** Program Directors, chief residents, education/program coordinators, faculty advisors/mentors, and other faculty and staff are also available to assist residents/fellows with educational, personal, or professional concerns.
- d. **Professional Resources:** All residents/fellows are offered, and have direct access for individual confidential support and counseling for work-related and personal issues in areas such as:
  - i. Alcohol and drug abuse
  - ii. Marital and family problems, separation, divorce, family violence
  - iii. Anger control
  - iv. Financial problems
  - v. Stress, emotional problems, grief

- e. **Wellness Web-based & 24/7 Resources:** Multiple wellness resources are available on the [WINCME.org/Wellness Resources page](http://WINCME.org/WellnessResourcespage). Please review these resources which include links to various confidential consultants, articles, podcasts, apps, and screeners.
- f. **Employee Assistance Program  
ACI Specialty Benefits**  
24/7 access to EAP benefits by phone, email, text, live chat, and online  
**Phone: 855-RSL-HELP (855-775-4357)**  
**Online: <http://rsl.acieap.com>** Company code: RSLI859
- g. WINC sponsored programs are committed to providing assistance to residents/fellows with impairments that compromise their ability to learn, to provide safe and appropriate patient care, and to ensure the safety of themselves or others. Actions are taken as appropriate for the best interest of impaired residents, their colleagues, patients, faculty and staff. For more information, please consult with your Program Director or Education/Program Coordinator.

## II. Resident/Fellow Time Away from the Program

### A. Guidelines for Resident Time Away

#### SUMMARY TABLE - WINC Resident/Fellow Time Away - Effective July 1, 2023

Approved 2-16-2023 GMEC

Time Away	Definition	Annual/Training Year (July-June)	Cumulative of All Training Years
<b>WiNC Permitted Time Away (Paid with Benefits)</b>			
WiNC Paid Time Off (PTO)	Paid time away from program for vacation, illness, bereavement, personal business, etc.	Not to exceed 4 weeks	Not to exceed 12 weeks for Family Medicine and 16 weeks for Psychiatry.
Qualifying Leave	Eight (8) weeks paid with benefits leave for qualifying reasons (see guidelines); must keep 1 week in reserve (per ACGME).	Up to 8 weeks	One (1) eight (8) week paid with benefits qualifying leave is permitted during your program training.  Maximum consecutive time away is 11 weeks (e.g., 4 PTO followed by 7, leaving 1 reserve week).
Potential cumulative time away from program	Absences that exceed these totals need to be made up (see bullets below).	Up to 12 weeks will be allowed off in a given academic year, with max of 11 consecutive weeks	Time away paid with benefits. Total reflects 4 weeks of PTO annually + up to 1 eight week leave.  <u>For Family Medicine:</u> Up to 20 weeks (4 +4+4+8) total over the 3 years. <u>For Psychiatry:</u> Up to 24 weeks (4+4+4+4+8) over 4 years.
Time off may be shortened in lieu of extending training, if required.			
<b>IMPORTANT NOTICE:</b> <ul style="list-style-type: none"> <li>When scheduling time away, residents/fellows are advised to make note of residency/fellowship training requirements from their respective Boarding Bodies, as time away that exceeds the maximum allowed <u>will</u> extend residency/fellowship training time.</li> <li>At any point, a Program Director and the CCC can make a decision to extend a resident's training or based on their assessment that the resident is not ready for attestation of meeting Accreditation Board requirements and enter autonomous practice.</li> <li>At risk residents/fellows are advised to consider limiting time away where possible. Residents/fellows may shorten leave time in lieu of having an extension of training.</li> </ul>			
<b>Wisconsin FMLA</b>			



Wisconsin FMLA 12-01-22	Runs concurrent with WiNC Qualifying Leave (for first Wisconsin FMLA only). Must be employed by WiNC for at least 52 consecutive weeks. PGY1/Fellow not eligible.	2 Weeks for serious health condition. 6 Weeks for qualifying condition.  Can be used annually (based on a calendar year).	Wisconsin FMLA is by nature unpaid but WiNC qualifying leave will run concurrently. If qualifying cumulative leave is exhausted the resident/fellow may still qualify for Wisconsin FMLA and they would have the option of substituting PTO and/or STD. Employer's portion of benefits continue w/Wisconsin FMLA.
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When scheduling time away, residents/fellows are advised to make note of residency/fellowship training requirements from their respective Boarding Bodies, as time away that exceeds the maximum allowed will extend residency/fellowship training time.

### **WiNC's Time Away from the Program Policy:**

#### **Purpose**

This policy provides guidelines for resident/fellow time away from the program for paid time off (PTO) and other leaves of absence. The guidelines are consistent with applicable state and federal laws, ACGME program requirements, and provide residents/fellows with accurate information regarding criteria for satisfactory completion of their program and their eligibility to participate in relevant certifying board examinations. As of the printing of this policy, these guidelines are consistent with all relevant ABMS and AOA certifying boards for programs currently sponsored by WiNC. Additionally, compliance is ensured with federal and state statutes regarding military leave and state guidelines regarding jury duty. The Human Resources Department and/or legal counsel from the resident's respective employer will be consulted as needed to ensure compliance. These guidelines apply equally to both MD and DO residents.

#### **For all Residents/Fellows:**

##### **1. PTO: Paid Time Off, Illness, and Other Short-Term Absences:**

- a. Residents/Fellows may be absent from the program for paid time off (PTO) which includes such things as: vacation, illness, bereavement, personal business such as job interviews, non-residency approved research or clinical experiences, military or government assignment outside the scope of specialty, etc., not to exceed four weeks in each academic year. No two PTO periods may be concurrent (e.g., last month of the PGY 2 year and first month of the PGY 3 year in sequence)
- b. Allotted days for PTO/short term absences may not accumulate from one academic year (July-June) to another. They must be taken in the academic year of service for which PTO is granted.
- c. A resident/fellow does not have the option of reducing the total time required for residency/fellowship by relinquishing time away days.
- d. Advance notice is required. Granting of time away is subject to local Program policies, which include defining the length of time of a week for accounting purposes, and scheduling and approval processes.
- e. Residents/fellows may be scheduled to work holidays due to staffing needs in the Program hospitals or clinics. Please check with your Education/Program Coordinator for details about local program policies regarding holiday scheduling.
- f. Time away from the residency/fellowship for educational purposes such as workshops or CME activities is not counted in the general limitation on absences but should not exceed one week per academic year (if eligible) and program approval is required. These days are for use in the post graduate training year granted and again, are not transferable to the subsequent training year. Local Program policies dictate scheduling and approval processes.
- g. In addition to the elective time for CME available to the resident, the Program may require certification in life support courses, such as ACLS, NRP, PALS or ALSO or certification courses. Please check with your local program for policies regarding time away and scheduling.

**2. Medical Leave:** Wisconsin Family Medical Leave Act (FMLA): Effective December 1, 2022, WiNC is an employer covered under the Wisconsin Family Medical Leave Act (FMLA). This leave will run concurrently with the ABFM Family Leave of Absence.

- a. Eligibility – Employees who have been employed by WiNC for at least 52 consecutive weeks and have worked at least 1,000 hours during the preceding 52-week period prior to requesting leave are eligible under the Wisconsin Family and Medical Leave. WiNC will grant an unpaid leave (PTO and/or Short Term Disability can be substituted) to all eligible residents for one or more of the following reasons:
  - i. The resident/fellow’s own serious health condition;
  - ii. The serious health condition of a spouse, child or parent;
  - iii. The birth or adoption of a child. Serious health condition means:
    - o A disabling physical or mental illness, injury, impairment, or condition involving inpatient care in a hospital, nursing home, hospice, or
    - o Outpatient care that requires continuing treatment or supervision by a health care provider.
- b. Duration of Leave – During the calendar year, eligible residents/fellows will normally be allowed up to six (6) weeks of leave for the birth or placement of a child if the leave begins within 16 weeks of the child’s birth or placement and up to two (2) weeks of medical leave for an employee with a serious health condition or for any employee to care for the employee’s child, spouse, or parent with a serious health condition.

Partial or intermittent leave or leave on a reduced schedule basis (e.g. working fewer days in a weeks) is available when medically necessary; however, if the leave is for planned medical treatment it is expected that the resident will schedule the treatment to create minimum disruption for the program.

- c. WiNC allows an additional eight (8) weeks for the aforementioned reasons beyond the four (4) weeks per academic year already allowed for short term absences and PTO. Up to twelve (12) weeks will be allowed off in a given academic year and twenty (20) weeks total over the three years of Family Practice training, and twenty-four (24) weeks over four years of Psychiatry training, as the maximum time away from a training program and still have the resident remain board eligible without extension of training. Residents may only use up to 11 weeks consecutively, as ACGME requires that one week be reserved. Wisconsin FMLA runs concurrent with ABFM Leave.

**3. Long-Term Leave of Absence:**

- a. Occasionally, residents/fellows may need to be away from the Program for prolonged periods of time. Absences that exceed the four (4) weeks per academic year and/or the additional eight (8) weeks of Family Leave of Absence must be made up before the resident advances to the next level of training and the time will be added to the projected date of completion of the resident’s training.
- b. ACGME Leave Requirement: that one week of paid time off is reserved for use outside of the first six weeks of leave. The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the academic year(s) in which the leave is taken.
- c. A leave of absence that extends the length of residency/fellowship has the potential for multiple modifications to the resident/fellow’s training, including changes to the resident/fellow’s curriculum and possible pay and benefits adjustments. These extended leaves of absence will be arranged in collaboration with the Program Director and WiNC Human Resources. In addition, any leave that extends a resident/fellow’s contract and end date for graduation must be approved in consultation with the WiNC DIO.
- d. Long-term leaves may be full leaves, a complete interruption in training and continuity care, for which the resident/fellow is away on a full-time basis and for a designated period of time.

- e. Partial or part-time leaves means the resident/fellow is in training part-time on a reduced schedule for a designated period of time, such as 0.5 FTE for 4 months.
- f. It is important to note that extensions to residency/fellowship training will need to be explained when applying for licensure, hospital privileges, Board certification examinations and future employment positions. Verification of training will be requested from the residency/fellowship program. All time away from training in excess of the allocated time for PTO and other short-term leaves, including Family Leave, will be recorded in national reporting systems as applicable (e.g. in the Resident Training Management (RTMS) for Family Medicine.)
- g. Extended WiNC Residents/Fellows: Residents/Fellows that are off-cycle less than 30 days will receive the current salary of the program year and their elected insurance benefits until they advance or graduate. Additional PTO is not available to residents/fellows that are off-cycle less than 30 days. Residents/Fellows that are off-cycle 30 days or more, will receive the new academic year salary for the program year and their elected insurance benefits until they advance or graduate. PTO may be available within guidelines at the discretion of the program for residents/fellows that are off-cycle 30 days or more.

### Common Examples for Guiding Time Away Planning

**Please feel free to call WiNC HR at (608)643-1061 to discuss any questions related to medical leave of absences or short term disability insurance.**

Short Term Disability (STD) insurance is provided to all residents/fellows. There is a fourteen-day (14) elimination period with a maximum benefit of eleven weeks. Maternity benefits can last up to six weeks after childbirth for a vaginal delivery and up to eight weeks for a C-section. Benefits are paid weekly at sixty percent of total weekly earnings up to one thousand dollars. In order to receive a benefit payment for this insurance, the resident/fellow and their physician must complete paperwork and then the approvals and denials are made by the insurance carrier. Long Term Disability Insurance (LTD) is also provided to all residents/fellows. If you are on STD and your conditions continue the LTD will begin after 90 days and approval by the LTD carrier.

#### **1. Maternity/Paternity Leave**

*Maternity and Paternity Leave are handled in the same manner, except paternity leave is not eligible for short term disability benefits.*

- a. Scenario 1: Dr. Smith has requested to be out twelve weeks for her maternity leave (vaginal delivery). This is her first medical leave of absence and she is a PGY2. This would be considered FMLA (family medical leave act) time and she would also be eligible for paid ABFM leave.
  - i. *Option 1: If ABFM leave is elected:*  
 First two weeks (Short Term Disability (STD) elimination period) – Employer pays 100% of your pre-disability earnings.  
 Next four weeks – STD pays 60% of your pre-disability income and Employer pays 40%  
 For the remaining six weeks, Dr. Smith could use available PTO (reserving one or more weeks for future use). Other qualifying disabilities may provide additional STD benefits.
  - ii. *Option 2: If ABFM leave is not elected:*  
 First two weeks (STD elimination period) – use available PTO  
 Next four weeks – STD pays 60% of your pre-disability income. Other qualifying disabilities may provide additional STD benefits.  
 For the remaining six weeks, Dr. Smith could use available PTO (reserving one week for future use).
- b. Scenario 2: Dr. Smith has requested to be out for twelve weeks for her maternity leave (C-Section). This is her second medical leave of absence (She has exhausted her eight weeks of ABFM leave.) and she is a PGY3. This would be considered FMLA time but she would not be eligible for paid ABFM leave because she already used it.
  - i. *Options:*  
 First two weeks (STD elimination period) – use available PTO  
 Next six weeks – STD pays 60% of your pre-disability income. Other qualifying disabilities may provide additional STD benefits.  
 For the remaining four weeks, Dr. Smith could use up available PTO (reserving one week for future use).
- c. Scenario 3: Dr. Harris has requested to be out for six weeks for paternity leave. This is his first medical leave of absence and he is a PGY1. He would not be eligible for FMLA time (since he hasn't worked for 52 consecutive

- weeks) but he would be eligible for ABFM leave.
- i. *Option 1: If ABFM leave is elected:*  
Six weeks - Employer pays 100%
  - ii. *Option 2: If ABFM leave is not elected:*  
Use available PTO (reserving one week for future use)
- 2. Brief Illness**  
Dr. Jones tests positive for COVID and will miss five days of work. Since the elimination period for the short term disability policy is fourteen days, he will not qualify for that benefit and will need to use PTO to cover time off.
- 3. Reoccurring and/or Serious Illness**  
Dr. Williams has cancer and has requested to be off work for four weeks. This is his third medical leave of absence (the second one this calendar year) and he is a PGY3. He is not eligible for FMLA (since he has already used his six weeks of FMLA this calendar year) and he has used six of his eight weeks for ABFM leave. Due to his reoccurring illness, the elimination period has been met with the short-term disability policy.
- a. *Option 1: If ABFM leave is elected:*  
First two weeks – STD pays 60% of your pre-disability income and Employer Pays 40% (this will exhaust ABFM)  
Next two weeks – STD pays 60% of your pre-disability income (could use available PTO (reserving one week for future use) to supplement to get to fully salary. Other qualifying disabilities may provide additional STD benefits.
  - b. *Option 2: If ABFM leave is not elected:*  
Four weeks – STD pays 60% of your pre-disability income and could use available PTO (reserving one week for future use) to supplement to get to full salary. Other qualifying disabilities may provide additional STD benefits.

## **Specialty Specific and Board Eligibility Considerations**

1. Emergency Medicine Fellowship
  - a. Training Requirements for Board Certification Eligibility
    - i. Fellowship graduates have the ability to become board-certified in emergency medicine by American Board of Physician Specialties (ABPS). This fellowship training allows a family physician to sit for the ABPS Board Certification in Emergency Medicine (BCEM). Fellows who complete the fellowship are strongly encouraged to take the board exam.
    - ii. Decisions about completion and the determination that a resident is ready for graduation and autonomous practice is determined by the local Program Director with recommendation from the Clinical Competency Committee (CCC).
  - b. Part-Time Fellowship Training
    - i. Is not permitted.
2. Family Medicine Residency
  - a. Training Requirements for Board Certification:
    - i. Family Medicine Candidates for board certification are required to satisfactorily complete 36 months of graduate medical education in an ACGME accredited Family Medicine program. Time away from training will be allowed, as this policy will further clarify, but will not exceed maximums established by the ABFM for absences from the residency.
    - ii. Residents may complete all or part of their PGY1 year in another program and receive advanced placement in a WiNC sponsored program only after receiving prior ABFM approval for credit.
    - iii. Residents are required to complete their PGY2 and PGY3 training years in the same program, unless because of hardship or closure of program the accrediting board would allow for transfer and credit that exceeds the first 12 months (PGY1 year) of training.
    - iv. Part-time residency training is possible for Family Medicine, but requires detailed description of how a part-time schedule would complete ACGME program requirements and would need prior ABFM approval. Part-time residencies cannot fall below .5 FTE. Decisions about advancement from one year to the next, and the determination that a resident is ready for graduation and autonomous practice is determined by the local Program Director with recommendation from the Clinical Competency Committee.
  - b. ABFM Family Leave of Absence. This is not the same as Federal and/or Wisconsin Family and Medical Leave Act (FMLA). Family Leave will be provided for the following:
    - i. The birth and care of a newborn, adopted, or foster child, including both birth and non-birth parents of the newborn.
    - ii. The care of a family member with a serious health condition, including end of life care.

- iii. A resident's own serious health condition requiring prolonged evaluation and treatment.
    - c. The allowable period for Family Leave does not apply to periods of prolonged PTO or other reasons other than those specifically outlined above. Decisions regarding what constitutes family members or a serious health condition will be determined by the local Program and its Director.
    - d. ABFM Family Leave of Absence will run concurrently with Wisconsin FMLA leave for residents that are eligible for both types of leave.
    - e. ACGME Leave Requirement: that one week of paid time off is reserved for use outside of the first six weeks of leave. The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken.
    - f. All WiNC sponsored residents may request time allowance from their program for Family Leave, but decisions to grant time off are made at the program level and are based on various parameters, including satisfactory progression in training, completion of all required rotations, not currently on probation or a performance improvement plan, and does not cause undue adverse effects on other residents. In addition, any leave that extends a resident's contract and end date for graduation must be approved in consultation with the WiNC DIO. This consultation is also to consider any request for waiver of the continuity of care requirement for the ABFM in cases of substantial hardship that might be occurring with the resident.
    - g. Part-time Training in Family Medicine  
In order for a family medicine resident to qualify for Board Certification Examination, a reduced or part-time curriculum must have PRIOR written approval of the Board and must meet the conditions listed below.
    - h. The Residency Program Director must submit a description of the curriculum outlining how the part-time schedule complies with the ACGME Program Requirements and the specific conditions described below. Any subsequent changes must be approved by ABFM in advance.
      - i. A satisfactory reason for the resident's part-time status must be communicated.
      - ii. The resident's educational needs must be assured.
      - iii. The continuity of care experience required for Family Medicine residents must occur in a Family Medicine Practice site approved by the Residency Review Committee and must occur in the same Family Medicine Practice site in the PGY-2 and PGY-3 years of training. During the PGY-2 and PGY-3 years, the resident will be required to complete comprehensive continuity of care for patients in the Family Medicine Practice site on a full-time equivalent basis. Clinical rotations/experiences and continuity clinic time will be integrated during the part-time schedule. Block clinic time without concurrent clinical rotations/experiences does not reduce the continuity of care requirement or the length of training time but can serve to assure compliance with the continuity of care requirement. The same minimum number of continuity patient visits will be required as is required of full-time residents.
      - iv. Fairness to other residents in the program has been considered and addressed.
      - v. The total curriculum equates to the sum of clinical experiences and responsibilities of that of a resident with a normal full-time schedule.
      - vi. Documentation regarding how continuity of care responsibilities will be assured throughout the term of the part-time training experience.
3. Psychiatry Residency
- a. Training Requirements for Board Certification:
    - i. Psychiatry Medicine Candidates for Board Certification are required to satisfactorily complete a PGY1 and three full years of post-graduate, specialized residency training in a psychiatry program accredited by the ACGME, for a total of 48 months of post graduate education.
    - ii. To ensure continuity of training, the Board requires that two of the three years of residency training, excluding the PGY-1, be spent in a single program.
    - iii. The 36 months of full-time specialized residency training must be completed in no more than two blocks.
    - iv. Residents may enter subspecialty training in child and adolescent psychiatry prior to completing general psychiatry training requirements; however, the resident may not sit for the general psychiatry examination until the resident has successfully completed an ACGME-accredited PGY-1, the two full years of postgraduate, specialized residency training in a psychiatry program accredited by the ACGME, and one year of residency training in a child and adolescent psychiatry program accredited by ACGME.

- v. Decisions about advancement from one year to the next, and the determination that a resident is ready for graduation and autonomous practice is determined by the local Program Director with recommendation from the Clinical Competency Committee.
- b. Part-time training in Psychiatry
  - i. Is not permitted.

## B. Resident/Fellow Leave of Absence Procedure

### How to Apply for a Leave of Absence

1. **Notification request:** For leaves that can be planned in advance, residents/fellows are required to inform the Program Director, Education/Program Coordinator, and any other persons who are involved in scheduling and educational planning in the residency/fellowship program as soon as possible, and at least 2 weeks in advance.

Residents/Fellows who need a leave of absence on an emergent basis must contact the Program Director or Education/Program Coordinator immediately. The resident's health and well-being is the primary concern. After that, the details of call and coverage will be worked out.

**Please note:** Requirements for time away apply to emergent leave as well as to leave planned in advance and may extend the resident's training in the program. Depending on the circumstances, leave may be denied or delayed in the event adequate notice and/or substantiation or certification of the leave is not provided.

2. **Approval process:** Local Program Directors are responsible for approving or denying a request for leave. With an approved leave, the local Program Director will determine whether the time away will be paid or unpaid. The Education/Program Coordinator will consult with WiNC Human Resources to review the resident/fellow's eligibility for the Wisconsin FMLA. If the resident/fellow is eligible, WiNC will provide the Wisconsin FMLA Notices and Certification of Healthcare Provider to the resident/fellow within five (5) business days which must be filled out by the resident/fellow's or the family member's healthcare provider and returned within 15 days. Under some circumstances WiNC may request re-certification of the continued need for leave. If the leave is to care for resident/fellow's newborn child, there is no need to submit a medical certification form.
3. **Documentation:** Documentation is required for any leave of absence from the program. The Program Director or designee(s) is responsible for completing:
  - a. The Graduate Medical Education *Leave of Absence (LOA)/Interruption of Training Form and ensuring that the Education/Program Coordinator submits the form to WiNC Human Resources.*
  - b. Reporting the leave of absence to the ABFM.

### Benefits during a Leave of Absence

1. **Insurance Benefit Continuation during a Leave:** Leaves of absence (LOA) may or may not affect resident benefits, including medical coverage. Benefits are provided for absences approved under AGCME, ABFM, and/or Wisconsin FMLA. To ensure accurate and up-to-date information about continuation of insurance, residents planning a full or partial leave, and additionally while on a full or partial leave, are strongly advised to consult WiNC's HR at (608)643-1061.
  - a. If PTO days have been exhausted during a LOA and/or the resident/fellow is receiving pay from Short-Term Disability, the Resident/Fellow will need to set up a payment schedule with Human Resources to cover the employee portion of benefits costs for the duration of the leave.
  - b. If a resident/fellow is unable to return to work at the end of a LOA, the resident will have an opportunity to continue health, dental, and/or vision insurance through COBRA.

**Returning to Work – Fitness for Duty –** A fitness-for duty report from a health care provider may be required prior to being restored to employment if the leave was taken due to the resident/fellow's own serious health condition. Return to work may be delayed until the certification is provided.

**Reinstatement upon Return from Leave –** Upon return from Wisconsin FMLA leave, a resident/fellow will be returned to their same position with the same benefits, pay, and other terms and conditions of employment, so long as the resident/fellow's leave did not extend beyond the approved leave period.

If the resident/fellow is unable to perform an essential function of the position upon return from leave, the resident/fellow has no right to restoration to another position. However, WiNC may attempt to reasonably accommodate the resident consistent with applicable laws.

**Responsibilities**

The WiNC Graduate Medical Education Committee is responsible for:

1. Ensuring that programs provide residents with information regarding time away from the residency/fellowship and how it impacts their training.
2. Providing oversight for programs to meet American Board of Specialties requirements.

Local Program Directors are responsible for:

1. Providing residents/fellows with information regarding time away from the residency/fellowship and how it impacts their training.
2. Ensuring that residents/fellows meet specialty requirements affected by time away from the program.
3. Contacting the appropriate American Board of Specialties about extended absences and providing them with information regarding those absences as needed.

**References: American Board of Family Medicine: [www.theabfm.org](http://www.theabfm.org)**

**For GMEC ACGME Reference**

**ACGME Institutional Requirements (2022)**

IV.H. Vacation and Leaves of Absence

IV.H.1. The Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. This policy must: <sup>(Core)</sup>

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; <sup>(Core)</sup>

IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; <sup>(Core)</sup>

IV.H.1.c) provide residents/fellows with a minimum of one week paid time off reserved use for use outside the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; <sup>(Core)</sup>

IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; <sup>(Core)</sup>

IV. H.1.e) describe the process for submitting and approving requests for leaves of absence; <sup>(Core)</sup>

IV.H.1.f) be available for review by residents/fellows at all times; and, <sup>(Core)</sup>

IV.H.1.g) ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident’s/fellow’s eligibility to participate in examinations by the relevant certifying board(s). <sup>(Core)</sup>

**Additional Referenced Used by WiNC/GMEC to Establish Time Away Guidelines.**

<b>ACGME Leave</b> 07-01-22	Provide residents / fellows 6 weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons.	6 Weeks	6 Weeks	Paid with Benefits, may use vacation and other pay sources to provide paid time off during leaves of absence.
<b>ACGME Reserve Week</b> 07-01-22	Provide residents/fellows with one week paid time off reserved for use outside the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.	1 Week	1 Week	Paid with Benefits, may use vacation and other pay sources to provide paid time off during leaves of absence.

<b>ABFM Leave</b> 07-01-20	Eight (8) weeks for qualifying reasons for Family Medicine; must keep 1 week in reserve.	Up to 8 weeks	8 weeks Total, less 1 for reserve	Silent on pay & benefits. Maximum consecutive time away is 11 weeks (4 PTO followed by 7 ABFM).
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### C. Other Time Away from the Program

#### 1. Professional Development

In addition to the Paid Time Off, up to five additional paid days are available to residents/fellows with the approval of their Program Director to attend professional conferences and other professional development activities. These days are for use in the post graduate training year granted, and are not transferable to the subsequent training year.

Examples of **suitable use of time away** for professional development include, but are not limited to:

- a. Attendance at professional conferences i.e., AOA, ACOFP, AMA, APA, AAP, etc.
- b. Structured activities that will result in continuing medical education credit for practicing physicians i.e., AAFP self- study courses, on-line professional development courses, etc.
- c. Preparation/study time for board certification examinations when in the final year of training.
- d. Life support courses not required by the program.

Examples of proposed uses of professional development **time away that will not be approved** include but are not limited to:

- a. Job interviews
- b. Extra personal days off for PTO, illness or injury, etc.

Time away for professional development may not reduce the number of hours/days spent on clinical rotations if it brings the resident/fellow below curriculum requirements. Likewise, time away may not reduce night call or interfere with scheduled patient care. Additional guidelines and granting of time away for professional development are subject to local residency/fellowship program policies.

#### 2. Resident International Rotations

International rotations may be approved by the Program Director for interested residents per local program policy. Up to four weeks may be paid as regular residency work time as determined by the Program Director. If permitted by written local program policies, this may be extended to six weeks. Check with your Program Director and/or Education/Program Coordinator for further details. If approved, separate insurance coverage will need to be purchased by the program to cover the resident while outside the country.

### D. Scheduling

Residents/Fellows receive up to four weeks of Personal Time Off (PTO). If you have vacation requests for the early part of the academic year that are very important to you, please let us know. Although we attempt to accommodate all vacation requests, because of scheduling and educational requirements, there are times when this is not possible. Please also be aware:

- a. Incoming residents are expected to attend all portions of orientation.
- b. For Psychiatry residents, PTO days are not allowed during the last two weeks of the academic year (last two weeks of June) or the first two weeks of a new academic year (first two weeks of July).
- c. The required In Training Exam typically is held in October. Approvals of PTO requests in this time period may be delayed until the official testing dates are known.
- d. PTO days are inclusive of sick days, vacation days, bereavement days, etc., and may be requested at the resident's discretion.
- e. PTO requests are not guaranteed until they are officially approved by the program.

## III. Residency/Fellowship Program Responsibilities

The WiNC Graduate Medical Education Committee and each of our residency/fellowship programs are committed to providing quality educational training that meets requirements of the ACGME/AAPS and residency specific ABMS Certification. Working within these requirements, educational training plans may be designed to meet individual goals, objectives, and career plans of residents.



National accreditation standards cover an array of educational elements such as administrative requirements, curricular requirements, resident/fellow appointments, resident/fellow work environment, and much more. For more information on these requirements, please refer to the following websites:

<p><b>Accreditation Council for Graduate Medical Education:</b>  General site: <a href="https://www.acgme.org">https://www.acgme.org</a></p> <p>Family Medicine Requirements:  <a href="#">Program Requirements and FAQs</a></p> <p>Psychiatry Requirements:  <a href="#">Program Requirements and FAQs</a></p> <p>Osteopathic Recognition Requirements:  <a href="#">Osteopathic Recognition</a></p>
<p><b>American Board of Medical Specialties Member Boards</b></p> <p>American Board of Family Medicine:  <a href="https://www.theabfm.org/become-certified/">https://www.theabfm.org/become-certified/</a></p> <p>American Board of Psychiatry and Neurology:  <a href="#">American Board of Psychiatry and Neurology Residency Training Information - American Board of Psychiatry and Neurology (abpn.com)</a></p> <p>American Association of Physician Specialist:  <a href="#">American Academy of Emergency Physicians (AAEP) Fellowship Recognition Program</a></p>

Please make special note of the following items:

**Competency-based Education:** Curriculum, evaluation, and program improvement are designed in a way to ensure that residents/fellows obtain competence in six core areas:

1. Patient care and procedural skills
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

Osteopathically designated residents are also evaluated on osteopathic philosophy and manipulative medicine incorporated within the six ACGME core competencies. More information on this process will be provided at your local program, along with how your program incorporates osteopathic philosophy and manipulative medicine into curriculum, evaluation systems, and program improvement. [Added 04-05-23]

**Supervision of Residents/Fellows:** To ensure safe and effective patient care and provide helpful educational training for residents/fellows, faculty members are responsible for supervising resident/fellows' care of patients. This includes patient care in clinical and hospital settings, patients' homes, nursing homes, the community, and when residents/fellows are on call. Faculty schedules are arranged to provide residents/fellows with reliable systems for communicating and consulting with supervising faculty. The number of supervising faculty will be appropriate for the number, as well as the educational and competency levels, of residents/fellows. Details will be provided by your local program. To view WINC's Institutional Policy please see the "[Resident/Fellow Resources](#)" tab at WINGME.org

**Resident Evaluations and Promotion Summaries:** Evaluation systems are set up by each residency/fellowship program to assess resident/fellow progress in the program. Evaluation is aligned with specialty specific ACGME Milestones, which describe an outcome-based learning trajectory of progress, from novice to expert, in each of the competency areas. The Milestones provide a framework and shared understanding of educational expectations and goals of excellence. Twice a year each program's Clinical Competency Committee (CCC), which consists of faculty and other evaluators determined by the program, assesses each

resident's progress. A meeting is then set up with each resident/fellow to discuss a structured written evaluation of their educational progress and clinical performance, with added attention to curriculum planning. Additionally, osteopathically designated residents have evaluations twice a year with the Director of Osteopathic Education. Residents/Fellows with less than satisfactory evaluations will be counseled by the Program Director or their designee, along with a discussion of a specific plan for improvement.

Based on evaluation information regarding resident/fellow progress in comparison to established criteria for promotion, the CCC will make an annual recommendation to the Program Director regarding each resident's eligibility to advance to the next postgraduate level of responsibility and training. This is documented on a Final Evaluation and Promotion Summary form.

Annual and mid-year evaluations, along with the Final Evaluation and Promotion Summary form, are reviewed by the resident and designated faculty member. Copies of evaluations and promotion summaries are provided to residents/fellows. Original evaluation materials are maintained at each local program. Further information will be provided by your local program. To view WiNC's Institutional Policy please see the "[Resident/Fellow Resources](#)" tab at [WiNCGME.org](http://WiNCGME.org)

**Resident/Fellow Clinical Experience and Education Work Hours (Clinical Work Hours):** Our Graduate Medical Education Committee and each of our residency/fellowship programs are committed to addressing resident fatigue and facilitating patient safety. Each program is responsible for establishing support systems when patient care responsibilities are especially difficult or prolonged, and implementing systems to monitor resident/fellow **clinical experience and education work hours** to ensure an appropriate balance between education and service. For examples and definition of service and education tasks, please refer to the GME Resident/Fellow Service and Education Policy. At least annually, residents/fellow will receive information from their program about resident/fellow fatigue, fatigue management/mitigation, work hours requirements, how **clinical experience and education work hours** are counted and monitored, and clinical work hour policies.

Resident/Fellow **clinical work hours** are hours spent in residency/fellowship training activities, inclusive of in-house clinical and educational activities, clinical work done from home, and moonlighting, and must be limited to **80 hours** per week averaged over a four-week period.

Additional work hour requirements include, among others:

1. Each resident/fellow must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks. At-home call cannot be assigned on these days.
2. Clinical work hour periods must not exceed 24 hours of continuous scheduled clinical assignments plus 4 hours maximum for transitions in care.
3. Residents/fellows should have 8 hours off between scheduled clinical experience and work periods.
4. Residents/fellows are required to log and certify their clinical work hours in a timely manner as directed by their local residency program.

To view WiNC's Institutional Policy please see the "[Resident/Fellow Resources](#)" tab at [WiNCGME.org](http://WiNCGME.org). For a detailed review of the ACGME Clinical Experience and Work Hours requirements, refer to <http://www.acgme.org>. For a full review of ACGME Clinical Experience and Work Hours requirements, refer to [Common Program Requirements Section V1](#)

**Resident/Fellow Educational and Work Environment:** WiNC's Graduate Medical Education Committee (GMEC) and each of our residency/fellowship programs are committed to providing educational and work environments that are supportive, safe, conducive to learning and providing good patient care, and where residents/fellows may raise and resolve issues without fear of intimidation or retaliation. Policies and practices are designed to support this commitment, including among others:

1. Local program forums for residents/fellows to discuss issues and concerns in a confidential and protected manner
2. A WiNC-wide electronic resident/fellow-only email forum accessible only by residents/fellows, to discuss resident/fellow issues, a semi-annual virtual forum accessible only by resident/fellows, and an anonymous DIO email contact
3. An annual survey of residents/fellows for feedback on their residency/fellowship program including, for example, the experiences around the learning and work environment, the educational program, evaluation, program resources, and patient care experiences
4. Opportunity to confidentially evaluate program faculty annually
5. Opportunity to evaluate each educational rotation and preceptor(s)
6. Competency-based curriculum, teaching, and evaluation for each level of training
7. Reliable systems for providing resident supervision

8. Effective practices for patient care coverage systems, back-up systems, and transition of patient care
9. Provision of adequate patient care opportunities to attain competency and meet ACGME patient visit requirements
10. On-going program improvement, resident participation on the Program Evaluation Committee (PEC)
11. Instruction and processes to address resident/fellow fatigue and impairment
12. Program resources to support resident/fellow education and safe work environments

Residents/Fellows are encouraged to discuss ideas and concerns about the educational and/or work environment with their Program Director or others who may be helpful such as the Education/Program Coordinator, faculty advisor/mentor, or chief residents. Additionally, residents/fellows can access the following resources:

<b>GMEC Leadership</b>	
Our regional GMEC leadership is available to hear about any concerns you may have if you feel that communication with your program is not satisfactory. This may include for example, concerns around clinical work hours violations, unprofessional/inappropriate behavior, physician impairment, supervision, unsafe patient care, confidentiality, and your resident/fellow learning and work environment. Contacts are:	
<b>WiNC GME Office</b> <b>Kevin O'Connell, M.D.</b> Chair of GMEC and Designated Institutional Official (715) 675-5246 <a href="mailto:kevin.o'connell@aspurus.org">kevin.o'connell@aspurus.org</a>	<b>Joseph Kilsdonk, Au.D.</b> Executive Director (715) 571-1220 <a href="mailto:jkilsdonk@wincgme.org">jkilsdonk@wincgme.org</a>
<b>ACGME Office of Resident Services</b>	
Staff in the <b>ACGME Office of Resident Services</b> will listen, discuss, answer questions, provide information, and help develop options for resolving a situation. Contact information is available on the ACGME <a href="#">website</a> or call (312) 755-5000.	
<b>AAPS/AAEP Emergency Medicine Fellowship Services</b>	
Inquiries regarding Emergency Medicine Fellowship Recognition Programs can be directed by email to <a href="mailto:emgtp@aapsus.org">emgtp@aapsus.org</a> or by calling (813) 433-2277.	

**Resident Assignment of Educational Credit:** The Program Director, in consultation with the Clinical Competency Committee, is responsible for determining the amount of educational credit earned by each resident. The Director of Osteopathic Education may be consulted for osteopathically designated residents.

Credit is based on an assessment of clinical care provided, review of rotation evaluations, level of competency in the core competency areas, expectations outlined by the local program, and resident responsibilities outlined in this Resident/Fellow Employment Information Manual, (Section III & IV). This also means that:

1. The Program Director, in consultation with the Clinical Competency Committee (CCC), is responsible for determining whether a resident has passed an individual rotation. Specifically, this determination is not made by the rotation faculty preceptor, nor is it based solely on the rotation evaluation completed by the preceptor.
2. Education credit assigned to residents transferring into a WiNC sponsored program will be determined by the Program Director in consultation with the Clinical Competency Committee, and others as may be needed. In no case will credit be assigned that exceeds that allowed by the appropriate American Board of Medical Specialties Board Member.

**Residency Program Closure or Reduction:** Consistent with ACGME accreditation requirements, it is the policy of the WiNC Graduate Medical Education Committee to inform residents as soon as possible regarding a decision to close or reduce the size of a residency program. In the event of such a reduction or closure, efforts will be made to allow residents currently in the program to complete their education. If any residents are displaced by the closure of a program or a reduction in the number of residents, efforts will be made to assist the residents in identifying a program to continue their education.

**Adverse ACGME Accreditation Actions:** Residency programs are subject to periodic site visits by the ACGME to ensure compliance with national accreditation standards. Should a program receive an adverse accreditation action(s), residents in the affected program(s) will be informed by the Program Director or their designee.

## IV. Resident/Fellow Responsibilities

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Residents/Fellows are expected to fulfill the educational requirements of the residency/fellowship program, and are also responsible for complying with:

1. Requirements of the ABFM (<https://www.theabfm.org>), ACGME (<https://www.acgme.org>), and American Medical Association (AMA) Code of Ethics (<https://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>), for psychiatry residents the ABPN ([American Board of Psychiatry and Neurology Residency Training Information - American Board of Psychiatry and Neurology \(abpn.com\)](http://www.abpn.com)) and the AAPS (American Association of Physician Specialties) for Emergency Medicine Fellowship
2. Rules, regulations and policies of the clinics, hospital(s), teaching sites and other institutions where assigned
3. WiNC graduate medical education and local residency/fellowship program policies

### ACGME Milestones for Residents:

Resident evaluation is aligned with the ACGME Family Medicine Milestones ([Family Medicine Milestones](#)) or Psychiatry ([Psychiatry Milestones](#)) which describe an outcome-based learning trajectory of progress in each of the competency areas. The Milestones provide a framework and shared understanding of educational expectations throughout residency training. Residents will receive detailed information about the Milestones when they enter their residency program. Osteopathically designated residents will also be evaluated on the Osteopathic Recognition Milestones.

### FAMILY MEDICINE: American Board of Family Medicine (ABFM) or American Osteopathic Board of Family Physicians (AOBFP) Certification Examination Requirement:

WiNC sponsored Family Medicine residency programs may have Osteopathic Recognition through the ACGME. Residents electing to be osteopathically designated residents are required to meet both Family Medicine and Osteopathic Recognition requirements. Further information will be provided by the Director of Osteopathic Education.

As a condition of employment, eligible PGY3 Family Medicine Residents are required to take the ABFM or AOBFP certification examination prior to graduation from a WiNC sponsored residency program. Failure to meet this requirement will result in termination, unless, in the opinion of the Program Director in consultation with the DIO and/or the Chair of the Graduate Medical Education Committee, mitigating circumstances explaining this failure are found.

In order to become certified by the ABFM, the following requirements must be met:

1. Completion of 50 Family Medicine Certification Activity points which includes:
  - a. Minimum of one (1) Knowledge Self-Assessment (KSA) activity (10 points each)
  - b. Minimum of one (1) Performance Improvement (PI) activity with data from a patient population (20 points each)
  - c. Additional approved Knowledge Self-Assessment (KSA), Clinical Self-Assessment (CSA) (5 points each), or Performance Improvement activities to reach a minimum of 50 points.
  - d. Meeting all ACGME requirements for graduation
  - e. Holding a current unrestricted medical license

In order to become certified by the AOBFP, the following requirements must be met:

1. Current full, unrestricted license
2. Meeting all requirements for graduation

Certification requirements are available at <https://www.theabfm.org/become-certified> or [www.aobfp.org](http://www.aobfp.org). Residents are expected to meet patient care requirements as outlined in the ACGME Family Medicine specialty program requirements. Further details about Family Medicine Certification points, deadlines, and examination eligibility will be provided by your local program.

Further details for Family Medicine, Psychiatry, and Emergency Medicine Fellowship patient care experiences will be provided by your program.

- NOTE: Residents/Fellows are responsible for reporting inadequate opportunities to meet these standards to the Program Director, Chief Resident, Education/Program Coordinator, faculty advisor/mentor, or other appropriate person(s) in their program. Our WiNC Graduate Medical Education Committee (GMEC) leadership is available to hear about any concerns you may have if you feel that

communication with your program is not satisfactory.

Please feel welcome to contact:

**WiNC GME Office**

**Kevin O'Connell, M.D.**

Chair of GMEC and Designated Institutional Official

(715) 675-5246

[kevin.o'connell@aspirus.org](mailto:kevin.o'connell@aspirus.org)

**Joseph Kilsdonk, Au.D.**

Executive Director

(715) 571-1220

[jkilsdonk@wincgme.org](mailto:jkilsdonk@wincgme.org)

**Program Directors will discuss resident/fellow expectations and responsibilities during resident orientation and throughout. Please make particular note of the following resident/fellow expectations and responsibilities:**

**Professional Expectations:** Residents/Fellows are responsible for conducting themselves in a professional way. The following are *Professional Behavior Standards for Residents/Fellows*.

**Professional Behavior Standards for Residents/Fellows**

1. I will treat my patients, colleagues and supervisors with respect in all that I do.
2. I will contribute to workplace safety by reporting impairment in others whether it relates to fatigue, substance use, medical condition or a knowledge deficit.
3. I will be mindful of my own health and ability to provide safe, high-quality care, and will be open to the concerns of others. If I question my own abilities, I will seek counsel from a supervisor.
4. I will participate constructively in quality improvement and patient safety initiatives, including reporting adverse events or near misses, in order to enhance systems of care.
5. I will respect the confidentiality and privacy of patients at all times including adhering to both HIPAA and local health system guidelines.
6. I will display compassionate behavior and sensitivity to the needs of others in all facets of my work.
7. I will be conscientious and open to feedback regarding how my dress and physical presentation may affect workplace safety, therapeutic relationships with patients, and others.
8. I will complete resident/fellow administrative responsibilities in a timely and thorough manner including: patient care, patient care documentation, clinical work hours attestation, scheduling requests, evaluations, and other educational documentation.
9. I will contribute to an efficient workplace team by promptly responding to phone calls, pages, emails, and electronic health messages.
10. I will be truthful and forthcoming in my professional interactions.  
I will attend and fully engage in my assigned duties, whether clinical rotations, didactic seminars, scholarly activities, self-guided learning or continuing medical education.
11. I will recognize and avoid conflicts of interest that put my own needs ahead of others. I will be wary of gifts from vendors and industry, gifts of significant value from patients, and care plans that are not patient-centered.
12. I will be responsive to the needs of my patients, society, and the profession by advocating for individual patients and the communities I serve.
13. I will be cognizant of how my attitude and behaviors impact the workplace environment as well as the patients we serve.
14. As a physician, I recognize the importance of lifelong learning and will seek out opportunities to improve my knowledge and expand my skill set.

I recognize that honoring these professional behavior standards will result in excellent patient care and an optimal educational experience for myself and my colleagues. These standards will contribute to improvements in my program, and a positive residency experience.

Residents/Fellows are expected to present a professional image. This includes appropriate attire, lab coats if required, and a nametag for identification. Additional guidelines may be determined by each local residency/fellowship program.

Residents/Fellows must demonstrate competency for their level of training in the following core competencies:

1. Patient care and procedural skills
2. Medical knowledge

3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice
7. Additionally, osteopathically designated residents must demonstrate competency for their level of training in osteopathic philosophy and manipulative medicine.

Additional educational expectations include, among others:

1. Resident/Fellow conference attendance: As a required element of the educational curriculum, residents/fellows are expected to regularly attend conferences as outlined by their local program.
2. Resident/Fellow attendance at business meetings: As a required element of the educational curriculum, residents/fellows are expected to attend business meetings as outlined by their local program.

### **Rotation Expectations**

1. **Resident/Fellow rotation standards:** Residents/Fellows are expected to attend, complete and satisfactorily meet the goals and objectives of inpatient and outpatient rotations. Any absences must be excused in accordance with local program policy. Residents are expected to actively seek feedback from supervising physicians throughout the rotation experience.
2. **Out-of-town rotation expectations:** Residents/Fellows are expected to complete out-of-town rotations required by their program. The programs may assist with principal expenses such as food, housing, and transportation to the required rotation, subject to local policy. Residents/Fellows are responsible for personal expenses such as entertainment and childcare. Consult with your Program Director or Education/Program Coordinator for funding details in your local program.
3. **Documentation of medical procedures and other required data:** Residents/Fellows are responsible for using the systems provided by their local program to document:
  - a. Patient encounters as outlined by the local residency/fellowship program.
  - b. Clinical procedures performed in the ambulatory and hospital settings as outlined by the local program
  - c. Clinical experience and work hours

This documentation is important for assessing educational progress, and also for graduating residents who will need procedural information when applying for privileges at hospitals.

4. **Chart completion:** Complete charts in a timely manner as delineated in your local program chart completion policy.
5. **VA Rotations:** Certain programs partner with the Veterans Administration (VA) for rotations. WiNC requires that residents rotating in Veteran's Affairs Facilities be in compliance with the Military Selective Service Act including registering for the Selective Service as required by law. Failure to do so may prohibit you from participating in patient care at these site and may result in termination of this appointment.
6. **Summary of Clinical and Hospital Rotation Expectations:** The clinical practice is the foundation of the educational experience. Residents/Fellows are expected to demonstrate competency appropriate to their level of training. Additionally, residents are required to comply with policies and procedures that govern the operations of residency clinics, associated hospitals and other affiliated training sites. This includes, but is not limited to:
  - a. Effective transitions of patient care
  - b. Timely completion of patient charts
  - c. Adherence to patient safety policies and procedures and resident supervision policies
  - d. Compliance with coding and documentation for billing medical services provided by residents
  - e. Documentation in medical records in accordance with the format and procedures established by the hospitals, residency clinics and local residency program
  - f. Maintaining patient confidentiality to comply with federal HIPAA regulations and local policy

**Licensure Expectations and Requirements:** Medical and DEA licensure is a requirement for continuation of an appointment in a WiNC sponsored residency/fellowship program:

1. **Resident Education License (REL):** Incoming residents are required to have a Resident Education License by the first day of residency. Application materials and instructions will be provided by the local program.

2. **Wisconsin Medical License:** Residents are required by the State of Wisconsin to obtain and maintain a Wisconsin medical license immediately following the first Post Graduate year of training. This includes passing Step 3. Until a permanent (unrestricted, renewable) license is obtained, an REL is required. Residents not meeting this requirement will not be continued in the program, unless, in the opinion of the Program Director, mitigating circumstances explaining this failure are found to exist. Fellows are to possess and maintain a full Wisconsin medical license the entirety of the fellowship.
3. **DEA Certification:** Every resident/fellow is required to have a Drug Enforcement Administration (DEA) certificate. Residents/Fellows must apply for the DEA certificate within 60 days of obtaining a regular WI medical license. Residents/Fellows are required to submit documentation of having a DEA certificate to their Program Director/designee as outlined by the local program.

Upon eligibility, the residency/fellowship program will reimburse residents/fellows for their DEA certification and their WI Medical license, including license renewal for residents/fellows. All residents/fellows are required to obtain a standard DEA certificate, as WiNC is not a state or federal governmental agency.

### **Compliance Expectations**

1. **Health and Safety Requirements:** Residents/Fellows are expected to follow health and safety policies and guidelines at the sites to which they are assigned. Each residency/fellowship program has requirements and policies which may include, but are not limited to:
  - a. Pre-employment physicals and/or health history
  - b. Respiratory medical clearance including respiratory fit testing
  - c. TB screening, which may include testing, immunization for influenza and other designated infectious diseases such as Hepatitis B, and proof of immunity (immunizations or lab titers) for measles, mumps, rubella and chicken pox
  - d. Covid Vaccination
  - e. Training in infection control procedures
  - f. Use of protective equipment in the care of patients
2. **Caregiver and Criminal Background Check:** Wisconsin law requires background checks on physicians, including resident physicians. Accordingly, residents must complete a Background Information Disclosure (BID) form, and a caregiver and criminal background check will then be conducted as required by law:
  - a. Residents/Fellows must also complete a form that grants permission for the WiNC GMEC Office to send this information to hospitals and medical sites where residents/fellows train that request this information for purposes of complying with Wisconsin State law. Results of background checks are held in strict confidence and are not maintained or accessible by the residency/fellowship program.
3. **Arrests/Convictions:** After the initial background check upon entry into the program, residents/fellows are responsible for reporting new arrests and/or convictions—failure to do so may result in disciplinary action, up to and including termination.
4. **Life Support Certifications:**
  - a. **BLS/CPR:** All incoming residents/fellows are required to be certified in basic life support (BLS) or cardiopulmonary resuscitation (CPR) or have a current Advanced Cardiac Life Support Certification (ACLS). Some programs, because of training requirements, may require a separate BLS certificate. Please check with your program
  - b. **ACLS:** Family Practice residents are required to become certified in Advanced Cardiac Life Support (ACLS) by no later than the beginning of the second residency year, or sooner as required by your program. Once obtained, ACLS certification must be kept current by Family Practice Residents throughout the remainder of residency training. Psychiatry Residents may be required to obtain ACLS training for their PGY1 year, but they will not need to maintain certification throughout the remainder of their training.
  - c. **ACLS for Emergency Medicine Fellows:** Fellows are required to be certified in Advance Cardiac Life Support. The Program may require other life support certifications (such as Pediatric Advanced Life Support). Fellows must check with their Program Director prior to their orientation for specific requirements.
  - d. **Other:** Additional life support certification such as Pediatric Advanced Life Support (PALS),



Neonatal Resuscitation Program (NRP), Advanced Trauma Life Support (ATLS), and Advanced Life Support in Obstetrics (ALSO) may also be required by your program. Information and details will be provided by your local residency/fellowship program.

5. **HIPAA/Privacy/Equal Employment and Civil Rights Compliance:** WiNC Residents/Fellows are expected to follow local, state, and federal HIPAA Privacy and Compliance Policies provided by their health systems and training sites. Each Site is to orient the resident to their compliance and reporting policies and processes. Residents are to use their local compliance resources and tools to report potential violations and to contact WiNC through WiNC defined channels as described below. If need be, residents may contact their local Site Director to address local compliance needs.
6. **Compliance Complaint Process:** A listing of WiNC's major training sites and their compliance/privacy contact information is found in **Appendix C** at the end of the manual. WiNC's defined channels include contacting your program director as appropriate, contacting the compliance department/privacy contact at the training site in question and/or by contacting the WiNC GME Office by either 1) phoning 715-571-1220, emailing [compliance@WiNCGME.org](mailto:compliance@WiNCGME.org) or reporting via the WiNCGME.org website at this [link](#).

#### **In-Training/In-Service Exam Expectation**

In-Training Examinations and ACOFP In-Service Exam: Specialty Specific In-Training Exams (ABFM In-Training Exam and Psychiatry Residency In-Training Exam) and/or ACOFP In-Service Exam are required annually. The exams are given in the fall at each residency location and may be proctored per program policy. Residents are expected to be in town and available for the exam(s). Subject to the approval of the Program Director, considerations may be made in extenuating circumstances.

#### **Committee Participation Expectation**

As required by the ACGME, residents/fellows are expected to participate in committees whose actions affect their education and/or patient care. These committees may include local and statewide residency/fellowship education, quality improvement and clinical care committees, among others. Additionally, chief residents and fellows from each program are expected to attend meetings and participate in activities of the WiNC Graduate Medical Education Committee (GMEC). This committee is responsible for establishing and implementing policies and procedures regarding the quality of education and the work environment for the residents in all WiNC programs. All residents/ fellows are encouraged to participate in the GMEC DEI Sub-Committee (ideally with at least two from each program)

#### **Resignation Expectations**

**Resident/Fellow Resignation:** In fairness to patients under their care, and resident and faculty colleagues, residents are expected, unless circumstances make it impossible to do so, to give three months' notice in writing when intending to leave the program prior to their normal completion date.

#### **Additional Resident/Fellow Responsibilities Respective to Clinical Experience & Education Respective to the Work Environment:**

1. **Fatigue Management and Mitigation:** To ensure safe patient care, resident/fellows are responsible for participating in training as directed by their local program. Training includes recognizing the signs of fatigue and sleep deprivation, including alertness management and fatigue mitigation processes. Details will be provided by your local residency/fellowship program.
2. **Impairment:** Residents/Fellows are responsible for immediately transitioning the care of a patient to another provider if they have an impairment that interferes with, or presents a considerable probability of interfering with safe and appropriate patient care, and/or the safety of themselves or others. Impairments may be caused by, but are not limited to, substance abuse, or physical, mental, emotional, and/or behavioral factors. This may include the use of alcohol, or illegal, prescription, and/or over-the-counter drugs which may impair judgment. Instruction on resident impairment will be provided by your local residency program. Residents are expected to report to their Program Director and/or Education/Program Coordinator any condition that causes, or may appear to cause, impairment.
  - a. **Transitions of Patient Care:** Residents/Fellows are required to participate in training and must follow program and hospital policies to facilitate transitions and continuity of care, and patient safety. Details will be provided by your local program.
  - b. **Clinical Experience and Education Work Policy:** Additional resident responsibilities can be found



in this policy which is located on the [WiNC website](#)

**Program Improvement and Accreditation Compliance for ACGME Sponsored Programs:** Resident/Fellow participation and input is needed to make program improvements and to comply with requirements of the ACGME. Participation in these program improvement and accreditation activities is an element of professionalism. This includes, but is not limited to, the following:

1. **Curriculum Evaluations:** Resident/Fellow input is essential for identifying curricular areas in need of improvement. Therefore, residents/fellows are expected to complete evaluations following each resident/fellow conference and rotation assignment. Details will be provided by your local residency/fellowship program.
2. **Surveys:** To identify areas in need of improvement, and to monitor accreditation compliance, residents/fellows are expected to complete resident/fellow surveys. These surveys include:
  - a. Annual resident/fellow program survey conducted by the WiNC Graduate Medical Education Committee,
  - b. Surveys from accreditation organizations such as the ACGME, and
  - c. Surveys administered by your local residency/fellowship program
3. **Site Visits from Accrediting Organizations:** Residents/Fellows are expected to participate in site visits from accrediting organizations.
  - a. All allopathic residency programs in the country, along with their sponsoring institutions, must be accredited by the Accreditation Council for Graduate Medical Education (ACGME). To assess compliance with the requirements, all residency programs and sponsoring institutions are subject to site visits from the accrediting organization, which includes interviews with residents. **Self-Study** site visits occur at the end of the program's current accreditation period. The site visit is followed by a formal review by the Specialty Residency Review Committee (RRC). A determination is then made on the accreditation status of the program/institution — this may range from continued accreditation up to a maximum of 10 years, to being placed on probation, or having accreditation withdrawn. Focused site visits may also occur during the accreditation period.
  - b. ACGME Clinical Learning Environment Reviews (CLER): Residents/Fellows are expected to participate in CLER visits conducted by a team of ACGME site visitors. The purpose is to assess the quality and safety of patient care in residency training. An assessment of resident engagement is done in each of the CLER focus areas of:
    - i. Patient safety
    - ii. Quality improvement, including opportunities for reducing health disparities
    - iii. Patient care transitions
    - iv. Resident supervision
    - v. Clinical experience and work hours and fatigue management
    - vi. Professionalism

As part of a CLER visit, residents/fellows, along with faculty and others are interviewed by the site visitors to assess the level of compliance and progress in the quality and safety of patient care.

**Security for Mobile Devices:**

- If electing to use a mobile device such as an iPad or smartphone, residents/fellows are required to follow all security policies of WiNC and their local residency/fellowship program to ensure patient confidentiality and compliance with federal HIPAA regulations.

**Moonlighting (Secondary Medical Employment):** A resident/fellow's primary responsibility is to the patients under their care and their educational and training program. Therefore, residents/fellows are not required to moonlight. Residents/Fellows without a full and unrestricted medical license and/or residents holding a J-1 or H-1B Visa are not allowed to moonlight.

In accordance with ACGME requirements, residents/fellows must notify and receive prior written approval from their Program Director to moonlight. Moonlighting, which has or is likely to have, an adverse impact on the resident/fellow's educational responsibilities will not be approved. Additionally, moonlighting that may cause a resident's hours to exceed clinical work hour standards will not be approved.

Private malpractice insurance, separate from that provided for your residency/fellowship training and a standard DEA are typically required for moonlighting. It is the resident's responsibility to ensure compliance with these

requirements.

- Moonlighting is not covered by WINC’s medical malpractice coverage.

For more information, policies, and details about moonlighting, please see the WINC policy on [Moonlighting](#) and consult with your local Program Director or Education/Program Coordinator.

## **V. Resident/Fellow Appointment Information**

New incoming residents/fellows are provided with an employment Agreement of Appointment letter and a copy of the *Resident/Fellow Employment Information Manual* (which is a part of the Agreement), outlining the provisions of the appointment. It is the goal for every resident/fellow to have a successful educational experience — faculty and residents/fellows are expected to work together to achieve this goal. Most often this goal is accomplished, and residents are reappointed annually to the program until graduation.

Residents choosing to be osteopathically designated residents also receive an Addendum to the Agreement of Appointment and a copy of the Osteopathic Residency Manual.

### **A. Conditions of Appointment**

Appointment practices have been developed so as not to discriminate on the basis of gender, race, age, religion, color, national origin, disability, veteran status, sexual orientation, or any other legally protected status.

Requirements of resident/fellow appointments include:

1. Verification of identity and work authorization as required by the Immigration Reform and Control Act of 1986 (I-9 form).
2. Completion of a pre-employment health assessment in accordance with local program requirements.
3. Providing a valid ECFMG certificate by the first day of employment as a resident, if applicable.
4. Providing a valid J-1 or H-1B Visa prior to the first day of employment in the residency program, if applicable.
5. Providing documentation of being one of the following prior to the first day of employment in the residency program:
  - i. Graduate of a medical school in the United States or Canada accredited by the Liaison Committee of Medical Education (LCME)
  - ii. Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association
  - iii. Graduate of a medical school outside of the United States or Canada who meets one of the following requirements:
    1. Holds a currently valid certificate from the Educational Council on Foreign Medical Graduates (ECFMG) by the first day of appointment; or,
    2. Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in their current ACMGE specialty/subspecialty program; or,
  - iv. Graduate of a medical school outside of the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
6. Fellows must have graduated from an ACGME accredited residency program in a primary care specialty
7. Obtaining a background check authorization to care for patients. Wisconsin law requires background checks on physicians, including resident/fellow physicians. Accordingly, residents/fellows must complete a Background Information Disclosure (BID) form, and a caregiver and a criminal background check will then be conducted as required by law. A determination that any result(s) from the reports prohibits a resident from participating in patient care will result in termination of the appointment as required by law. Additionally, not having a prohibitive offense throughout the duration of residency/fellowship training is a condition of employment.
8. Authorizing that the results of the caregiver and criminal background checks may be sent to rotation sites and hospitals when requested, for purposes of complying with Wisconsin law.
9. Providing verification of a current certificate of basic cardiopulmonary resuscitation (CPR)/Basic Life Support (BLS).
10. ACLS certification by the beginning of the PGY 2 year or sooner for family medicine, as required by the local program and by start of the fellowship for emergency medicine fellow
11. Compliance with the steps required to obtain a Resident Education License (REL) prior to the first day of residency training. Fellows must have a Wisconsin medical license and DEA certificate.

12. Providing verification that a Wisconsin medical license following the first year of resident training has been obtained in a timely manner, and maintained. Residents not meeting this requirement will not be continued in the program unless, in the opinion of the Program Director, mitigating circumstances explaining this failure are found to exist.
13. Providing verification of obtaining DEA certification in a timely manner following Wisconsin licensure.
14. For Family Medicine; providing verification of taking the American Board of Family Medicine or American Osteopathic Board of Family Physicians certification examination as a PGY 3 prior to graduation if eligible to do so. Failure to meet this requirement will result in termination from the program unless, in the opinion of the Program Director in consultation with the Chair of the Graduate Medical Education Committee or Vice Chair for Education, extraordinary mitigating circumstances explaining this failure are found.
15. Residents/fellows rotating in Veteran's Affairs Facilities be in compliance with the Military Selective Service Act including registering for the Selective Service as required by law.
16. Meeting the expectations and responsibilities outlined in the Resident/Fellow Responsibilities section of the manual.

## B. Types and Duration of Appointments

**Initial Appointment:** Initial residency appointments made through the matching process are for one year. Initial residency appointments for new residents starting off-cycle or as a new resident beyond the first year of training are for the period and post-graduate training year specified in the Agreement Appointment letter. Fellow appointments are for one year.

**Residency Reappointment/Promotion to Subsequent PGY Level:** Additional appointments will be granted when the resident demonstrates adequate progress and professional growth as determined by the residency program's Clinical Competency Committee. Promotion to the subsequent residency training level is contingent upon the resident's satisfactory completion of the preceding training year level, meeting the criteria for promotion as determined by the program, and meeting the conditions of appointment outlined above.

**Extension of Current Appointment:** In certain circumstances, a resident/fellow's current Agreement of Appointment may be extended due to reasons such as, but not limited to those listed below. **Note:** Sometimes this results in a delayed graduation date.

1. Residents/Fellows taking a leave of absence in their current appointment period
2. Residents/Fellows reducing their FTE (if permitted by the program) for a short period of time.
3. The resident/fellow, under the direction of the Program Director, may need additional time to meet the requirements and/or performance standards beyond the period and training year indicated in the last signed resident Agreement of Appointment letter.

An addendum to the current Agreement of Appointment letter will be provided, with the terms of the extension documented in writing. Residents that are off-cycle less than 30 days will receive the current salary of the program year until they advance or graduate. Residents that are off-cycle 30 days or more, will receive the new academic year salary for the program year. Generally, extensions are not granted for more than a total of six months during residency training.

## C. Actions Affecting Resident/Fellow Appointments

**Any final decision involving the following potential adverse actions are to be done in tandem with the DIO:**

**Probation:** Residents/Fellows with less than satisfactory performance and progress in the program will be counseled by the Program Director or their faculty designee, along with discussion about a plan for improvement. If concerns continue, the Program Director may place a resident/fellow on probation. The Program Director will outline written performance goals for the resident/fellow, and during probation the resident/fellow has opportunity to complete a remediation plan to help him/her meet performance standards.

Reasons for which a Program Director may put a resident/fellow on probation include, but are not limited to:

1. Unsatisfactory or borderline global evaluations in one or more rotations in an academic year
2. Failure to meet one or more conditions of resident/fellow appointment as outlined in this manual
3. Less than satisfactory educational progress or improvement for the resident/fellow's level of training

4. Unprofessional and/or inappropriate behavior
5. Impairment or substance abuse that interferes with safe and appropriate patient care, educational training activities, or the safety of themselves or others

Resident Agreement of Appointment letters for the next academic year are withheld for residents on probation and the Fellow's training year maybe extended beyond the date on their Agreement of Appointment until the period of probation has ended and the Program Director determines that remediation activities have been successful. When performance goals are met, probation will be lifted. If goals are not met within the time period specified, action may be taken as appropriate, up to and including dismissal from the program.

**Resident Non-promotion:** For reasons including, but not limited to, less than satisfactory academic performance and/or behavior, the Program Director, in consultation with the program's Clinical Competency Committee (CCC), may determine that a resident will not be promoted to the next level of training. In situations where a resident will not be promoted, the resident will receive a written notice of intent. Dependent upon the circumstances resulting in non-promotion, the Program Director may determine to extend the residency training year for remedial work, or in cases such as, but not limited to, a failed probation or egregious act, the Program Director may also non-renew the resident's appointment, non-certify the residency training period, and/or dismiss the resident from the program.

**Resident Non-renewal of Appointment:** Non-renewal of the resident appointment is a decision made by the Program Director in consultation with the CCC as needed, generally for lack of progress and/or ability to meet one or more of the conditions of appointment. Events that may lead to non-renewal include, but are not limited to:

1. Unsatisfactory evaluations during probation
2. Consistently borderline semi-annual evaluations
3. Recommendation by the CCC reviewing comprehensive resident performance

In situations where a resident's appointment will not be renewed, the resident will receive a written notice of this intent. The Program Director may suspend the resident from all or some activities for all or part of the remaining term of the last signed resident appointment agreement. The resident may leave the program at any time after being notified of non-renewal.

**Fellow Non-graduation:** For reasons including, but not limited to, less than satisfactory academic performance and/or behavior, the Program Director, in consultation with the program's CCC, may determine that a fellow will not graduate at the end of the fellowship year. In situations where a fellow will not be graduating according to the timeline of their original Agreement of Appointment, the fellow will receive a written notice of intent. Dependent upon the circumstances resulting in non-graduation, the Program Director may determine to extend the fellowship training year for remedial work, or in cases such as, but not limited to, a failed probation or egregious act, the Program Director may also non-certify the fellows training period, and/or dismiss the fellow from the program. In cases where the fellowship is extended, the fellow will receive an updated Agreement of Appointment.

Credit for all elements of resident/fellow performance solely by the Program Director, in consultation with the CCC, based on assessment of care provided at the residency/fellowship clinic and hospital, review of rotation evaluations, and fulfillment of program expectations consistent with the elements of competency-based education and the standards for professionalism outlined in the *Resident/Fellow Employment Information Manual*. If appropriate, the Program Director may consult with the DIO to establish credit.

**Suspension, Discipline or Dismissal from Appointment:** Residents/Fellows may be subject to suspension, discipline, or dismissal during the terms of their appointment for actions such as, but not limited to:

1. Violation of standards, rules, regulations and policies of the hospitals, the program or other institutions to which the resident has been assigned.
2. Failure to provide verification that a Wisconsin medical license following the first year of resident training has been obtained and maintained unless, in the opinion of the Program Director, mitigating circumstances explaining this failure are found to exist.
3. For Family Medicine: failure to take the American Board of Family Medicine or the American Osteopathic Board of Family Physicians certification examination if eligible to do so prior to graduation unless, in the opinion of the Program Director in consultation with the WiNC DIO, extraordinary mitigating circumstances explaining this failure are found.
4. Inappropriate and/or unsafe patient care.
5. Engaging in non-professional behavior or other misconduct (e.g., dishonest or unethical behavior, abusive behavior with patients or staff).

6. Gross negligence or neglect of duty.
7. Providing false information on application materials.
8. Providing false information on the Verification of Identity and Work Authorization (I-9 form) as required by the Immigration Reform and Control Act of 1986.
9. Providing false information on the Background Information Disclosure (BID) form.
10. Substance abuse or other impairment that may adversely affect the resident's ability to learn, provide safe and appropriate patient care, and/or compromise the safety of themselves or others.
11. Having an arrest, conviction, or other violation during residency training which prohibits participation in patient care activities as required by Wisconsin law.

The following guidelines are used:

1. **Suspension:** When in the best interests of patients, faculty, staff, and/or others, a suspension may be verbally imposed immediately, with any or all the resident/fellow responsibilities suspended. This may be imposed by the Program Director, their designee, Clinical Competency Committee (CCC), or faculty supervisor. As soon as feasible, written notification and terms of the suspension will be provided for the resident. A suspension may be with or without pay as determined by the Program Director in consultation with legal counsel. The resident/fellow appointment agreement for the subsequent academic year will be withheld for a resident on suspension.
2. **Discipline or Dismissal:** The Program Director or their designee shall offer to meet with the resident/fellow and allow the resident/fellow to present information before taking a formal discipline or dismissal action. Following the meeting (or based on the information available if the resident chooses not to meet), the Program Director or their designee will provide the resident written notification of the outcome of the meeting and, if pertinent, the reason(s) for the discipline or dismissal.

With a dismissal, credit for all elements of resident/fellow performance is solely determined by the Program Director, in consultation with the CCC, based on assessment of care provided at the residency/fellowship clinic, review of rotation evaluations, and fulfillment of program expectations consistent with the elements of competency-based education and the standards for professionalism outlined in the *Resident/Fellow Employment Information Manual*.

**Please note:** Modifications of the standard residency/fellowship training curriculum due to extension or probation may be viewed adversely by external organizations and will need to be explained when applying for licensure, hospital privileges, board certification examinations, and employment positions in the future. Verifications of extensions of training will be requested from the residency program. These entities may also ask programs to provide documentation and explanation of the circumstances of non-promotion, non-renewal, suspension, or other disciplinary actions. To view WiNC's Institutional Policy please see the "[Resident/Fellow Resources](#)" tab at WiNCGME.

#### **D. Resident/Fellow Grievances regarding an Appointment**

Residents/Fellows have the right to file grievances and appeal decisions about their appointment status. The WiNC Graduate Medical Education Committee is committed to providing all WiNC residents with fair policies and procedures for filing grievances and has developed two policies for due process: *Procedures for Resident/Fellow Grievances* and *Appeals for a Resident/Fellow Appeal Committee* (see below).

For questions or more information, please consult with your local Program Director, Education/Program Coordinator, or the WiNC GME Office.

##### **1. Procedures for Resident/Fellow Grievances Wisconsin Northern & Central GME Consortium (WiNC)**

Policy reviewed annually by WiNC GMEC: Last revised and approved April 20, 2023 by GMEC.

**Scope:** This policy pertains to all WiNC-sponsored residency/fellowship programs.

**Purpose:** Residents/Fellows have the right to file grievances and appeal decisions about their appointment status. This policy provides a standardized process for residency/fellow grievances across all WiNC sponsored residency/fellowship programs.

**Guidelines:** Resident/Fellow concerns about their resident/fellow appointment, work environment, the program, and/or faculty are important. Residents/Fellows are required to use the following procedure for

grievances regarding employment disputes, appointment status including notification of non-promotion or a non-renewal, assignment of educational credit, and grievances related to the work environment, the program or faculty.

### **Resident/Fellow Grievances Procedure**

- a. A resident/fellow may file a grievance in writing to the Program Director or designee. To be timely, the Program Director or designee must receive the grievance within fifteen (15) days\* from the date the resident/fellow first became aware of, with exercise of reasonable diligence, the cause of the grievance, or within fifteen (15) days of receipt of written notice affecting appointment status.
- b. The resident/fellow and the Program Director or designee shall meet, discuss, and attempt to reach a satisfactory resolution within ten (10) days of the resident/fellow filing the grievance. The Program Director or their designee shall provide the resident a written response regarding the meeting stating the program's final decision.
- c. The Program Director or their designee will inform the resident in writing that he/she can appeal the decision of the program by filing a written request within ten (10) days after the date of the written notification, for a Resident/Fellow Appeal Committee. The request must be sent to the Designated Institutional Official of WiNC. (Please refer to Appeals for a Resident/Fellow Appeal Committee below).

## **2. Appeal Committee Structure and Function**

- a. A resident/fellow may file an appeal regarding appointment status to the Designated Institutional Official of WiNC for a review by a Resident Appeal Committee following the steps above under Resident/Fellow Grievances.
- b. Resident/Fellow Appeal Committee: The Resident/Fellow Appeal Committee shall be comprised of five (5) members appointed by the Designated Institutional Official of WiNC. The Resident Appeal Committee will be made up of:
  - i. Two physicians who are faculty members working in a WiNC- sponsored residency/fellowship at least one of whom is from the same specialty.
  - ii. Two residents/fellows from the same specialty as the person filing the grievance of a WiNC- sponsored residency/fellowship program, at least one of whom shall be a chief resident
  - iii. One impartial individual outside of a WiNC-sponsored residency/fellowship program, such as a physician or administrative person from the resident's main participating hospital site or from another healthcare organization.
- c. Individuals named to the Resident/Fellow Appeal Committee:
  - i. May not be part of the program where the resident/fellow is/was a resident/fellow, i.e., program faculty or resident/fellow. This may include residents from other sponsoring institutions if necessary (e.g., psychiatry).
  - ii. At least one Committee member will be from the resident/fellow's main participating hospital site
  - iii. The Designated Institutional Official of WiNC will designate one member to chair the Resident/Fellow Appeal Committee.
- d. The Chair of the Resident/Fellow Appeal Committee:
- e. Outlines the procedures and agenda for the Resident/Fellow Appeal Meeting in collaboration with the Resident/Fellow Appeal Committee
- f. Arranges the meeting logistics including space, technology needs, etc.
- g. Collects and distributes all materials for the Resident/Fellow Appeal Meeting
- h. Writes the report in collaboration with the Committee and outlines the recommendation from the Committee to the Designated Institutional Official of WiNC.
  - a. Resident/Fellow Appeal Meeting: if the resident/fellow files a timely appeal, the Designated Institutional Official of WiNC will hold a review meeting within thirty (30) days of receipt of the appeal. Under the leadership of the Committee Chair, the Resident/Fellow Appeal Committee will determine the structure of the review meeting with advance notice to the resident/fellow and Program Director or their designee, and the Director of Osteopathic Education for Osteopathically Designated Residents. All meeting procedures will include these elements:
    - i. An exchange of documents/materials each party plans to use to support their position
    - ii. An opportunity for each party to make a presentation to the Resident/Fellow Appeal Committee
    - iii. A written recommendation to the Designated Institutional Official of WiNC. from the Resident/Fellow Appeal Committee, including a determination of the facts and reasons for the recommendation
  - b. Burden of Proof: In appeals of a discipline, dismissal, or other action affecting appointment status, the resident/fellow will have the burden of proof to show by a preponderance of the evidence that

the action taken by the program is arbitrary or capricious, contrary to law, or not supported by the facts.

- c. Appeal Decisions: The Resident/Fellow Appeal Committee's decision will serve as a recommendation to the Designated Institutional Official of WiNC. The Designated Institutional Official of WiNC will make a decision and provide written notification to the resident/fellow.
- d. Representation: The resident/fellow, local Program Director or designee, Director of Osteopathic Education, and the Resident/Fellow Appeal Committee will determine the role of the counsel or advocate.

\*Days means calendar days exclusive of Saturdays, Sundays and legal holidays of WiNC.

## **VI. Policies**

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Policies are developed for administration of our residency/fellowship programs to meet accreditation requirements and to comply with federal and state law. These are developed and approved respectively by the residency/fellowship program and the WiNC GMEC. Policies may be added, revised, or amended at any time. All residents/fellows are required to follow WiNC GME Consortium Policies and those of the health care systems in which they train. Residents/Fellows will be informed of WiNC GME Consortium Policies at orientation and as needed thereafter.

### **A. Residency/Fellowship Program Policies**

For information on policies specific for your local residency/fellowship program, please contact your Program Director or Education/Program Coordinator. For information on policies relating to the osteopathically designated residents, please contact the Director of Osteopathic Education or Education/Program Coordinator.

### **B. Graduate Medical Education Committee Policies**

In addition to the policies and guidelines in this *Resident/Fellow Employment Information Manual*, additional GME policies and procedures are on the WiNC [website](#) or available from your Program Director, Education/Program Coordinator, or the WiNC GME Office.

#### **Resident Employment Information:**

1. Covid Vaccination Requirement
2. Equal Employment Opportunity
3. Health-Life-Disability Insurance Benefits
4. Information Provided to Residents
5. Noncompetition Policy
6. Professional Liability Insurance
7. Professional Behavior Standards
8. Qualification of Applicants Policy
9. Resident/Fellow Employment Information Manual
10. Resident/Fellow Job Description

#### **Committees:**

1. Graduate Medical Education Committee Charter
2. Diversity, Equity, and Inclusion Committee Charter

#### **Institutional Policies**

1. Clinical Experience and Educational Work Hours
2. Closures and Interruption Policy
3. Disaster/Interruption of Patient Care Policy
4. Moonlighting
5. Program/Institutional Closure or Reduction in Size Policy
6. Provision of Resident Agreement Policy
7. Qualification Of Applicants
8. Renewal and Promotion Policy
9. Resident/Fellow Grievance Policy
10. Resident/Fellow Impairment Policy
11. Resident/Fellow Interaction with Vendors/Corporations

12. Resident Recruitment and Selection
13. Resident/Fellow Supervision
14. Resident/Fellow Support-Environment Policy
15. Resident/Fellow Time Away from Program Policy
16. Vendor Interactions with Residents/Fellows

### **C. Americans with Disabilities Policies**

**Resident/Fellow Disabilities:** The federal Americans with Disabilities Act (ADA) prohibits discrimination against qualified individuals with disabilities in the programs, services, and activities of public entities, and requires that these be accessible to individuals with disabilities. Likewise, residency/fellowship programs comply with the Americans with Disabilities Act and make reasonable accommodations for residents/fellows with verified disabilities. All types of disabilities are not specifically defined

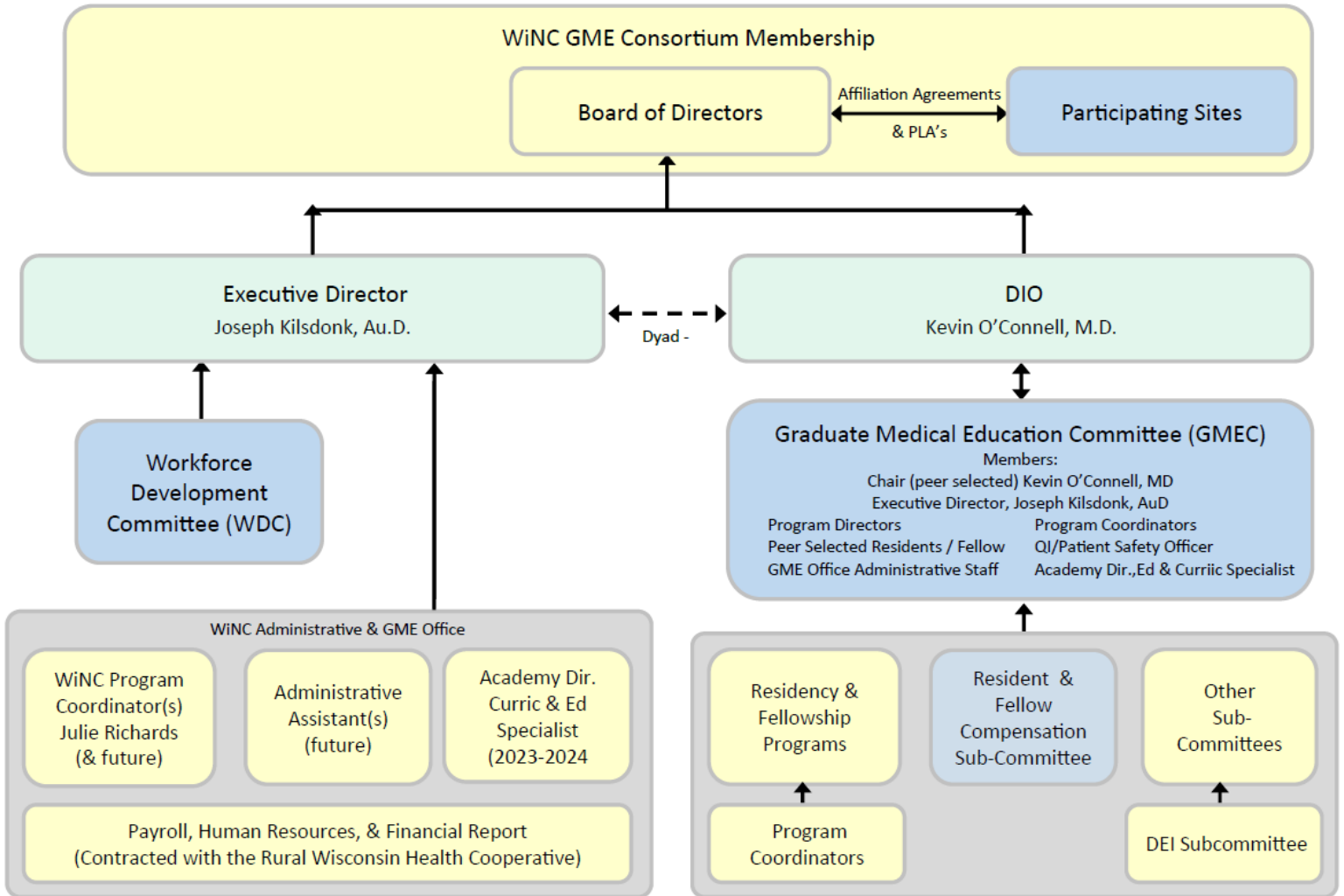


by the ADA. If a disability is claimed after beginning the residency and an accommodation is requested by the resident, Program Directors will work with the WiNC GME Office and/or legal services for guidance. If a request for a resident/fellow accommodation infringes on patient care, requires unreasonable amounts of faculty time or resources, or infringes on the rights of other residents/fellows to maintain a quality educational environment, the program may not be required to grant the accommodation. If an accommodation is denied or modified, the WiNC GME Office and legal counsel will be involved.

**For questions or more information and resources, contact the WiNC GME Office.**

**VII. Appendices**  
**Appendix A**  
**Graduate Medical Education Infrastructure**

WiNC GME Consortium Organizational Chart



9/2023

## Appendix B

### WiNC Medical Malpractice/ Professional Liability Benefits and Medical License/DEA Benefits

Following are brief descriptions of Medical Malpractice/Professional liability benefits. More detailed information will be provided for you at your local program.

#### Medical Malpractice/Professional Liability Coverage

WiNC provides professional liability insurance for the residents/fellows it employs. All residents/fellows receive a Certificate of Insurance (COI) coverage that reflects individual limits.

The COI contains the policy number, the type of insurance and the coverage limits of the policy. A certificate of insurance is available to residents by contacting the WiNC Administrative Office. WiNC and each of its employed, licensed physicians have limits of \$1,000,000 per occurrence/\$3,000,000 per aggregate loss per year. Subject to the terms, conditions, and limits of the policy, professional liability insurance covers legal defense costs, jury awards, settlements and other expenses related to malpractice claims and lawsuits, and licensing board proceedings.

**Note:** WiNC's malpractice insurance policy does not cover moonlighting outside of the training program. Liability insurance for moonlighting is the individual's responsibility.

Residents/Fellows do not incur any expense for professional liability insurance including extended reporting coverage ("tail"). The premium for Professional Liability coverage including "tail" coverage is paid for by WiNC.

All malpractice claims must be reported upon discovery, within 180 days of the incident giving rise to the claim. Contact the GME Office to file these claims.

#### Wisconsin Injured Patients and Families Compensation Fund

The Wisconsin Injured Patients and Families Compensation Fund (Fund) was created to provide medical malpractice coverage in excess of the amount required from private insurance, by Wisconsin statute Section 655.23 (4). The Fund is managed by a board of governors and administered by the Office of the Commissioner of Insurance of the State of Wisconsin.

The fund is financed with an annual assessment fee paid by Wisconsin healthcare providers. WiNC pays the Wisconsin Injured Patients and Families Compensation Fund for excess malpractice insurance for losses above the primary insurance policy limits for itself and each fully licensed resident/fellow. The Fund is administered by the Office of the Commissioner of Insurance of the State of Wisconsin.

#### Wisconsin Medical License and DEA Certification

The residency/fellowship program will reimburse residents for Wisconsin medical license and DEA certification fees, including license renewal during residency/fellowship training.

## Appendix C - Compliance Contact List

The Following is a **HIPAA/EEO/ADA/Civil Rights Compliance Contact** List for resident training sites and indicates who should be contacted with questions regarding state or federal compliance related issues — more detailed information will be provided by your program during orientation.

<b>Appleton</b>	
St Elizabeth Hospital/Ascension 400 W River Woods Pkwy Glendale, WI 53212	Senior Director – Compliance 414-465-3421
ThedaCare Regional Medical Center Appleton/ThedaCare Corporate Office 3 Neenah Center Neenah, WI, 54956	Compliance Officer 920-454-4186
<b>Ashland</b>	
Tamarack Health Ashland Medical Center 1615 Maple Lane Ashland WI 54806	Privacy Officer 715-685-5535
<b>Green Bay</b>	
HSHS St. Vincent Hospital 835 S Van Buren St, P.O. Box 13508 Green Bay, WI 54301	Director Record Compliance & Privacy Officer 920-433-8513
HSHS St. Mary's Hospital Medical Center 1726 Shawano Avenue Green Bay, WI 54303	Director Record Compliance & Privacy Officer 920-433-8513
Prevea Health 1727 Shawano Avenue Green Bay, WI 54303	Privacy Officer 920-272-1123
<b>Wausau</b>	
Aspirus Wausau Hospital 333 Pine Ridge Boulevard Wausau, WI 54401	Chief Compliance and Privacy Officer 715-847-2181
North Central Health Care Center 1100 Lake View Drive Wausau, WI 54403	Privacy Officer 715-845-4326
Veterans Affairs	<a href="mailto:privacyservice@va.gov">privacyservice@va.gov</a> 1-800-994-6610
Aspirus Rhinelander Hospital 2251 N Shore Drive Rhinelander, WI 54501	Chief Compliance and Privacy Officer 715-847-2181
<b>WiNC</b>	
WiNC GME Office 425 Wind Ridge Drive Wausau, WI 54401	Executive Director (715)571-1220 <a href="mailto:compliance@wincgme.org">compliance@wincgme.org</a>