Residents/Fellows Policies and Procedures Manual

2018-2019
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SECTION IX: FORMS
SECTION I: CONTACT INFORMATION

Contact information for the following departments:

- Dean's Office
- Graduate Medical Education Office
- Capital Area Health Consortium
- Assistant Deans
- Residency Programs
- Fellowship Programs
- Other Contacts
- Links
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Residents/Fellows Policies and Procedures Manual

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Rhea.Highsmith@hhchealth.org

Revised 4/17
# RESIDENCY PROGRAMS

<table>
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<tr>
<th>Residency</th>
<th>Program Director</th>
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<tbody>
<tr>
<td>Anesthesiology</td>
<td>Dr. Jeffrey Gross</td>
<td>Jane Wright</td>
<td>860-679-3600</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Dr. Diane Whitaker-Worth</td>
<td>Christina Iwanik</td>
<td>860-679-6759</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Dr. Shawn London</td>
<td>Laurie Sprague</td>
<td>860-679-4988</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Dr. Edmund Kim</td>
<td>Stephanie Phillips</td>
<td>860-714-7527</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Dr. Robert Nardino</td>
<td>Mary Peach</td>
<td>860-679-2562</td>
</tr>
<tr>
<td>Neurology</td>
<td>Dr. Erica Schuyler</td>
<td>Cristina Lender</td>
<td>860-972-5120</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>Dr. Amy Johnson</td>
<td>Christine Robertson</td>
<td>860-679-2853</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Dr. Augustus Mazzocca</td>
<td>Bridget Richard</td>
<td>860-679-6679</td>
</tr>
<tr>
<td>Osteopathic Residency</td>
<td>Dr. Jaclyn Cox</td>
<td>Lindsey Ferraria</td>
<td>860-679-8025</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Dr. Kourosh Parham</td>
<td>Suzie Kubis</td>
<td>860-679-3372</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Dr. Edwin Zalneraitis</td>
<td>Barent Wagar</td>
<td>860-545-9986</td>
</tr>
<tr>
<td>Primary Care IM</td>
<td>Dr. Thomas Lane</td>
<td>Jennifer Navarro</td>
<td>860-679-4884</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Dr. Surita Rao</td>
<td>Terri Carrier</td>
<td>860-679-4733</td>
</tr>
<tr>
<td>Radiology</td>
<td>Dr. Marco Molina</td>
<td>Lisa Turner</td>
<td>860-679-3312</td>
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<tr>
<td>Surgery</td>
<td>Dr. Brian Shames</td>
<td>Janice Hutchison</td>
<td>860-679-3467</td>
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<tr>
<td>Urology</td>
<td>Dr. Peter Albertsen</td>
<td>Deb Savino</td>
<td>860-679-3438</td>
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# FELLOWSHIP PROGRAMS

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<tr>
<td>Cardiology</td>
<td>Dr. Joyce Meng</td>
<td>Maritza Barta</td>
<td>860-679-2771</td>
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<tr>
<td>Cardiology - Hartford</td>
<td>Dr. Jeffrey Kluger</td>
<td>Laurie Poulin</td>
<td>860-972-5020</td>
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<tr>
<td>Child &amp; Adol. Psychiatry</td>
<td>Dr. Daniel Connor</td>
<td>Amy Stomsky</td>
<td>860-679-2730</td>
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<tr>
<td>Clinical Trials</td>
<td>Dr. Bruce Strober</td>
<td>Christina Iwanik</td>
<td>860-679-6759</td>
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<tr>
<td>EM-International Disaster</td>
<td>Dr. Robert Fuller</td>
<td>Lynda Burns</td>
<td>860-679-4636</td>
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<tr>
<td>Endocrinology</td>
<td>Dr. Pamela Taxel</td>
<td>Racine Mills-Miller</td>
<td>860-679-2129</td>
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<tr>
<td>FM-Sports Medicine</td>
<td>Dr. Matthew Hall</td>
<td>Regina James</td>
<td>860-714-4577</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Dr. John Birk</td>
<td>Amy Pallotti</td>
<td>860-679-3878</td>
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<tr>
<td>Geriatrics</td>
<td>Dr. Margaret Rathier</td>
<td>Tonya Fuller</td>
<td>860-679-3958</td>
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<td>Dr. Christina Zdanys</td>
<td>Amy Stomsky</td>
<td>860-679-2730</td>
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<tr>
<td>Hand Surgery</td>
<td>Dr. Duffield Ashmead</td>
<td>Rachel Henderson</td>
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<tr>
<td>Hematology &amp; Oncology</td>
<td>Dr. Karen Hook</td>
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<tr>
<td>Hyper &amp; Vascular Disease</td>
<td>Dr. Beatriz Tendler</td>
<td>Diane Webster</td>
<td>860-679-2104</td>
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<td>Infectious Diseases</td>
<td>Dr. Lisa Chirch</td>
<td>Kim Hackett</td>
<td>860-679-4700</td>
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<tr>
<td>Interventional Cardio-HH</td>
<td>Dr. Francis Kiernan</td>
<td>Laurie Poulin</td>
<td>860-972-2977</td>
</tr>
<tr>
<td>Interventional Cardio</td>
<td>Dr. Michael Azrin</td>
<td>Maritza Barta</td>
<td>860-679-2771</td>
</tr>
<tr>
<td>Maternal-Fetal Medicine</td>
<td>Dr. Winston Campbell</td>
<td>Pam Brancati-Moynihan</td>
<td>860-679-4363</td>
</tr>
<tr>
<td>Neonatology</td>
<td>Dr. James Hagadorn</td>
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<td>860-837-6590</td>
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<tr>
<td>Nephrology</td>
<td>Dr. Lalarukh Haider</td>
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<td>860-679-6297</td>
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<tr>
<td>Residency/Fellowship Area</td>
<td>Name</td>
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<td>Neuromuscular</td>
<td>Dr. Agnes Jani-Ascadi</td>
<td>Suzanne Treviso</td>
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<td>Neurovascular</td>
<td>Dr. Nora Lee</td>
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<td>Osteopathic Corrections</td>
<td>Dr. Monica Farinella</td>
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<tr>
<td>Pediatric Anesthesiology</td>
<td>Dr. Michael Archambault</td>
<td>Amanda Ross</td>
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<td>Pediatrics EM</td>
<td>Dr. Matt Laurich</td>
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<tr>
<td>Pediatrics Endocrinology</td>
<td>Dr. Rebecca Riba-Wolman</td>
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<td>Pediatrics Gastro</td>
<td>Dr. Wael Sayej</td>
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<td>Pediatrics Genetics</td>
<td>Dr. Joseph Tucker</td>
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<td>Pediatrics Hem/Onc</td>
<td>Dr. Andrea Orsey</td>
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<tr>
<td>Pediatrics ID</td>
<td>Dr. Nicholas Bennett</td>
<td>Lindsay Haythorn</td>
<td>860-837-6262</td>
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<td>Pediatrics Ortho</td>
<td>Dr. Mark Lee</td>
<td>Amanda Ross</td>
<td>860-837-6292</td>
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<tr>
<td>Pediatrics Pulmonary</td>
<td>Dr. Anita Bhandari</td>
<td>Lindsay Haythorn</td>
<td>860-837-6262</td>
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<tr>
<td>Pediatrics Surgery</td>
<td>Dr. Christine Finck</td>
<td>Lindsay Haythorn</td>
<td>860-837-6262</td>
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<tr>
<td>Procedural Dermatology</td>
<td>Dr. James Whalen</td>
<td>Christina Iwanik</td>
<td>860-679-6759</td>
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<tr>
<td>Pulmonary/Critical Care</td>
<td>Dr. Raymond Foley</td>
<td>Jean Menze</td>
<td>860-679-3585</td>
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<tr>
<td>Reproductive Endo</td>
<td>Dr. John Nulsen</td>
<td>Pam Brancati-Moynihan</td>
<td>860-679-4363</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Dr. Santhan Lakshminarayanan</td>
<td>Liesa LeConche</td>
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</tr>
<tr>
<td>Sports Medicine Ortho</td>
<td>Dr. Robert Arciero</td>
<td>Sandra Phelan</td>
<td>860-679-6645</td>
</tr>
<tr>
<td>Surgery Acute Care</td>
<td>Dr. D’Andrea Joseph</td>
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</tr>
<tr>
<td>Surgery Critical Care</td>
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<td>Melissa Costa</td>
<td>860-972-5201</td>
</tr>
<tr>
<td>Vascular Surgery</td>
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</tr>
</tbody>
</table>
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1210 Mill Street, East Berlin, CT 06023 860-828-3192(Fax)

Benefits
Anthem Blue Cross/Blue Shield of CT 800-922-6621

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Patrick Leary 860-677-2600 X110

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Tom Grant 860-606-0816

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Department of Consumer Protection-Drug Control Division
450 Columbus Boulevard, Hartford, CT 06103
http://www.state.ct.us/dcp/

ECFMG (Educational Commission on Foreign Medical Graduates) 215-386-5900
3624 Market St., Philadelphia, PA 19104
http://www.ecfmg.org/
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http://www.ecfmg.org/evsp/index.html
# Residents/Fellows Policies and Procedures Manual

## Hartford County Medical Association (HCMA)

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## Hotline

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860-679-4353

Concerns a resident/fellow, faculty or staff may have about a training program

## Licensure for Connecticut

Physician Licensure/Certification, Dept. of Public Health
410 Capitol Ave., PO Box 340308, Hartford, CT 06134

860-509-7590


## Radiation Safety Officers

Connecticut Children’s Medical Center
Michael Tortora

860-545-9902

Hartford Hospital
Peter Mas

860-545-2676

St. Francis Hospital and Medical Center
Ellen Wilcox, Ph.D.

860-714-5925

The Hospital of Central Connecticut
Stuart Korchin

860-224-5900 X2533

UConn Health
Jim Fomenko, C.H.P.

860-679-3817
860-679-3826(Fax)

## Risk Managers in Area Hospitals

Connecticut Children’s Medical Center
282 Washington St., Hartford, CT

860-837-5590

UConn Health
Barry Kels, MD, Health Center Executive Director,
Risk Management, 263 Farmington Ave., Farmington, CT

860-679-2687

Hartford Hospital and Institute of Living
85 Jefferson St., Hartford, CT

860-972-2625

St. Francis Hospital and Medical Center
Lorraine Scrivano, Director, Compliance & Risk Management,
435 Buckland Rd., South Windsor, CT

860-714-4573
### Residents/Fellows Policies and Procedures Manual

<table>
<thead>
<tr>
<th>Department/Office</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Hospital of Central Connecticut</td>
<td>860-224-5541</td>
</tr>
<tr>
<td>Elizabeth Schlaff, General Counsel</td>
<td></td>
</tr>
<tr>
<td>100 Grand St., New Britain, CT</td>
<td></td>
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<tr>
<td>Veterans’ Administration – Newington Campus</td>
<td>860-666-6951 x6830</td>
</tr>
<tr>
<td>Regional Council</td>
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<tr>
<td>Veterans’ Administration – West Haven Campus</td>
<td>860-932-5711 x3303</td>
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<td>Quality Management</td>
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<tr>
<td><strong>UConn Health</strong></td>
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<tr>
<td>Employee Health (Occupational and Environmental Medicine)</td>
<td>860-679-2893</td>
</tr>
<tr>
<td>Environmental Health and Safety (Research Safety)</td>
<td>860-679-2723</td>
</tr>
<tr>
<td>Kenneth Price, Steve Jacobs, Elizabeth Pokorski</td>
<td>860-679-3826(Fax)</td>
</tr>
<tr>
<td>Information Technology Help Desk</td>
<td>860-679-4400</td>
</tr>
<tr>
<td>Master’s in Public Health (MPH Program)</td>
<td>860-679-1510</td>
</tr>
<tr>
<td>David Gregorio, Ph.D., Director</td>
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<tr>
<td><a href="http://commed.uchc.edu/education/mph/index.html">http://commed.uchc.edu/education/mph/index.html</a></td>
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</tr>
<tr>
<td>Office of Institutional Equity</td>
<td>860-679-3563</td>
</tr>
<tr>
<td>Police Department</td>
<td>860-679-2511</td>
</tr>
<tr>
<td>Telecommunications (Beepers)</td>
<td>860-679-3336</td>
</tr>
<tr>
<td><strong>United States Citizenship &amp; Immigration Services</strong></td>
<td>800-375-5283</td>
</tr>
<tr>
<td>Hartford Field Office:</td>
<td></td>
</tr>
<tr>
<td>450 Main Street, 1st Floor, Hartford, CT 06103-3060</td>
<td></td>
</tr>
<tr>
<td><a href="https://www.uscis.gov">https://www.uscis.gov</a></td>
<td></td>
</tr>
<tr>
<td><strong>Veterans Administration - Newington</strong></td>
<td>860-666-6951</td>
</tr>
<tr>
<td><strong>Workers Compensation Trust</strong></td>
<td>203-678-0100</td>
</tr>
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</table>
LINKS

National

ACGME Accreditation Council for Graduate Medical Education
http://www.acgme.org/

AACOM American Association of Colleges of Osteopathic Medicine
http://www.aacom.org/home

ABMS American Board of Medical Specialties
http://www.abms.org/

AMA American Medical Association
http://www.ama-assn.org/

AAMC Association of American Medical Colleges
http://www.aamc.org/

Loan Consolidation Information
https://students-residents.aamc.org/financial-aid/

COMLEX Comprehensive Osteopathic Medical Licensing Examination
http://www.nbome.org/

ECFMG Educational Commission for Foreign Medical Graduates
http://www.ecfmg.org/

ERAS Electronic Residency Application Service
http://www.aamc.org/services/eras/

FSMB Federation of State Medical Boards
http://www.fsmb.org/

FREIDA Fellowship and Residency Electronic Interactive Database Access

NAFSA NAFSA: Association of International Educators
http://www.nafsa.org/

NRMP National Resident Matching Program
http://www.nrmp.org/

SSA Social Security Administration
http://www.ssa.gov/

USCIS United States Citizenship and Immigration Services
https://www.uscis.gov/

USDOS United States Department of State
http://www.state.gov/

USMLE United States Licensing Exam
http://www.usmle.org/

Connecticut

Controlled Substance http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389522
Prescription Monitoring Program Information
Registration
https://connecticut.pmpaware.net/login/

University of Connecticut School of Medicine

HuskyCT (Blackboard) https://lms.uconn.edu
MyEvaluations https://www.myevaluations.com/
WELCOME TO GRADUATE MEDICAL EDUCATION AT THE UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE

Graduate Medical Education is the phase of formal medical education beginning at graduation from medical school and ending after the educational requirements for one of the medical specialties certifying boards have been completed. The objective of graduate medical education is to provide residents/fellows with an organized educational program in a selected discipline. The ultimate objective is to prepare physicians for the independent practice of medicine. The majority of programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME) which in turn acts on the recommendations of 26 residency review committees (RRC) each of which serves a medical or surgical specialty. Specialties certifying boards establish the educational criteria that residents must achieve to be eligible for board certification.

The University of Connecticut School of Medicine is committed to excellence in education, medical care, and scholarly pursuits. The emphasis of each program is to facilitate the resident’s/fellow’s personal and professional development in six general competencies, and more specifically the achievement of specialty specific milestones. Residents/fellows are provided guidance and supervision throughout their training with the goal of providing safe and appropriate patient care.

The University of Connecticut School of Medicine works with five major affiliated hospitals to assume accountability for the quality of the graduate medical education training programs. The Division of Graduate Medical Education and the Graduate Medical Education Committee (GMEC) will oversee all residency and fellowship programs sponsored by the University of Connecticut School of Medicine. Dr. Steven Angus, Designated Institutional Official, has the authority and responsibility for the oversight and administration of the GME programs.

We are here to help any resident/fellow should there be concerns about any educational experience or interaction. All of the GME staff have an open door policy and welcome you to the University of Connecticut. Come in for help navigating a problem, to say a quick hello, or to make a suggestion about how we can be better!

The residents/fellows policies and procedures (manual) has been developed as a guide and resource for residents and fellows. Residents/fellows should use this book as a resource to answer questions regarding policies and procedures as they arise during their training.

We wish each and every one of you much success in your training program.

Revised 2/16
Reviewed 5/17
MISSION STATEMENT

The University of Connecticut School of Medicine’s Division of Graduate Medical Education is dedicated to the oversight and management of high quality, comprehensive, and culturally relevant health care in an effort to improve the overall health of the citizens of Connecticut. The Division of Graduate Medical Education is committed to providing outstanding residency and fellowship programs and highly qualified trained physicians. We do this by promoting academically vigorous programs of education which help to foster physicians’ professional development as skilled, ethical, and compassionate independent physicians that are knowledgeable and capable of meeting the challenges of a changing healthcare environment. GME promotes research and scholarly activity in our residents, fellows, and faculty. Lastly, we work to collaborate with our affiliated hospitals and training sites so that our residents and fellows are integral and transformative members of the community with the goals of patient safety and quality care.

Reviewed 4/16, 5/17
INSTITUTIONAL COMMITMENT
TO GRADUATE MEDICAL EDUCATION

The University of Connecticut School of Medicine and its governing body, the Board of Directors, has as its mission the commitment to provide excellent medical education, research endeavors, and medical care to the citizens of the State of Connecticut and to all others. Graduate Medical Education is identified as a vital part of this mission. As such, the University of Connecticut School of Medicine sponsors Graduate Medical Education Programs that train health professionals to practice independently within their specialty. We do this with integrated partners for graduate medical education comprising John Dempsey Hospital (the University hospital), Hartford Hospital, Connecticut Children’s Hospital, St Francis Hospital and Medical Center, and Hospital for Central Connecticut.

The University of Connecticut’s School of Medicine sponsors Graduate Medical Education Programs dedicated to helping and facilitating residents’/fellows’ professional, ethical, and personal development during residency education. Our graduates are an integral part of the school’s efforts to recruit and maintain the highest quality health professionals to the state.

The Graduate Medical Education Programs, in response to community needs, emphasize primary care training along with selected specialty programs. Clinical and basic science research opportunities are encouraged in all areas where there are Graduate Medical Education Programs.

Graduate Medical Education sponsored by the University of Connecticut School of Medicine is dedicated to the centralization, enhancement, and monitoring of the quality of education provided to residents/fellows at all participating institutions, as well as to meeting the new demands and responsibilities inherent in maintaining top quality Graduate Medical Education Programs. We will insure that the programs meet or exceed all accreditation, general and specific requirements, from all accrediting bodies such as Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Board of Obstetrics and Gynecology (ABOG). We are also committed to insuring that individual residents/fellows are well prepared to meet certification requirements within their specialties. Each program is dedicated to the development and assessment of each trainee with documentation that competencies and milestones are met as defined by each specialty. To that end, we have an organized administrative division that is overseen by the Associate Dean for Graduate Medical Education and Faculty Affairs and the Graduate Medical Education Committee. In addition, the University of Connecticut School of Medicine is dedicated to advancing patient care by a supportive educational environment and is specifically dedicated to the ongoing development and support of our teaching faculty.

To this end, the Governing authorities: the Board of Directors, Education Council, the Dean of the School of Medicine, and the administration of the University of Connecticut School of Medicine will commit educational, financial, and human resources to Graduate Medical Education. Furthermore, the hospital administration will also comply with the requirements for the Clinical Learning Environment Review (CLER) visits that focus on patient safety, health care quality, and transitions of care.
DESCRIPTION OF SPONSORING INSTITUTION

The University of Connecticut School of Medicine (UConn SOM) is the sponsoring institution for most of the Graduate Medical Education programs in the Hartford area. UConn SOM has affiliated with seven Hartford area hospitals for the education of residents/fellows. These hospitals include Connecticut Children’s Medical Center, Hartford Hospital/Institute of Living, Hospital for Special Care, John Dempsey Hospital, St. Francis Hospital and Medical Center, and The Hospital of Central Connecticut. The UConn SOM must be in good standing with the accrediting organization, Liaison Committee on Medical Education (LCME), in order to be successful as a sponsoring institution.

The Graduate Medical Education (GME) Office is part of the University of Connecticut School of Medicine (UConn SOM) and is responsible for administering the activities that are common to all of the residency/fellowship programs. When applicants are selected to join residency/fellowship programs an appointment letter/contract is issued by the GME Office.

The GME Office has oversight responsibilities for over 55 residency and fellowship programs. The GME programs must be in good standing with their accrediting organization. The majority of the GME programs are Accreditation Council for Graduate Medical Education (ACGME) programs.

The seven affiliated hospitals make up the Capital Area Health Consortium (CAHC). The CAHC has been contracted by UConn SOM to be the administrator of salary and benefits for all residency and fellowship programs; therefore, the CAHC is the official employer of all the residents and fellows. The staff of the CAHC works closely with the GME Office to ensure that the working conditions for the residents are optimized and that the pay and benefits are appropriate. CAHC staff participate on Graduate Medical Education committees. The CAHC Board is made up of representatives from each of the seven hospitals. Five of the seven hospitals are considered major participating institutions. In addition, there are multiple participating institutions in Connecticut that provide specific learning experiences and are integral to the success of our Graduate Medical Education Programs.

Revised 4/16, 2/18
Reviewed 5/17
CONTACT LIST FOR QUESTIONS

The GME Office and the CAHC are always available for questions. For your convenience, a contact list has been created.

All questions regarding pay and benefits should be directed to the CAHC, 860-676-1110.

Mark Siraco, Director of GME Finance
860-679-1329, Siraco@uchc.edu
- Core Faculty Rosters
- ECFMG/Visa Issues
- Expenditure Approvals (HuskyBuy, Program Travel, Program Educational Support, Functions)
- Extra Credit Issues
- Financial Questions
- GME Audit Issues
- GME Billings
- Program Budgets
- Program Contracts

Steve Bayley, Instructional Design Specialist
860-679-4295, bayley@uchc.edu
- Myevaluations.com
- HuskyCT (Blackboard)
- Healthstream Accounts and Tracking
- Institutional Curriculum (enrollment, assignment, completion verification, questions)
- Liaison between residents/fellows and UConn IT regarding any issues with email, etc.
- Policy Manuals (GME and Program Director)
- Program Websites
- Risk Management Compliance Tracking
- TigerConnect

Martha Wilkie, Program Manager
860-679-4458, mhwilkie@uchc.edu
- Office Manager
- ACGME Related
  - Track and assist program directors and coordinators with ADS input
  - ADS review
  - Program Director Changes
  - Citation/AFI, action plan tracking
- Duty Hour Violations/Action Plan Review
- Hotline
- FMLA and Leave
- Program Coordinator Development
- Program Review Subcommittee, Chair
- Resident Numbers (NPI, PECOS, CMAP, CPMRS) liaison with CHA/HP
- Resident Forum
- UAR Approvals

Melissa Demetro, Program Coordinator
860-679-4763, Demetro@uchc.edu
- Amion Support & Schedule Validation
- Consortium Check Requests & Reimbursements
- GME Billing Database (& monthly bills)
- GME Office Surveys
- Lists (DPH Permit, Monthly IT List)
- Order Supplies
- PLA’s
- Resident Numbers (NPI, PECOS, CMAP, CPMRS)
- USMLE Completion Tracking
- Wellness Coordinator
Residents/Fellows Policies and Procedures Manual

Jill Goldsmith, Program Coordinator
860-679-4420, jgoldsmith@uchc.edu
- Appointment scheduling for Dr. Angus
- Away Electives/Visiting Residents
- CLER
- Resident/Fellow Contracts and AAs
- ECFMG/Visa
- ERAS
- NMRP
- Onboarding
- Policy Books with Dr. Miller
- Residents/Fellows w/ deficiencies with Dr. Miller

Kathy Mikulak, APA II
860-679-7967, kmikulak@uchc.edu
- Catering
- Conference Room Scheduling
- Diplomas/Certificates
- Duty Hours Tracking
- Loan Deferments
- Malpractice Claims Requests
- Onboarding
- Parking Passes

- Program Review Data Tracking
  (AFI/Citation tracking; APE/APR)
- Program Review Support
- Verification of Training
- Warehouse Ordering

Bethany Dumez, APA II
860-679-4272, dumez@uchc.edu
- Appointment scheduling for Dr. Miller
- Cultural Competency Curriculum
- Flu Shot Tracking
- GME Newsletter/Wellness Newsletter
- Onboarding
- Policy Manuals with Dr. Miller
- PPD Tracking
- Resident Leadership Council
- Verification of Training backup

Revised 9/18
DESCRIPTION OF HOSPITALS IN THE GREATER HARTFORD AREA

Connecticut Children's Medical Center

Connecticut Children's Medical Center is a nationally recognized, 187-bed not-for-profit children’s hospital serving as the primary teaching hospital for the University of Connecticut School of Medicine department of pediatrics. Connecticut Children's Medical Center is consistently named among the best in the nation for several of its pediatric specialties in the annual U.S. News & World Report “Best Children’s Hospitals” rankings.

The history of Connecticut Children’s spans more than 100 years. Founded as a 10-bed hospital for children who suffered incurable conditions such as cerebral palsy, spina bifida and polio, Connecticut Children's is now one of only two freestanding children’s hospitals in New England—the only freestanding children’s hospital in Connecticut—that offers comprehensive, world-class health care to children and adolescents in a patient- and family-centered environment with a focus on research, education and advocacy.

A comprehensive array of pediatric services are available at our hospitals in Hartford and Waterbury, with neonatal intensive care units in Hartford (Level 4) and the UConn Health (Level 3), along with a state-of-the-art ambulatory surgery center, five specialty care centers and 10 practices across the state and in Massachusetts.

Our Level 1 Pediatric Trauma Center and Primary Care Center are the busiest between Boston and New York.

Connecticut Children’s has 2,200 employees with a medical staff of nearly 1,100, practicing in more than 30 specialties.

Hartford Hospital/Institute of Living

Hartford Hospital is central Connecticut’s leading tertiary medical center with a world-class medical staff, supported by over 7,000 extraordinary nurses and staff members.

Hartford Hospital is the one of the major teaching hospitals affiliated with the University of Connecticut Medical School, serving the New England region. With a reputation for providing complex and innovative care to those in need is built on the foundation of excellence in patient care, teaching and research. The Center for Education, Simulation, and Innovation (CESI) is one of the few Level 1 accredited simulation centers in the United States and is recognized as a leader in simulation innovation.

Hartford Hospital performed the first successful heart transplant in the state, and pioneered the use of robotics in surgery. We maintain the only Level 1 Trauma Center in the region, and operate the state’s air ambulance system, LIFE STAR. We are not the only air ambulance system in Connecticut anymore.
UConn Health, John Dempsey Hospital

The University Hospital, John Dempsey Hospital provides specialized and routine inpatient and outpatient services for adults. It is widely recognized for its high quality care and was named by The Joint Commission as a top performer in the care of patients with heart failure, heart attack, pneumonia and surgical needs. UConn’s centers of excellence include:

- Geriatrics
- Maternal-fetal medicine
- Cardiology
- Cancer
- Orthopaedics

In addition, the John Dempsey Hospital is home to the only full service Emergency Department in the Farmington Valley.

St. Francis Hospital and Medical Center

Saint Francis Hospital and Medical Center has been an anchor institution in north central Connecticut since 1897. In 2015, Saint Francis became part of Trinity Health - New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, MI, one of the largest multi-institutional Catholic health care delivery systems in the nation. Saint Francis Hospital and Medical Center is licensed for 617 beds and 65 bassinets, is a major teaching hospital and the largest Catholic hospital in New England. Other Saint Francis entities include the Comprehensive Women’s Health Center, the Connecticut Joint Replacement Institute, the Hoffman Heart and Vascular Institute of Connecticut, Smilow Cancer Hospital Yale-New Haven at Saint Francis, and Saint Francis Medical Group. A regional referral center and major teaching hospital, Saint Francis provides sophisticated, contemporary medicine with major clinical concentrations in women’s and children’s services, oncology, cardiology, orthopedics, and rehabilitation including:

- CyberKnife®
- Hoffman Heart and Vascular Institute of Connecticut
- Women’s Heart Program at Saint Francis
- Connecticut Joint Replacement Institute (CJRI)
- Mount Sinai Rehabilitation

In addition to its centers of excellence, Saint Francis offers a full range of expert medical and dental care with respected programs in:

- Stroke care
- Surgery
- Surgical weight loss
- Diabetes management
- Orthopedic and sports medicine
- Pain management
- Integrative medicine
The Hospital of Central Connecticut

The Hospital of Central Connecticut (THOCC) is a 414-bed, 32-bassinet, acute-care community teaching hospital with campuses in New Britain and Southington. The hospital was created with the 2006 merger of the former New Britain General and Bradley Memorial hospitals.

Affiliated with the University of Connecticut School of Medicine, The Hospital of Central Connecticut provides comprehensive inpatient and outpatient services in general medicine and surgery and a wide variety of specialties. Specialty centers include the Endocrine and Bone Health Center, Cancer Services, Cardiology, Clinical Research, Family BirthPlace, Joslin Diabetes Center Affiliate, Joint and Spine Center, Psychiatry and Behavioral Health, Sleep Disorders Center, Vascular Center, Center for Bariatric Surgery, Weigh Your Options Weight Loss Center, Wolfson Palliative Care Consult Services, and Wound Care Center.

The Hospital of Central Connecticut has a medical staff of more than 400 physicians. Through the University of Connecticut School of Medicine, the hospital participates in residency programs for primary care internal medicine, obstetrics and gynecology, otolaryngology, and general surgery.

The Hospital of Central Connecticut is a member of the Central Connecticut Health Alliance, a system of healthcare affiliates that provides a wide array of services throughout the region, caring for patients from birth through the end of life.

The Department of Veterans’ Affairs

The Veterans’ Affairs (VA) Hospital (VA) encompasses an inpatient facility and Ambulatory Care Center in West Haven; an Ambulatory Care Center in Newington; and six primary care Community Based Outpatient Clinics:

- Danbury CBOC
- John J. McGuirk VA Outpatient Clinic - New London
- Stamford CBOC
- Waterbury CBOC
- Willimantic CBOC
- Winsted CBOC

Affiliation with the University of Connecticut School of Medicine allows the VA Connecticut to participate in the education and training of more than 600 physicians each year.
The University of Connecticut School of Medicine is committed to providing residents/fellows with an educational environment which allows residents/fellows to successfully demonstrate with satisfaction and understand the following attributes and objectives set forth by the Accreditation Council for Graduate Medical Education (ACGME).

Each residency/fellowship program enables its residents/fellows to develop competence in six areas. In addition, achievable milestones within each competency are defined in program curricula. Towards this goal, programs define specific knowledge skills and attitudes required and provide the clinical and educational experiences needed in order for residents/fellows to demonstrate this competence. As specified in the ACGME Common Program Requirements, all University of Connecticut School of Medicine sponsored Graduate Medical Education programs have integrated the general competencies into written curriculum and evaluations related to education and clinical care. Programs use resident/fellow performance data as the basis for program improvement. Programs are expected to have measurable outcomes to verify resident/fellow and program performance levels.

The six core competencies as defined by the ACGME are as follows:

1. **Patient Care**
   Residents/fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. **Medical Knowledge**
   residents/fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

3. **Practice-based Learning and Improvement**
   residents/fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents/fellows are expected to develop skills and habits to be able to meet the following goals:
   - identify strengths, deficiencies, and limits in one's knowledge and expertise;
   - set learning and improvement goals;
   - identify and perform appropriate learning activities;
   - systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
   - incorporate formative evaluation feedback into daily practice;
   - locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
   - use information technology to optimize learning; and,
   - participate in the education of patients, families, students, residents/fellows and other health professionals.
4. **Interpersonal and Communication Skills**
Residents/fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents/fellows are expected to:
- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.

5. **Professionalism**
Residents/fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents/fellows are expected to demonstrate:
- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

6. **Systems-based Practice**
Residents/fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents/fellows are expected to:
- work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- coordinate patient care within the health care system relevant to their clinical specialty;
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- advocate for quality patient care and optimal patient care systems;
- work in interprofessional teams to enhance patient safety and improve patient care quality; and
- participate in identifying system errors and implementing potential systems solutions.
GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)

The Graduate Medical Education Committee (GMEC) is a standing committee of the School of Medicine. The GMEC reports to the Education Council of the School of Medicine. The purpose of the GMEC is to oversee all programs in Graduate Medical Education (GME) sponsored by the University of Connecticut School of Medicine (UConn SOM). The GMEC is responsible for oversight of all the GME programs sponsored by UConn SOM in accordance with the Accreditation Council for Graduate Medical Education (ACGME) institutional requirements and Residency Review Committee (RRC) program requirements. The GMEC establishes and implements policies regarding the quality of education in the work environment for residents/fellows at all UConn SOM major affiliated hospitals, partner sites, and GME programs, including non-accredited programs. The GMEC meets six times a year with written minutes maintained. Voting members are required to attend a minimum of four of the six scheduled meetings annually.

Leadership and Membership

The GMEC convenes under the leadership of the DIO/Chairperson. The voting membership includes the following:

- Assistant Deans from five major affiliated hospitals
- One Clinical Chair (selected by Chief Council) (2yr term)
- Six Residency Program Directors (3yr term)
- Three Fellowship Program Directors (2yr term)
- The Director of Graduate Medical Education Finance
- GME Program Managers
- The Capital Area Health Consortium Executive Director
- Quality Improvement/Patient Safety Officer
- Three Subcommittee Chairs (Program Review; Policy; CLER)
- Two resident/fellow participants (selected by resident/fellow peers and who sit on Resident/Fellow Forum) (1yr term)
- One Program Coordinator (selected at Annual Program Coordinator’s Meeting) (1yr term)

Each person has one vote regardless of whether they are fulfilling more than one role. Non-voting members include any Program Director core faculty member, key faculty member from an affiliated hospital, Program Coordinators or residents/fellows who attends the meetings out of interest.
Graduate Medical Education Committee Responsibility

The Graduate Medical Education Committee is responsible for establishing and implementing policies and procedures regarding the quality of education in the work environment for residents/fellows, including:

- Annual Program Reports
  - Annual Program Evaluation
  - ADS update
  - Program improvement activities
  - Resident survey
  - Faculty survey
  - Case logs
  - Educational curriculum
  - Board pass rate
- Appeals to RRC
- Curriculum and evaluation for each program
- Experimentation and innovation
- Faculty development
- Duty hour tracking and modifications
- Graduate Medical Education budget
- Handover curriculum
  - Program
  - Hospital
- Oversight of accreditation including responses/action plans for citations and areas for improvement:
  - Institutional accreditation
  - Program accreditation
- Oversight of C.L.E.R. visit and action plans
- Oversight for Graduate Medical Education manual
- Oversight for residents/fellows policies and procedures manual
- Program changes
- Program Director changes/qualifications
- Program Director/Core Faculty protected time
- Reductions and closures of programs
- Resident/Fellow contracts
- Resident/Fellow evaluation and promotion
- Resident/Fellow wellness
- Review of the Annual Institutional Review (AIR)
- Salaries and benefits of residents and fellows
- Supervision policy
  - Program
  - Hospital

Revised 4/17
GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) SUBCOMMITTEES

The GMEC will identify subcommittees to help do the work of the GMEC. Each subcommittee includes a peer selected resident/fellow and members of the GME community including Program Directors, core faculty, and GME administration.

CLER Subcommittee

Charge: Under the direction of the GMEC, the CLER Subcommittee will provide oversight of the resident/fellow learning and work environment at all of the University of Connecticut School of Medicine’s affiliated hospitals. The Quality Education Officer for GME will chair this ad hoc subcommittee. This subcommittee will work collaboratively with all Assistant Deans and Quality Department leaders at all of the University of Connecticut School of Medicine’s affiliated hospitals.

The responsibilities of this subcommittee include:

- Helping to organize a CLER visit
  When notified a site will have a CLER visit, the subcommittee will ensure the site is prepared as per the CLER site visit instructions.

- Develop/disseminate information around the 6 focus areas of CLER visit by hospital
  The subcommittee will assist program directors and affiliated sites to meet expectations of the ACGME regarding each CLER focus area. This will include assisting the GME Office in developing processes as well as educational initiatives pertinent to CLER that are common to all programs and/or affiliated sites.

- Develop action plans associated with concerns raised by a CLER visit
  Feedback from each CLER visit will be populated into a database which reflects the pathways and properties described for each focus area as per the CLER Pathways to Excellence document. The subcommittee will review the database and assist program directors and executive leadership/quality leadership at the site to create action plans for the properties and pathways which need attention/improvement.

- Provide oversight for Resident Leadership Council and their projects
  The subcommittee will work with the Quality and Safety Education Officer of GME to assist the Resident Leadership Council in identifying and implementing quality and safety initiatives/projects of importance to all hospitals/programs across our Consortium of hospitals.

Policy Subcommittee

Charge: The Policy Subcommittee is responsible for the oversight of the Resident/Fellow Manual and the Graduate Medical Education Manual.

Under the direction of the GMEC, the Policy Subcommittee establishes and implements policies and procedures for all residents/fellows in the ACGME and non-ACGME-sponsored programs. The Policy Subcommittee helps to establish formal written policies that are in compliance with the ACGME institutional and program requirements. Meetings will be as needed with most communication through electronic reviews.
The chair or designee presents the policies to the GMEC to review and vote on implementation.

**Program Review Subcommittee**

Charge: Program Review Subcommittee (PR) is responsible for the quality of the educational programs and review of program compliance with common program requirements. It also is responsible for reviewing new program applications, new program directors, expansion of existing programs, and program closure.

PR has several important functions; therefore, it will meet monthly and have alternating agendas. Alternating agendas include reviewing action plans associated with RRC citations, RRC Areas for Improvement (AFIs) or concerns raised by the Annual Program Report (APR); alternate months will be to review changes in programs or reviewing new program applications.

The GMEC must review all actions taken by PR and review all action plans approved by the PR.

Revised 4/17
RESIDENT LEADERSHIP COUNCIL

Resident Leadership Council (RLC) is a standing council of the Graduate Medical Education Committee (GMEC). Its charge is to address quality improvement and patient safety across the consortium of hospitals where residents/fellows train. Residents from each core residency program are required to complete an application to be submitted to the RLC Co-Chairs at the beginning of each academic year. Any current members who meet attendance requirements will not be required to submit an application. Co-Chairs will review all applications and those who qualify will be selected to serve on this leadership committee and bridge the relationship between Graduate Medical Education and hospital leadership. Quality officers/physician champions from each affiliated site help residents with identifying projects and implementation. Attendance at these meetings is required. RLC will report annually to the GMEC. RLC is organized by the Assistant DIO/Quality and Safety Education Officer and meets monthly.

Revised 4/17
RESIDENT/FELLOW FORUM

The Resident/Fellow Forum is an organization for residents/fellows in all programs. The members are selected by their peers each academic year. All programs are invited to send one or more representatives to the Forum, which meets every other month. Program Directors are informed about the meetings so that residents/fellows may be released from other responsibilities. The resident/fellow representatives select a member to chair or two members to co-chair and convene the meetings. Representatives from the Graduate Medical Education Office and the Capital Area Health Consortium may be invited to spend 15-20 minutes at the beginning of the meeting with the Forum members so that administrative questions can be answered. The group then meets on its own to discuss issues that cross disciplines and sites.

Resident/Fellow Forum is a standing GMEC agenda item. The Chair (Co-Chairs) and up to 2 Resident/Fellow Forum members can be members of GMEC, but only 2 resident/fellow votes are considered.

Revised 2/16, 5/17
AFFIRMATIVE ACTION, NON-DISCRIMINATION, AND EQUAL OPPORTUNITY

It is the policy of the University of Connecticut School of Medicine to provide equal employment opportunities for all residents/fellows, employees, and applicants, in compliance with the UConn Health affirmative action policy and is as follows:

- To recruit, train, hire, transfer, and promote in all job classifications without regard to race, color, religion, age, sex, national origin, physical or mental disability, veteran status, sexual orientation or marital status.
- To base decisions on employment in accordance with the principles of equal employment opportunity.
- To make promotion decisions in accordance with the principles of equal employment opportunity.
- To provide that all other personnel actions and terms and conditions of employment will be administered without regard to race, color, religion, age, sex, physical or mental disability, national origin, sexual orientation, marital status, or any other characteristics protected by state and/or federal law.

For a more detailed description of this policy, please see the following:

Revised 8/17
ACCOMMODATIONS FOR DISABILITIES

UConn is committed to achieving equal opportunity for persons with disabilities. State and Federal laws prohibit discrimination against individuals with disabilities. Discrimination includes failing to provide reasonable accommodation, consistent with state and federal law, to persons with disabilities.

If a resident/fellow thinks that he or she might need a reasonable accommodation, the resident/fellow should contact Human Resources.

**Phone:** (860) 679-2831  
**Fax:** (860) 679-1051  
**Email:** donofrio@uchc.edu  

**Mailing Address:**  
ADA Accommodations Case Manager  
UConn Health  
P.O. Box 4035  
Farmington, CT 06030-4035

**Physical Address:**  
16 Munson Rd., 5th Floor  
Farmington, CT 06030-4035  
UConn Health Internal Mail: MC 4035

The Human Resources website has more detailed information, including links to information regarding the reasonable accommodation process and accommodation request forms: [https://health.uconn.edu/human-resources/services/americans-with-disabilities-act-compliance-and-accommodations/](https://health.uconn.edu/human-resources/services/americans-with-disabilities-act-compliance-and-accommodations/)

Revised 4/16, 3/17, 7/17, 9/18
POSITION OVERVIEW

The resident/fellow position is a physician in training who provides patient care and participates in an educational program commensurate with the individual physician's level of advancement and competence. A resident/fellow physician's responsibilities include patient care activities within the scope of their clinical privileges commensurate with their level of training, attendance at clinical rounds and seminars, timely completion of medical records, and other responsibilities as assigned or as required of all medical staff. Under the supervision of attending physicians, general responsibilities of the resident/fellow physician may include:

- Initial and ongoing assessment of patient’s medical, physical, and psychosocial status
- Perform history and physical
- Develop assessment and treatment plan
- Perform rounds
- Record progress notes
- Order tests, examinations, medications, and therapies
- Arrange for discharge and aftercare
- Write/dictate admission notes, progress notes, procedure notes, and discharge summaries
- Provide patient education and counseling covering health status, test results, disease processes, and discharge planning
- Perform procedures
- Assist in surgery

Residents/fellows participate in clinical medicine under the watchful eye of supervising teaching faculty and include:

- participation in safe and effective compassionate patient care;
- developing an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education, and how to apply cost effective measures in the provision of patient care;
- participation in the educational activities of the program as appropriate assumption of responsibility for teaching and supervising other residents/fellows and students and participation in institutional orientation and education programs and other activities involving the clinical staff;
- participation in institutional committees and councils to which the residents/fellows physician is invited to attend or are appointed;
- performance of these duties in accordance with the established practices, procedures, and policies of the institution and those of its programs, clinical departments, and other institutions to which the residents/fellows are assigned.

The resident/fellow physician is both a learner and a provider of medical care. The resident/fellow physician is involved in caring for patients under the supervision of more experienced physicians. As their training progresses, resident/fellow physicians are expected to gain competence and require less supervision progressing from on-site and contemporaneous supervision to more indirect and periodic supervision.
Because resident/fellow physicians are given progressive responsibility for the care of a patient, it is the program's responsibility to determine when a physician's ability to provide care to patients without a supervisor or act in a teaching capacity. These are based on formative and summative evaluations of the resident's/fellow's clinical care, judgment, knowledge, and technical skill.

Ultimately, it is the decision of the teaching faculty with direct responsibility of the resident/fellow as to which activities the residents/fellows will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient.

Twice a year, the Program Director will provide the resident/fellow physician performance ratings in the form of semi-annual evaluations in all of the six competencies. Resident/fellow physicians are apprised of their strengths and weaknesses at this time. At the completion of the program requirements, the Residency/fellowship Program Director has the responsibility to determine and to document in writing that the resident/fellow physician possesses the skills necessary to practice at the level commensurate with their training.

Reviewed 4/17
EMPLOYMENT REQUIREMENTS

The following must be completed for residents/fellows to begin employment, and training in any residency/fellowship program sponsored by the University of Connecticut School of Medicine:

- Accepted Appointment Letter/contract
- Cleared Background Check
- Completion of Institutional Curriculum (IC)
- Connecticut State Permit
- Copy of the resident's/fellow's ECFMG certificate, if applicable
- Copy of the resident’s/fellow's Medical School Diploma submitted to GME
- Duty Hour Attestation signed
- Enrollment in NPI, CSR, CMAP, PECOS, and CPMRS
- Participation in Orientation
- Pre-employment physical screening including immunization documentation and pre-employment drug screening
- Respirator Fit Test
- Valid Social Security number (J1 residents/fellows within 4 weeks of start date)
- Valid visa/employment status

Revised 4/17
INSTITUTIONAL CURRICULUM REQUIREMENTS (IC)

The Institutional Curriculum (IC) was designed to provide a curriculum through Healthstream that is universal to all programs. These required courses are to be completed prior to orientation. The GME Office will sign you up with an account in Healthstream. For questions, please contact Steve Bayley (Bayley@uchc.edu).

Incoming Courses – Courses that must be completed before residents/fellows can begin. These courses are automatically assigned in Healthstream. *Approximately 13 hours to complete all courses.*

- PGY1’s: Simulation Center Boot Camp Assignment (30 min)
- HIPPA (83 min)
- Informed Consent (45 min)
- Standard Precautions: Bloodborne Pathogens and other Potentially Infectious Material (55 min)
- Patient Restraint in the Acute Care setting (65 min)
- Moderate sedation/Analgesia (55 min)
- Cultural Competence: Providing Culturally Competent Care (for those who don’t do the GME CCC curriculum) (55 min)
- Safety Starts with Me (full course; 120 min)
- Active Assailant Training (8 min)
- Interpreter Services at UConn Health (15 min)
- Pain Assessment and Management (10 min)
- Combating Medicare Parts C and D Fraud, Waste, and Abuse
- Medicare Parts C and D General Compliance
- UConn Health Stroke Program (10 min)
- Sleep Loss and Fatigue (50 min)
- Residents as Teachers and Supervisors of Medical Students (Family Medicine, Internal Medicine, Primary Care, OB/GYN, Pediatrics, Psychiatry, Surgery: 15 min)
- Not Anymore (Student Success curriculum on sexual harassment/sexual assault)
- Attestations and Acknowledgements
  - Receipt of Policies and Procedures (2 min)
  - Duty Hour Attestation (3 min)
  - Compact Between Faculty and Undergraduate and Graduate Medical Trainees (5 min)
  - ADA Acknowledgement (2 min)
  - Medical School Requirement Attestations
- Orientation Day 1 (if you miss orientation, you will be assigned a course on Healthstream)
Annual Courses – These courses must be done every year. These courses are also automatically assigned in Healthstream in July and are due in September. (Note: If you complete these courses as an incoming resident or fellow, you will not have to complete them again until your second year of training).

Approximately 6 hours to complete all courses.

- Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious Materials (55 min)
- HIPAA (refresher) (83 min)
- Informed Consent (45 min)
- Sleep Loss and Fatigue (50 min)
- Safety Starts with Me Refresher (25 min)
- Interpreter Services at UConn Health (15 min)
- Safety Event Reporting (15 min)
- Combating Medicare Parts C and D Fraud, Waste, and Abuse
- Medicare Parts C and D General Compliance

GME Cultural Competency Curriculum Modules (Assigned October to interns in core residency programs only)

- Healthcare Disparities (Varies)
- End of Life Care Case 1 (Varies)
- End of Life Care Case 4 (Varies)
- End of Life Care Case 5 (Varies)

Medical Risk Management/ELM Curriculum (2 year program for 18 programs) (6 hours/year)

Revised 11/17
Instructions for Residents/Fellows

Log on to the system

https://health.uconn.edu/graduate-medical-education/institutional-curriculum/

For all Institutional Curriculum requirements from UConn use the above link. Other affiliated sites, like Hartford Hospital and St. Francis Medical Center, will have their own Healthstream link/portal.

System recommendations

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<td>Internet Browser</td>
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<tr>
<td>Operating System</td>
<td>Windows XP or above</td>
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<td>Popup Blocking</td>
<td>Popup blocking disabled</td>
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<tr>
<td>Cookies</td>
<td>Cookies enabled</td>
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<tr>
<td>Javascript</td>
<td>Javascript enabled</td>
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<tr>
<td>Speed</td>
<td>256Kb/s (32 KB/s) or above</td>
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<tr>
<td>Screen Resolution</td>
<td>1024 x 768 or above</td>
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<tr>
<td>Adobe Flash</td>
<td>11.0 or above</td>
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<tr>
<td>Adobe Acrobat Reader</td>
<td>10.0 or above</td>
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<td>SSL enabled</td>
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Healthstream User Name and Password

A Healthstream User ID, Password and the incoming courses listed above have been assigned to you. Your Healthstream User ID and Password will be emailed to you.

There is a “Password reminder” and “Forgot your password?” links are available if needed. Program Coordinators can also look up a User ID and reset a password. If additional help is needed please contact Stephen Bayley at 860-679-4295 or bayley@uchc.edu.

Follow these steps to change your Healthstream password. You cannot change your Healthstream username.
1. In the upper right corner Click on the drop down arrow to the right of your name.
2. Click on the 'Manage Password’ link.
3. Make changes as needed.
4. Then Click on ‘Change Password’ button.

To Do

The ‘To Do’ link on the top tool bar lists the courses you are enrolled in but haven’t completed.

Completed

The ‘Completed’ link on the top tool bar you a list of all the courses you’ve taken.

Revised 4/16, 5/17
APPPOINTMENT LETTER/CONTRACT

DATE: 
NAME: 
ADDRESS: 

PROGRAM: 
POST-GRADUATE YEAR LEVEL: 
PERIOD OF APPOINTMENT: 
THE CURRENT SALARY AT THIS LEVEL: 

This includes the amount for your orientation period.

By signing and returning the final page of this appointment letter, thus accepting this offer, you receive an appointment with the University of Connecticut School of Medicine (UConn SOM), the Sponsoring Institution of your program, and become an employee of the Capital Area Health Consortium (CAHC). Your employment with the CAHC does not alter your relationship with your residency/fellowship program and is expressly contingent upon you remaining in good standing in your program. All decisions about the academic aspects of your program will be governed by your Program Director and the Graduate Medical Education (GME) Office. Your appointment is also governed by all of the UConn SOM policies, privileges, procedures, and responsibilities outlined in the accompanying material, your program’s manual, and the Residents/Fellows Policies and Procedures Manual (Manual). The Manual, including the Code of Conduct, is available at https://health.uconn.edu/graduate-medical-education/institutional-curriculum/. A copy can also be obtained from your Program Coordinator or the GME Office personnel.

This appointment is contingent upon you successfully completing all prerequisites which may include medical school or residency/fellowship; passing a pre-employment screening, a drug screening, a criminal background check and appropriate United States Medical Licensing Exams (USMLE), Comprehensive Osteopathic Medical Licensing Examination (COMLEX) or equivalent examination; and completing other employment requirements listed in the Manual. Please read this appointment letter carefully and contact your Program Coordinator or the GME Office personnel with any questions you may have.

Continuous training is vital to all residency and fellowship programs. Continued status in your academic program is required for this appointment to remain active. Termination from your academic program will terminate this appointment. Reasons that may terminate this appointment and any obligations the UConn SOM has to you shall include, but are not limited to, failure to satisfy the academic requirements of the program; failure to progress in knowledge or performance at a satisfactory rate; failure to attain or demonstrate competence in any of the six Accreditation Council for Graduate Medical Education (ACGME) competencies; failure to meet the requirements for continuous training; or conduct unbecoming a physician or otherwise in violation of the Code of Conduct.

Appointments to subsequent PGY years will be made at least four months prior to your current appointment end date. Reappointment and/or promotion will be based on performance evaluations in the six Accreditation Council for Graduate Medical Education (ACGME) competencies and program specific areas.

If your Program Director determines a reappointment/promotion will not occur within the four months prior to the end of the appointment, written notice will be provided as circumstances reasonably allow.
Reappointment that does not occur as expected may be grieved according to the *Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures* in the *Manual*.

In the event of a national disaster, act of war, civil unrest, or other causes beyond the control of any party that may disrupt the ability of the program to operate, this appointment may be suspended or terminated in accordance with the *Disaster Policy* in the *Manual*.

**UConn SOM’s Responsibilities** UConn SOM has a responsibility to provide:

- An academic program that meets the educational needs of residents/fellows including the opportunity to acquire the skills, attitudes, and knowledge consistent with proper patient care
- Patient care ancillary services, medical records, and other support services necessary for quality patient care
- Readily available faculty supervision
- Appropriate salary, health, dental, life, and disability insurance beginning on the appointment start date per the terms and co-payments of the CAHC plans as outlined in the *Manual*
- Professional liability insurance coverage for activities within the scope of your training program and period of participation, and afterwards, for claims arising out of medical incidents that occurred during the period of your program participation
- Counseling services including physical impairment and substance abuse for residents/fellows through the UConn Health’s Employee Assistance Program, psychiatric services and/or the Health Assistance InterVention Education Network (HAVEN) as appropriate
- A duty hour policy consistent with patient safety and the ACGME Institutional and Program-Specific Requirements
- Oversight of the program and resident/fellow compliance with both the ACGME Institutional and Program-Specific Requirements
- A work environment that includes adequate food services, safe on-call sleeping quarters, and an overall environment of safety and security
- Written policies on vacation and other leaves of absence (with or without pay) to include personal and sick leave consistent with applicable laws
- Written policies including, but not limited to, *Accommodations For Disabilities – ADA Policy, Evaluation, Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures, Moonlighting/Extra Credit, Rotation-Specific Clinical and Educational Work Hours, Leaves, Supervision, Counseling Services, Substance Abuse, Sexual-Harassment, and Work Environment*
- Reappointment letters of agreement if you meet the academic standards and curriculum requirements of the program.

Further details of the above are available in the *Manual*.

**Program Responsibilities** The program has a responsibility to:

- Meet its educational goals as they are described in its program manual/curriculum and on the forms submitted to the specific *ACGME Residency Review Committee (RRC)* or equivalent. The goals and the outlines of the usual resident/fellow assignments for each year which may involve activities in several hospitals are available in the program office or internet based educational system such as *Blackboard*. A username and password will be provided to you by your Program Coordinator at the beginning of your training. The Program Director or designee may find it necessary to modify
resident/fellow assignments as required by available personnel, education resources, institutional patient care responsibility and career goals and academic progress of each resident/fellow.

- Provide timely evaluations to residents/fellows about their performance in all aspects of the program
- Monitor resident/fellow adherence to duty hour standards
- Monitor stress, fatigue in residents/fellows and provide information on support services
- Abide by accreditation standards. Most residency/fellowship programs under UConn SOM are accredited by the ACGME and the discipline specific RRC or similar organizations. Non-ACGME accredited programs are required to meet similar standards, policies and procedures as the accredited programs. Residents/fellows in all programs are required to abide by all policies and procedures in the Manual.
- Design a curriculum in which residents/fellows who perform satisfactorily will be able to meet board certification requirements for their discipline if applicable
- Certify to the discipline specific board that each individual resident/fellow has or has not met all requirements
- Information about specialty board certification requirements available in the program office or internet based educational system such as Blackboard. You may also contact the GME Office to request board certification requirements.

**Resident/Fellow Responsibilities** Accordingly, you are expected to:

- Perform all duties and accept all assignments designated by the program director or designee. Your performance will be evaluated by faculty, your program director, and others as may be required
- Acknowledge personal responsibility for understanding and accepting the requirements of the discipline in which you are training
- Be able to perform satisfactorily, with or without reasonable accommodation, in all required components of your program. See the Americans with Disabilities Act (ADA) policy for further details in the Manual.
- Develop a personal program of self-study and professional growth with guidance from the teaching faculty and staff
- Demonstrate competency in the areas of patient care, medical knowledge, communication and interpersonal skills, professionalism, practice-based learning and improvement, and systems-based practice for the discipline you are in
- Participate in safe, effective, and compassionate patient care, commensurate with your level of advancement and competence, under the general supervision of appropriately privileged teaching faculty and staff
- Participate fully in the educational and scholarly activities of your program and, as required, assume responsibility for teaching and supervising other residents/fellows and students
- Participate in programs and activities involving the medical staff and adhere to established practices, procedures and policies of the training site
- Participate in committees and councils, especially those that are related to patient care review activities
- Develop an understanding of ethical, socioeconomic and medical/legal issues that affect GME and how to apply cost-containment measurements in the provision of patient care
- Submit accurate documentation of duty hours, confidential written evaluations of the faculty, the program, and other information as may be required
Residents/Fellows Policies and Procedures Manual

☐ Become familiar with the Manual, comply with, and be subject to all policies and procedures set forth in the Manual including, but not limited to, Accommodations For Disabilities – Ada Policy, Evaluation, Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures, Moonlighting/Extra Credit, Duty Hours, Leaves, Supervision, Counseling Services, Substance Abuse, Sexual-Harassment, and Work Environment

☐ Abide by all rules, regulations and bylaws of the program, clinical department, and institution in which he or she is assigned including standards required to maintain accreditation by relevant accrediting, certifying, or licensing organizations, attaining and maintaining authorization to work in the United States, and a valid training permit in the state of Connecticut throughout the duration of this appointment

☐ Become familiar with, comply with, and be subject to all site policies, rules and regulations; state, federal and local laws; and standards required to maintain accreditation by relevant accrediting, certifying, or licensing organizations, including attaining and maintaining authorization to work in the United States and a valid training permit in the state of Connecticut throughout the duration of this appointment

☐ Consent to and pass a pre-employment criminal background check and a pre-employment drug screening test as well as complete other employment requirements

☐ Return all hospital properties such as books, beepers and equipment; complete all records; and settle professional and financial obligations prior to departing from your training program, UConn SOM, and sites

☐ Be of good moral and ethical character and be mentally and emotionally stable in order to maintain a personal appearance and demeanor that is not disturbing to patients and that allows oneself to work cooperatively with others and to perform during one’s professional activities in a manner that is satisfactory to your Program Director.

☐ Demonstrate sufficient confidence to enter practice without direct supervision in order to satisfactorily complete the training program

☐ Report any of one’s own activity or behavior that results in a police investigation or an arrest or that receives media attention such that the safety of patients or the reputation of the University could be compromised

Benefits/Leave

Benefits described are based on the information at the time this appointment is issued. See the Manual for further details.

☐ There is a co-pay for medical insurance and a discounted price for adding your family starting the first day of this appointment

☐ Life insurance is at no cost to you

☐ Disability insurance is at no cost to you

☐ Counseling services is at no cost to you

☐ Paid leave per twelve months (no leave can be carried over)
  - Three weeks’ vacation (one week equaled five days + two weekend days)
  - Fifteen sick days for one’s own illness
  - Ninety days for medical leave for own disability/illness, with a physician’s note. All paid sick time and vacation time must be used first. A physician’s note is required to return. This includes pregnancy related paid leave
Resident/Fellow Policies and Procedures Manual

- Family Leave is defined by Connecticut State law. Eligibility can vary between 8-16 weeks with benefits continuing for the approved leave. All sick and vacation time must be used first. Paternity leave may fall under this category.
- Administrative Leave without prejudice
- If training is extended for any reason, vacation granted during an extension will vary and depend on the amount of extension required to complete the requirements of training.

- Unpaid Leave with Program Director's permission
- Personal Leave
- Family Leave is defined by Connecticut State law. Eligibility can vary between 8-16 weeks with benefits continuing for the approved leave. All sick and vacation time must be used first. Paternity leave may fall under this category. Pregnancy related unpaid leave will fall under Family Leave.
- Military Leave

- Leave may result in additional time in the program and extension of your appointment. See Contract Extension Due to Leave in the Manual.
- Professional liability coverage. You are covered while you are carrying out assigned duties as part of your residency/fellowship training program including protection for claims filed after completion of your residency/fellowship program. Professional activities outside the program are not covered.

Further detailed information is available in the Manual.

Moonlighting/Extra Credit

With written permission from your Program Director or designee you may engage in professional activities to the extent that such activities do not interfere with your health, performance, or duty hour requirements. It is your responsibility to obtain licensure, liability coverage, and narcotic registration for use in moonlighting not related to your residency/fellowship program. See the Manual for further details.

Evaluation of Resident/Fellow, Residency/Fellowship Program

As the position of resident/fellow involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, your competence is evaluated on a regular basis. The program maintains a confidential record of your evaluations.

Evaluations of your progress will be conducted according to UConn SOM's Policy on Evaluation in the Manual. In addition you are expected to participate in the evaluation of your residency/fellowship program. This includes the submission of a written evaluation of each clinical rotation and key teaching faculty on each rotation following completion of each rotation.

In the event of any action against you related to academic or any other deficiencies which could jeopardize normal progress towards completion of your residency/fellowship program, your rights are protected under UConn SOM's policy on Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures.
Pre-Employment Physical/Fit to Work Status

You are required to provide adequate documentation and attain a pre-employment screening to ascertain immunizations to communicable diseases in accordance with University policy and state law public act 89-90. The required immunization must be maintained and updated as needed during the entire period of your residency/fellowship training including annual TB skin testing or prescribed testing. You will be required to clear a drug screening test prior to beginning your training or employment.

Institutional Curriculum

The Institutional Curriculum was designed to provide a curriculum that is universal to all programs and either reflects RRC requirements or hospital/Joint Commission requirements. By providing an Institutional Curriculum, hospital administrative offices are guaranteed that residents/fellows meet credentialing aspects. Some courses are required to be completed prior to starting, some courses will be completed annually, and some courses will need to be completed once during a residency or fellowship period. Other than the required pre-employment and annual courses, we leave it up to the programs how often and when the other courses will be completed. Most of the courses are online.

The Institutional Curriculum includes but is not limited to courses on Standard Precautions, Bloodborne Pathogens, Rapid Regulatory Compliance Sexual Harassment, Patient Rights, Confidentiality, HIPAA, Grievances, Patient Restraint and Seclusion in the Acute-Care Setting, Moderate Sedation/Analgesia (Conscious Sedation), Adverse Events, Cultural Competence, Informed Consent, and Sleep Loss and Fatigue. Further details are available in the Manual.

On behalf of UConn SOM’s GME Office, the CAHC, and training sites, we would like to welcome you. We are pleased that you will be joining us for your residency/fellowship training program.

Sincerely,

{Signature on originals only}

Steven Angus, M.D., FACP
Designated Institutional Official

I hereby certify all information provided by me in my application for a position in a UConn SOM residency/fellowship program and provided by me in the course of applying for a position in the residency/fellowship training program at UConn SOM is truthful and accurate. I further understand that if it is discovered that any information provided by me on the application or any of the other information provided by me in the course of applying for a residency/fellowship position at the University of Connecticut School of Medicine is found to be false, untruthful or misleading, I will be subject to immediate cancellation of this appointment and terminated from employment if employment has begun.

I accept the offer to become an employee of the CAHC and the appointment as a resident/fellow with UConn SOM. I agree to abide by the conditions set forth in this appointment letter, and agree to complete the full term of appointment. I also attest to abide by all policies pertaining to my training and employment as
Resident/Fellow Policies and Procedures Manual outlined in this appointment letter and expanded upon in the Manual. I also acknowledge that the Manual is subject to change and it is my responsibility to comply with the current policies that are set forth in the Manual. This includes all changes made to policies, procedures, and benefits that may have happened since applying to a residency/fellowship program at UConn SOM.

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Revised 2/16, 5/17
BACKGROUND CHECK

The School of Medicine is committed to providing its residents/fellows with a professional environment that fosters excellence, rejects intolerance, and provides a safe workplace. To better achieve this, the Graduate Medical Education (GME) Committee requires that every resident/fellow pass a criminal background check including a government sanctions check in order to train in a residency/fellowship program.

The Police Department at UConn Health will be responsible for conducting this background check. The Capital Area Health Consortium (CAHC) will pay the fee for this service.

Revised 4/17
Residents/fellows are required to register for a variety of numbers to ensure proper patient care can be maintained. The next several pages will explain these numbers.

These are the first 2 registrations that need to be completed.
- National Provider Identifier (NPI) Number
- Connecticut Controlled Substance (CSR) Number

Then, these registration need to be completed with a valid NPI number
- Connecticut Medicaid Assistance Program (CMAP)
- Provider Enrollment, Chain and Ownership System (PECOS)

Finally, complete this registration with a valid CSR and hospital DEA number
- Connecticut Prescription Monitoring and Reporting System (CPMRS)

Revised 4/17
National Provider Identifier (NPI) Number

A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). All residents/fellows are required to apply for and receive a NPI number at the time of training.

Residents/fellow must have an NPI before starting training at UConn with the appropriate taxonomy and program address. Failure to comply with this requirement could result in a resident’s/fellow’s inability to prescribe medications and begin training, employment and benefits. The University of Connecticut School of Medicine will not be responsible for any loss of privileges or fines as the result of the resident’s/fellow's failure to comply with the above mandate.

Please follow the instructions below and call the GME Office with any questions:

- If a resident/fellow **has not applied** for a NPI and he/she **has** a Social Security Number, he/she should complete the online application at: [https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do](https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do)

- If a resident/fellow **has not applied** for a NPI and he/she **does not** have a Social Security Number, he/she must complete the paper application available at: [http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf)

- If a resident/fellow is coming to a UConn sponsored program and **already has** a NPI, he/she must change the business address of the previous NPI number to their new program’s mailing address (please contact your program for this information). The taxonomy should be “390200000X – Student in an Organized Health Care Education/Training Program”, unless he/she has a Connecticut State Medical License that will be maintained throughout employment as a resident/fellow and is practicing independently in the state of Connecticut.
  - Information can be changed online at: [https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart](https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart)
  - Information can be changed with a paper application (could take 4-6 weeks) available at: [http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf](http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf)

Revised 4/17
Connecticut Controlled Substance Number (CSR)

The State Department of Consumer Protection mandates that all residents/fellows practicing in the State of Connecticut must be registered to prescribe any controlled substance to any patient. This is different than the Federal DEA number as this is a State regulation. As long as the resident/fellow is employed by the Capital Area Health Consortium, the Capital Area Health Consortium (CAHC) will cover the registration fee.

All new incoming residents/fellows will submit their paperwork prior to beginning training and employment. If you already have an active CT Controlled Substance number when you join your UConn program, please inform the GME office. After the initial registration, all residents/fellows will be notified by the State of Connecticut when renewal is required. Residents/fellows are required to renew their registration every odd-numbered year. The CAHC will reimburse the resident/fellow via their paycheck. A copy of the payment must be provided to the resident's/fellow's Program Coordinator before the reimbursement can be processed.

All physicians are required to notify the State of Connecticut Department of Consumer Protection License Services Division at 165 Capitol Ave., Hartford, CT 06106 within five (5) days of a change in address or department.

Failure to comply with this requirement could result in a resident's/fellow's inability to prescribe controlled substance medications and may also result in a fine. The CAHC and the University of Connecticut School of Medicine will not be responsible for any loss of privileges or fines as the result of the resident's/fellow's failure to comply with the above mandate.

Revised 4/17

Connecticut Medicaid Assistance Program (CMAP)

The Department of Social services (DSS) provides medical assistance to low income people through the Connecticut Medical Assistance Program (CMAP). All residents/fellows are required to register with the Connecticut Medicaid Assistance Program (CMAP). Patients are dependent on the enrollment of residents/fellows to receive benefits as a prescription.

The CMAP enrollment requires the resident/fellow to have a National Provider Identifier (NPI) before registering. Once the NPI number is obtained, a resident/fellow should apply to CMAP at www.ctdssmap.com.

Failure to comply with this requirement could result in a resident's/fellow's inability to prescribe. The University of Connecticut School of Medicine will not be responsible for any loss of privileges or fines as the result of the resident's/fellow's failure to comply with the above mandate.

Revised 4/17
Provider Enrollment, Chain and Ownership System (PECOS)

The Provider, Enrollment, Chain and Ownership System (PECOS) is a Medicare requirement that allows practitioners to prescribe Durable Medical Equipment (DME).

A National Provider Identifier (NPI) is required before enrolling in PECOS. The application is available online and on paper. The paper application for PECOS is called the Medicare Enrollment Application (CMS-8550).

There is an online application available at https://pecos.cms.hhs.gov/pecos/login.do.

Revised 4/17

Connecticut Prescription Monitoring and Reporting System (CPMRS)

The purpose of the Connecticut Prescription Monitoring and Reporting System (CPMRS) is to present a complete picture of a patient’s controlled substance use, including prescriptions by other providers, so that the provider can properly manage the patient's treatment, including the referral of a patient to services offering treatment for drug abuse or addiction when appropriate. This is managed by the Connecticut Department of Consumer Protection.

A Connecticut Controlled Substance Number is required to register with the CPMRS at www.ctpmp.com.

Failure to comply with this requirement could result in a resident's/fellow's inability to prescribe medications and may also result in a fine. The University of Connecticut School of Medicine will not be responsible for any loss of privileges or fines as the result of the resident's/fellow's failure to comply with the above mandate.

Revised 4/17

Drug Enforcement Administration (DEA) Number

A Drug Enforcement Administration Number allows a health care provider to write prescriptions. Residents/fellows are provided with a DEA Number specific to each affiliated hospital referred to as the institutional DEA number. No application is needed for an institutional DEA number to be issued. This is not an individual DEA. The individual DEA number can be obtained after a physician applies for and receives a state medical license. The individual DEA number stays with the physician throughout his/her career. A resident/fellow that wants to moonlight must have a state medical license and an individual DEA Number.

The resident/fellow must use the specific hospital DEA and suffix where the resident/fellow provided patient care to the patient. In other words, if a patient is seen at JDH and a resident/fellow writes a prescription for that patient then the resident/fellow must use the DEA provided by JDH, plus their JDH-specific suffix.

Each Medical Education office at the affiliated hospitals will provide institutional DEA numbers for that hospital when a resident/fellow starts or participates in an orientation at that site.

Revised 4/17
STATE LICENSURE/PERMIT REQUIREMENT

The State of Connecticut requires all residents/fellows to have a Connecticut State Permit. The Graduate Medical Education (GME) Office designee will obtain the permit for all residents/fellows. No application by the resident/fellow is needed. The permit is issued by the State of Connecticut Department of Public Health. The resident/fellow does not receive the permit.

A Connecticut State medical license is not required to participate in most residency/fellowship programs. Resident/Fellows should refer to their program’s licensure policy in the program's manual. A resident/fellow that obtains a Connecticut medical license, and participates in a program that does not require a medical license, will do so at their own expense.

Reviewed 4/17
REAPPOINTMENTS PROCESS AND REQUIREMENTS

The Graduate Medical Education (GME) Office is responsible for issuing all letters of initial appointment/contracts as well as letters of reappointment/contracts for residents/fellows in the University of Connecticut School of Medicine (UConn SOM) sponsored programs.

The primary responsibility for defining the standards of academic performance and personal and professional development rests with the Program Director. Program Directors are responsible for submitting a list of names of residents/fellows who are progressing satisfactorily and who are meeting criteria for reappointment to the GME Office Designee at least four months prior to the end of each resident’s/fellow's appointment, if applicable. The GME Office designee reviews reappointment requirements for each resident/fellow. If all requirements have been met, a reappointment letter/contract will be issued. The resident/fellow is responsible for reviewing, signing, and returning his/her reappointment letter/contract to the GME Office.

A resident/fellow will receive a reappointment letter/contract prior to completion of the resident’s/fellow's current year of training. Therefore, the reappointment letter/contract is conditional upon a resident/fellow meeting all requirements for promotion as defined by the resident’s/fellow's program.

A resident/fellow that has not met the requirements to be reappointed must be given written notice by their program director that his/her reappointment/contract may not be renewed.

Documents required for a reappointment letter/contract to be issued by the GME Office:

- Reappointment request from the Program Director indicating good standing of a resident/fellow
- Passing score transcript on the USMLE 3/COMLEX 3, if applicable

Documentation required before starting the next academic year:

- Valid employments status
- Annual Institutional Curriculum

Revised 4/17
USMLE 3/COMLEX 3

All PGY 1 residents must take USMLE 3/COMLEX 3 before the end of their first academic year.

If a resident enters a University of Connecticut School of Medicine residency program as a PGY 2 and has not taken and passed USMLE 3/COMLEX 3, the resident must take and pass USMLE 3/COMLEX 3 within the first 6 months of the PGY 2 year.

Successful completion of USMLE 3/COMLEX 3 is a requirement to be promoted or appointed to the PGY 3 or above training level.

Failure to meet the requirements outlined in this policy will result in a formal meeting with your program director and a designee from the Graduate Medical Education Office.

Revised 4/17
REAPPOINTMENT LETTER/CONTRACT

DATE:  
PROGRAM:  
POST-GRADUATE YEAR LEVEL:  
PERIOD OF APPOINTMENT:  
THE CURRENT SALARY AT THIS LEVEL:  
Res #

I understand that this appointment is contingent upon fulfilling all training requirements necessary to advance to the next level and that this appointment must be returned within 14 days or my position as described above may not be held. I also understand that I may be required to cover additional shifts, beyond what is required as part of my program's back-up or jeopardy policy (for which there is no additional compensation), and if I cover additional shifts I will receive additional compensation proportionate to the number of shifts covered up to $25,000.

By signing and returning this agreement, I agree to complete the full term of appointment as designated above. I also agree to continue to abide by the terms, conditions and policies pertaining to my employment and training in the above named program as described in my initial letter of appointment. This includes, but is not limited to policies on evaluation, promotion, due process, leave, and delinquent charts. I understand that the Residents/Fellows Policies and Procedures Manual is updated regularly and I am responsible for complying with the current policies, procedures, etc.

We are pleased that you are continuing your training with us.

Sincerely,

Steven Angus, MD, FACP  
Designated Institutional Official

I accept the offer to continue my training in the above program at the University of Connecticut School of Medicine and employment with the Capital Area Health Consortium. I agree to abide by the terms and conditions as described above and the more detailed description on the Residents/Fellows Policies and Procedures Manual available at http://gme.uchc.edu.

______________________________________________  
NAME  
________________________  
Date
GRADUATION/SEPARATION REQUIREMENTS

In order to graduate from a residency/fellowship program at the University of Connecticut School of Medicine, a resident/fellow must:

- have passed USMLE Step 3, COMLEX Step 3 or equivalent and provide proper documentation
- must have been evaluated as competent in all six ACGME competencies and milestones (if applicable) for their program
- must have completed the required Institutional Curriculum
- must complete an exit survey conducted by the Capital Area Health Consortium
- must meet with the Program Director or designee to sign the Final Residency/Fellowship Training Summary Verification form
- must complete all program exit requirements
- must attend an exit interview and complete the sign-out sheet with the Capital Area Health Consortium. Exception: a resident/fellow who changes programs does not need to attend the exit interview or complete the sign-out sheet until the completion of his/her last program at the University of Connecticut School of Medicine.

If a resident/fellow leaves a residency/fellowship prior to successful completion of the program requirements, only the last 3 items above must be completed.

All access to computer systems, including email, will be terminated at the end of their last day of work.

Revised 2/16, 5/17
SECTION IV: SALARY AND BENEFITS

SALARY

Salary level is paid commensurate with the responsibility of the position. All residents/fellows in the same program level will be paid the same salary level. Salary and benefits are posted on https://health.uconn.edu/graduate-medical-education/cahc/benefits-and-payroll/.

It is the responsibility of the resident/fellow to notify the CAHC and the Program Coordinator of address changes while employed and upon leaving the program. The CAHC is not responsible for lost or misplaced W-2 forms (mailed in January), paychecks, or other mail.

Determination of tax-filing information is the responsibility of the resident/fellow. CAHC staff is not authorized to advise residents/fellows on tax matters.

Revised 4/16, 5/17
BENEFITS PROVIDED BY THE CAPITAL AREA HEALTH CONSORTIUM

More information on any of the benefits below can be found at: https://health.uconn.edu/graduate-medical-education/cahc/benefits-and-payroll/
or by contacting the Capital Area Health Consortium

Salary Advance

Capital Area Health Consortium (CAHC) employees are eligible to receive a salary advance of up to $2,000 (no interest) upon arrival to the area. This advance is to bridge the gap between orientation and receipt of their first paycheck. This is a limited program for incoming residents/fellows only. A minimum of $200 per pay period will be deducted from the resident's/fellow's paycheck in August until the salary advance is paid back.

Please contact your program coordinator to initiate the process.

Dependent Care Reimbursement Account

Capital Area Health Consortium (CAHC) employees may qualify for a pre-tax dependent care reimbursement account. Qualified employment-related dependent care expenses (those expenses incurred by you in order that you can be gainfully employed) may be deducted from an eligible resident's/fellow’s payroll on a pre-tax basis.

Medical and Dental Insurance

Medical and dental insurance is provided for all residents/fellows employed by the Capital Area Health Consortium (CAHC). There is a pre-tax payroll deduction per paycheck to cover employee, spouse and/or children. Coverage begins on the first full day of employment and includes co-pay for office visits and prescriptions. The insurance includes hospitalization, medical-surgical, major medical, prescription drug and dental.

The CAHC staff must be made aware of any changes in dependent status (i.e., marriage, birth, divorce). When a change occurs, please contact the CAHC staff for a new application.

☐ Marriage: An application to add a spouse must be returned to the CAHC within 30 days of the marriage.
☐ Birth/Adoption: The CAHC must be contacted immediately after the birth/adoption of a child if insurance coverage is desired. An application must be completed and returned to the CAHC no later than 30 days after the birth.

Life Insurance

Group term life insurance is provided to all full-time residents/fellows employed by the Capital Area Health Consortium (CAHC). The effective date is the first day of employment. Each resident/fellow must fill out and sign an enrollment form provided by the CAHC. If a resident/fellow elects not to take the insurance or not to select a beneficiary, a waiver form must be completed.
A resident/fellow is required to notify the CAHC when changes in beneficiary are necessary. A change of beneficiary form is available on the website https://health.uconn.edu/graduate-medical-education/cahc/benefits-and-payroll/.

Coverage includes life insurance and accidental death and dismemberment (AD&D) insurance.

Each resident/fellow will receive his/her own group insurance certificate.

**Tax-Sheltered Investment Program**

Capital Area Health Consortium (CAHC) has a Tax-Sheltered Investment Plan (403b) available for its employees. Money may be deducted from each paycheck on a pre-tax basis (403B) or a post-tax basis (Roth). The pre-tax option reduces the amount of income that is taxed increasing your net pay. The funds become taxable to you upon distribution at retirement. Contributions made to the Roth post-tax plan are subject to withholding. However, contributions and earnings are not taxable upon distribution at retirement (please see IRS rules for further clarification). **There is no matching contribution from the employer. CAHC is responsible only for the payroll deduction and remitting the contribution to the investment institution. CAHC is not responsible for any investment decisions.**

Contact the financial consultants below regarding the details of the TSI plan.
Tom Grant: 860-606-0816 tgrant@mwfinancial.com

**COBRA Insurance Coverage Continuation**

When a resident/fellow ends their employment, they are eligible to extend their current health insurance by paying the monthly premium themselves. This is also available to spouses and children who are on the policy at time of separation of resident/fellow from the program.

The coverage may be purchased monthly for up to 18 months, and can be cancelled at any time. One of the Consortium staff will meet with each resident when he/she leaves employment to provide the COBRA enrollment form and explain the details. In the event of a resident/fellow divorce or death, COBRA may be purchased monthly for up to 36 months by a spouse.

Revised 4/17
SHORT-TERM DISABILITY

Medical leaves of absence with pay and benefits for up to 90 days (Short Term Disability – “STD”) are available to residents/fellows who are unable to work due to their own health condition or disability. These absences are considered family and medical leaves of absence (“FMLA”) if the resident/fellow is eligible for an FMLA leave (see “Family and Medical Leaves of Absence” policy).

A treating health care provider’s statement verifying the need for medical leave and its anticipated beginning and expected ending dates must be submitted to the Office of Graduate Medical Education. It is critical and required that the resident/fellow also notify his/her Program Director as soon as it is known that the resident/fellow needs a medical leave of absence regardless of the status of the receipt of STD benefits. Residents/fellows are required to first use their vacation time and sick time before using STD. The total of all paid time off including vacation and sick time may not exceed 90 days per illness or injury per year. A new year commences one year after the 90 day or less paid STD leave ends. A resident/fellow on STD benefits, who will be unable to return to work after the 90 day STD period must contact the GME office before the 90 day period is over.

Residents/Fellows returning from medical leave must submit a treating healthcare provider’s verification of his/her fitness to return to work to the GME office. Please note, the Program Director or UConn SOM has a right to request the resident/fellow be examined by an alternate health care provider in addition to the resident/fellow’s provider

When possible the resident/fellow is required to provide his/her Program Director and the GME Office with at least two weeks’ advanced notice of the date the resident/fellow intends to return to work, when possible. When a resident/fellow returns from medical leave or STD, the Program Director in consultation with the GME Office will determine the resident’s/fellow’s status in the program specifically as it relates to extension of training and whether the resident/fellow may return to his/her previous level of training.

If a resident/fellow is fit to return to work as determined by his/her treating healthcare provider but fails to report to work promptly at the end of the medical leave, his/her appointment with the UConn SOM and the employment with the CAHC will be terminated.

If the resident/fellow receives information at any time during the 90 day period, that he/she may be unable to return to work at the end of the 90 day period, the resident/fellow may be eligible for Long Term Disability benefits. The CAHC can provide information regarding this process, and as there are time limits, they should be consulted as soon as possible if there is a chance the resident/fellow might apply for such benefits.

Residents/fellows who sustain work-related injuries should refer to the Workers’ Compensation policy in this manual.

Eligibility for workers compensation benefits may adversely affect eligibility for STD and/or LTD. The CAHC can provide information related to short and long-term disability benefits.
Residents/Fellows Policies and Procedures Manual

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact the time necessary to complete the program requirements for graduation as well as Board eligibility (see “Contract Extension Due to Leave” policy). Residents/fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Revised 3/16, 3/17, 4/17, 9/17
**LONG TERM DISABILITY**

All residents/fellows are provided a long term disability (LTD) policy issued by the Guardian Life Insurance Company (GLC). GLIC determines if a resident/fellow is eligible to receive benefits under the policy.

During the residency/fellowship training, the LTD policy is paid for by the CAHC. Upon leaving the CAHC payroll and benefits, each resident/fellow will be given the opportunity to convert the group LTD benefits into an individual, non-cancelable disability policy, at his/her own cost, assuming it is offered at that time by GLIC. In addition to the opportunity to convert the group LTD benefit, additional coverage may also be applied for at that time, if offered by GLIC. Residents/fellows who wish to take advantage of these opportunities must contact in writing the CAHC for assistance at least 30 days prior to leaving.

Any questions regarding LTD coverage must be directed to the CAHC. However, it is critical and required that the resident/fellow also notify his/her Program Director as soon as it is known that the resident/fellow needs a medical leave of absence regardless of the status of the receipt of LTD benefits.

Eligibility for workers compensation benefits may adversely affect eligibility for STD and/or LTD. The CAHC can provide information related to short and long-term disability benefits.

Any LTD leave that goes beyond 12 weeks may result in the termination of the appointment with UConn SOM and the end of employment with CAHC.

Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Revised 3/17, 4/17, 5/17
WORKERS COMPENSATION

Residents/fellows employed by the CAHC receive a comprehensive workers’ compensation program at no cost. A purple card will be provided to all residents with specific instructions on what to do if injured during the course of their employment. This card must be worn with the resident’s/fellow’s badge and shown upon seeking treatment at the facility in which the injury occurred. A resident/fellow should not provide his/her health insurance card or allow the treating facility to bill the resident/fellow personally. There are instructions for the providers/facility on the purple card to direct each facility on billing procedures specific to their facility.

The program covers any work related injury or illness arising out of and in the course of employment that requires medical, surgical, or hospital treatment. No matter how minor an on-the-job injury may appear, it is important that a resident/fellow immediately report any on-the-job to his/her supervisor, as set forth below and a First Report of Injury must be completed. Failure to report an incident in a timely manner may result in denial of workers’ compensation benefits or a delay. All absences due to an accepted workers’ compensation claim count towards a Family and Medical Leave of Absence (FMLA) if the resident/fellow is eligible for FMLA (see Family and Medical Leave of Absence policy).

Neither the CAHC nor the insurance carrier will be liable for the payment of workers’ compensation benefits for injuries that occur during a resident’s/fellow’s voluntary participation in any off-duty recreational, social, or athletic activity sponsored by the CAHC.

It is the resident’s/fellow’s responsibility to

- Notify his/her supervisor of an accident or injury occurring while on the job and help complete a First Report of Injury
- Keep his/her supervisor informed of his/her medical status related to any Workers’ Compensation claim on an on-going basis
- Follow the authorized treating physician’s treatment plan
- Keep medical appointments and avoid any activity which will further aggravate the injury or illness

Accident or Injury information

- During the day, the resident/fellow must go to the site’s Employee Health Department.
- Off-hours the resident/fellow should go to the Emergency Department of the working site.
  - If at Connecticut Children’s Medical Center (Connecticut Children’s), go to Hartford Hospital’s Employee Health Department. If after hours, go to Hartford Hospital’s Emergency Department.
  - If at the Hospital of Central Connecticut (HOCC), go to the Nursing Supervisor.
- If you have a medical emergency and there is no emergency department at the site where you are injured, go to the nearest hospital’s emergency department.
- The incident must be reported by the resident/fellow to the CAHC within 24 hours of the injury. If off-hours, a message with the date, time, place and nature of the injury as well as the resident’s/fellow’s contract number must be left.

The site where the injury/illness occurred will be responsible for completing a Work-Related Injury/Illness form and sending it to the CAHC as soon as possible. This site will also be responsible for
maintaining medical records and tracking follow-up visits. If a resident/fellow wishes to go to any outside provider, the Employee Health Department will be able to provide you with a form to bring with you. This form will allow direct billing to CAHC for the services provided.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation as well as for Board eligibility (see “Contract Extension Due to Leave” policy). Any workers’ compensation leave that goes beyond 12 weeks may result in the termination of the appointment with UConn SOM and the end of employment with CAHC. Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Revised 6/16, 3/17, 5/17
EDUCATIONAL RESOURCE ALLOWANCE

Residents and fellows are provided an educational resource allowance ("ERA") during residency/fellowship. ERA can be used on items such as books, journal subscriptions, online educational materials, USMLE Step 3, surgical loups, stethoscopes, laptops, tablets, and smart phones. ERA may also be used to support scholarship at educational venues as a supplement to the financial support outlined in the Educational Travel section of this policy book. Items purchased with ERA must be used for the purpose of furthering the resident/fellow’s education as it relates to their training program.

Residents/fellows in the below programs are provided with the following financial support for their ERA:

- 1 year preliminary program * $250
- 2 year preliminary program ** $750
- 3 year residency program $1,750
- 4 year residency program w/o prelim at UConn *** $2,500
- 4 year residency program w/ prelim at UConn *** $2,750
- 5 year residency program w/o prelim at UConn **** $3,500
- 5 year residency program w/ prelim at UConn **** $3,750
- 1 year fellowship program $1,000
- 2 year fellowship program $2,000
- 3 year fellowship program $3,000

Amounts are calculated based on PGY 1 = $250, PGY 2 = $500, PGY 3-7 = $1,000 per year. Any exceptions to the standard accredited program length may result in pro-rating the above amount or adjusting the calculation as applicable.

ERA is not appropriated for added research year(s). ERA is not appropriated for grant funded programs.

The following rules must be adhered to by the resident/fellow to qualify for reimbursement:

- Receipts must be submitted to the GME Office within 6 months of the date of purchase. Please note that graduating residents must make purchases by and submit a request for reimbursement no later than April 1st of the graduating year.
- Residents/fellows should not pay for items until they receive pre-approval from their program coordinator via email or other formal correspondence. In the event that a resident or fellow has paid for an item and pre-approval was not granted, the resident or fellow will not be reimbursed.
- The resident/fellow must purchase the item themselves and must provide proof of this. Purchases made on behalf of a resident/fellow by an outside person will not be reimbursed. Comparable purchases (i.e., multiple tablets, computers, phones) made within 12 months of each other must be accompanied by a written justification for the second purchase.
- Purchases or portions of purchases made with gift cards, store credit, or reward points are not reimbursable.
- Any submitted reimbursements to the program/GME office deemed an “abuse of funds” will result in the forfeiture of the amount in question. Program discipline may follow as appropriate. Examples of “abuse of funds” are as follows but not limited to using ERA for gifts, altering receipt amounts, and altering names on receipts.
The Director of GME Finance will provide final oversight/approval regarding the appropriate use of the Educational Resource Allowance.

* = medicine/surgery prelim year; ** = surgery non-categorical position; *** = anesthesiology, dermatology, neurology; **** = radiology

Revised 4/17
EDUCATIONAL TRAVEL

Residents and fellows in good standing are provided financial support to attend an educational conference pertinent to their specialty. All travel to educational conferences must be approved by the resident/fellow’s Program Director. Residency/fellowship programs may have a listing of conferences that are appropriate for residents/fellows to attend. Residents/fellows should refer to their individual program manuals for further information.

Once approved by the resident/fellow's Program Director, final approval is required by the Director of GME Finance.

Residents and fellows should not pay for conference registration, transportation, or accommodations until they receive final approval. In the event that a resident or fellow has paid for educational conference registration, transportation, or accommodations and final approval is not granted, the resident or fellow will not be reimbursed.

All components of travel must be executed in the most cost efficient means possible. Ground versus air travel, choice of airfare, and lodging must be in accordance with UConn policy as displayed at:

http://fiscalservices.uchc.edu/accounting/transportation.htm (air & ground)
http://fiscalservices.uchc.edu/accounting/lodging.htm (lodging)

The financial support available for educational travel is as follows:

- Interns/Residents: Up to $2,000 will be supported during residency from the training program’s budget.
- Fellows: Up to $2,000 will be supported per year from the training program’s budget.

Additional funding up to a maximum of $2,000 during residency/fellowship may be approved if a resident/fellow is presenting UConn GME-related research as the primary author at an educational conference. Such funding also requires approval by the resident/fellow’s Program Director and the Director of GME Finance as outlined above. This additional funding is not available for a resident/fellow presenting research at a conference that was done outside the scope of their UConn residency/fellowship program (i.e. in medical school).

International educational conference travel will be considered for financial support on a case by case basis. Such funding also requires approval by the resident/fellow’s Program Director and the Director of GME Finance as outlined above.

Revised 3/15
Reviewed 3/17
Revised 11/17
AWAY ELECTIVES

An away elective, be it clinical or research-based, is a rotation at an institution that is not affiliated with the University of Connecticut School of Medicine (UConn SOM), where the resident/fellow is not directly supervised and evaluated by a UConn SOM faculty. The Graduate Medical Education (GME) Office designee will determine the merits of the request for an away elective and be responsible for approval (when necessary) of resident/fellow participation.

☐ Away electives with prior approval NOT required
If a resident/fellow is participating in an away elective to fulfill an ACGME program requirement that cannot be accomplished at UConn, specific approval by the GME Office is not required. However, residents/fellows will still be required to complete and submit all appropriate away elective paperwork to the GME Office.

☐ Away electives with prior approval required
Residents/fellows may apply for approval for away electives for clinical or research experiences.

Program Director approval for such away electives must be obtained by the resident/fellow prior to the resident/fellow applying for approval from the GME office.

An Away Elective Form must be completed and is available on the GME website: Away Elective Application. Essential components of the necessary paperwork include:

- Educational rationale for requesting an away elective
- Program Director’s support for this experience
- Evaluation tool used to evaluate the resident’s/fellow’s experience
- Program’s effort to identify funding support for this experience
- ECFMG’s offsite rotation notification form, if applicable

Away electives outside of the United States are typically approved when the experience is done in conjunction with a School of Medicine Faculty member, or at a site with a pre-established relationship between the School of Medicine or a faculty member. Other international electives will be reviewed on a case by case basis with a focus on resident safety, the educational experience based on rotational goals and objectives, availability of appropriate supervision and an appropriate evaluation tool for the experience.

A resident/fellow who is not in good standing in their training program may not participate in an Away Elective. A resident applying for an away elective should not make any travel arrangements until they receive approval from the GME office.

Expenses incurred for required vaccinations and appropriate travel medications related to an approved UConn GME away international elective will be covered if incurred at the UConn Health travel clinic. The resident may be liable for any out-of-pocket expenses incurred elsewhere.

Typically, a resident/fellow is only permitted 1 away elective experience during each UConn sponsored training program matriculated in.

Reviewed 3/16, 4/17; Revised 12/17, 2/18

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MOONLIGHTING/EXTRA CREDIT

Professional activities outside the program or “moonlighting” may be engaged in by residents/fellows only with the permission of the Program Director. Program Directors must monitor the moonlighting activities of their residents/fellows and residents/fellows must report their schedules for moonlighting. Written permission must be placed in the resident's/fellow's file prior to engaging in any moonlighting activity. Any resident/fellow who engages in moonlighting activities without the knowledge and approval of the Program Director will be subject to disciplinary action.

- Residents/fellows cannot schedule any of these activities in such a way that they interfere with the requirements of their program, duty hours, health or performance.
- Moonlighting activities are not part of the malpractice liability coverage provided by the residency/fellowship programs. Residents/fellows must obtain the appropriate license, liability coverage, and DEA number for use in activities not related to the residency/fellowship.
- Residents/fellows cannot moonlight in the capacity of an independent licensed practitioner in activities related to his/her current training program.
- All moonlighting activity counts towards resident/fellow duty hours (see Duty Hours Policy).
- Residents/fellows may not hold admitting privileges in any hospital or charge or receive fees for professional services rendered as part of the residency/fellowship program.
- Residents/fellows in J1 status are not allowed to moonlight.

In addition to moonlighting, some programs have extra credit activities within the program at any of the University of Connecticut School of Medicine (UConn SOM) affiliated hospitals and must be considered as part of the resident/fellow duty hours (see Duty Hours Policy) and must be logged as appropriate in MyEvaluations.com, Kronos, etc. Extra credit is monitored directly by the specific residency/fellowship Program Director as well as by the Associate Dean of Graduate Medical Education (GME)/Designated Institutional Official (DIO) and may not occur when the resident/fellow is scheduled for vacation. Extra Credit is covered by the malpractice liability coverage at each site. Extra credit is prohibited for all PGY 1 residents.

Residents in an approved research year can participate in moonlighting or extra credit with the program director's approval.

The Program Director or GME designee may prohibit moonlighting or extra credit. Moonlighting and extra credit is prohibited if a resident/fellow is on a leave of absence for any reason, in remedial status or has a letter of deficiency. Also, residents/fellows who have reached the end of their training period but have not met requirements for receiving a diploma (i.e., Capital Area Health Consortium exit interview, Institution Curriculum etc.) are NOT allowed to moonlight under the auspice of the program or participate in extra credit activities.

Revised 1/15
Revised 3/17
COUNSELING SERVICES

Medical residents/fellows at the University of Connecticut School of Medicine (UConn SOM) have available to them consultation and/or counseling services.

A resident/fellow may choose to utilize the Employee Assistance Program (EAP) or the privately practicing mental health providers listed below. The Capital Area Health Consortium (CAHC) provides these services at no cost to the resident/fellow. There is no need for a resident/fellow to notify his/her Program Director, the CAHC or their health insurance carrier when accessing the Employee Assistance Program (EAP) and the Mental Health Services listed below.

A resident/fellow also may opt to utilize a provider of his/her choosing at their own expense and/or through their health insurance carrier.

Residents/fellows also have access to urgent or emergent care 24 hours a day, seven days a week through the emergency department at local hospitals.

**Employee Assistance Program (EAP)**

All residents/fellows may contact the EAP at UConn Health to access counseling services from psychologists, social workers, and marriage counselors. There is no limit to the number of sessions provided.

Contact information is:

- **Elizabeth Robinson**
  - LMFT, CEAP, Director
  - UConn Health Employee Assistance Program, 860-679-2877
  - http://health.uconn.edu/occupational-environmental/employee-assistance-program/

- **David Francis**
  - LPC, LADC, CEAP, Counselor

- **Allyson Powell**
  - LCSW, Counselor

**Mental Health Services**

Four privately practicing psychiatrists and one APRN are available to counsel Capital Area Health Consortium (CAHC) employed residents/fellows. Residents/fellows may contact one of these providers as desired. Residents/fellows must identify themselves as resident/fellow employees of the CAHC at the time of initial contact. There is no limit to the number of sessions. To verify employment, the resident/fellow must bring a pay stub to the first appointment.

- **Mary Ayre, MD**
  - 682 Prospect Street
  - Hartford
  - 860-233-1141

- **Eric Chamberlin, MD**
  - 49 Welles Street, Suite 202
  - Glastonbury
  - 860-659-4010

- **Angela A. Cappiello, MD**
  - 49 Welles Street, Suite 216
  - Glastonbury
  - 860-430-1997

- **Alfred Herzog, MD**
  - 200 Retreat Avenue
  - Hartford
  - 860-545-7877

- **Lisabeth Johnston, APRN**
  - 361 Park Road
  - West Hartford
  - 860-523-1101
Unless a resident/fellow participating in these services has been referred by the UConn School of Medicine due to some performance-related concern, these services will be provided in a confidential manner.

**Health Assistance Intervention Education Network (HAVEN)**

A resident/fellow may also choose to access the Health Assistance Intervention Education Network (HAVEN).

HAVEN is the health and wellness program authorized by state law to serve healthcare professionals in Connecticut. HAVEN provides a safe environment for coordinating educational, rehabilitative, and supportive services for concerns related to alcoholism, substance abuse, behavioral or mental health issues and/or physical illness. Residents/fellows may self-refer to HAVEN for evaluation and treatment. In some instances, residents/fellows may undergo a mandated evaluation by HAVEN (see “Fit for Duty/Employee Assistance Evaluations”). The Office of Graduate Medical Education must be notified when a resident/fellow self-refers or is referred to HAVEN. This notification can be made by the resident/fellow or by HAVEN once authorized by the resident/fellow to do so.

The initial evaluation of a resident/fellow will be paid in full by the CAHC. If an ongoing treatment plan is needed, the resident/fellow will be expected to pay a portion of the cost. While the resident/fellow is participating in a UConn SOM residency/fellowship program and employed by the CAHC, the resident/fellow will be expected to pay 10% of the monthly fee of HAVEN, provider copays, and laboratory fees up to a maximum of $500 per year. The resident/fellow will be reimbursed by the CAHC for expenses incurred above this amount upon submission of all receipts/documentation of payment. If a resident/fellow self-refers or is undergoing a mandatory evaluation to HAVEN, he/she must contact the CAHC in order for the CAHC to process payments to HAVEN.

HAVEN staff will make recommendations about further treatment and when appropriate will work with the UConn School of Medicine (UConn SOM) Graduate Medical Education (GME) Office designee and the Program Director in identifying whether or not the resident/fellow is fit for duty.

Contact information is:

HAVEN  
1210 Mill Street  
East Berlin, CT 06023  
Telephone: (860) 828-3175  
Confidential Fax: (860) 828-3192  
http://haven-ct.org/

**Grief Counseling**

MetLife provides Grief Counseling as part of your Group Life Insurance. Sessions can either take place in-person or by phone. This includes situations you perceive as a major loss such as the death of a loved one, a divorce, receiving a serious medical diagnosis for yourself or a loved one, or losing a pet. In addition, this service can help with locating local funeral homes, locating back-up child care for children or older adults, finding specific types of support groups, finding storage facilities, finding estate sales planners, and finding charities that pick up donations. They can also provide information such as
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notifying the Social Security Administration, banks, and utilities. This is limited to 5 confidential counseling sessions per event.

This service is provided by MetLife through:

**Harris, Rothenberg International (HRI), Inc.**
Dedicated 24/7 toll-free number 1-855-609-9989
https://griefcounseling.harrisrothenberg.net/default.aspx
User name: MetLife  Password: grief

**In addition to health related counseling services we offer financial counseling and contracting advice:**

Residents/fellows may access financial counseling and/or contracting advice through the CAHC or through their program. These services are available at affordable cost to the resident/fellow, and group sessions are available at no cost through the CAHC or through some individual programs.

Please call members of the Capital Area Health Consortium staff with any questions about these benefits.

Revised 9/17
Resident/fellows Policies and Procedures Manual

PROFESSIONAL LIABILITY/MALPRACTICE INSURANCE AND ADVERSE EVENTS/INCIDENTS

Liability coverage is provided for residents/fellows only while they are carrying out assigned duties as part of their residency/fellowship program for acts and omissions that are not wanton, reckless, or malicious. Coverage includes claims filed after completion of the program for activity that occurred during their program tenure. State law requires liability coverage to be provided by the hospital site where the resident/fellow is working, with state indemnity covering all other approved assignments.

The “Professional Liability Letter” is sent to hospitals, other Graduate Medical Education programs, and licensing agencies when they inquire about malpractice coverage for the residents/fellows in University of Connecticut School of Medicine sponsored programs. If claims history information is requested, Risk Managers from all affiliated hospitals (and for any approved assignments outside one of the affiliated hospitals or John Dempsey Hospital) are contacted to facilitate the process. If only general coverage information is requested, the “Professional Liability Letter” is to be used.

Residents/fellows concerned about an adverse patient occurrence or circumstance (hereinafter “adverse incident”) should contact the Program Director and Risk Management Office staff as soon as possible at the site where the adverse incident occurred.

If a resident/fellow receives a subpoena or is contacted by a Risk Management Officer, an attorney, the Connecticut Department of Health, or another investigating body regarding an adverse incident, the resident/fellow should decline to discuss the matter until s/he can contact his/her Program Director and Risk Management Office staff at the site of the adverse incident. Such contact should be made as soon as possible following notification, particularly because prompt action may sometimes be required. A subpoena, for example, constitutes a legal document that could require either a resident/fellow's appearance to testify under oath and/or the timely production of certain documents. The Program Director and Risk Management Office at the site of the adverse incident will be familiar with the proper legal and other procedures for such situations and will employ the appropriate escalation procedures depending upon the specific circumstances.

The following procedures must be followed if you receive a subpoena or are contacted about an adverse incident:

1. Contact your Program Director and Risk Management Office at the site of the adverse incident.
2. The Program Director will inform the institution’s Assistant Dean for Education of the investigation. If the site does not have an Assistant Dean for Education, the Medical Director and relevant Department Chair for the site will be contacted.
3. The Program Director will contact the UConn Graduate Medical Education Office designee.
4. The Program Director or designee and Risk Manager at the site will discuss with the resident/fellow the nature of the investigation and what is expected from the resident/fellow regarding the investigation.
5. The Program Director or designee and the Risk Manager will assist the resident/fellow in determining whether the resident/fellow may benefit from a separate advocate throughout the investigation.
“UConn Health and The UConn School of Medicine reserve the absolute discretion to provide independent legal counsel to any resident/fellow involved in an adverse incident wherein the provision of such independent counsel is deemed to be in the best interest of the physician and/or the State of CT/ UConn Health/UConn School of Medicine and Dentistry.”

Professional activities outside the program are not covered under UConn’s liability coverage and are the sole responsibility of the resident/fellow.

Revised 4/17
MISCELLANEOUS

Beepers

All residents/fellows are provided a beeper during their appointment period. Beepers must be returned upon completion. If a resident/fellow is remaining at the UConn Health after completion of the program, the beeper must be returned or the new department must change the funding account with the Telecommunication Department.

TigerText

Tiger Text is a system that has been purchased by the Graduate Medical Education office to provide a secure HIPAA compliant means of communication between residents/fellows and supervisors at all of the affiliated hospitals. This system can be accessed through an app at the App Store (Apple) or Google Play (Android). This can also be used on a desktop or through any web browser. Additional information is available on BlackBoard.

Email

Communication from or to all residents/fellows with the program and the GME Office staff must occur through their University of Connecticut School of Medicine (UConn SOM) endorsed email accounts. [https://itowa.uchc.edu/](https://itowa.uchc.edu/) (UConn Health Outlook web access)

Loan Deferments

Residents/fellows with undergraduate loans are usually eligible for some form of deferment. The GME Office staff will verify residency/fellowship status and will keep copies of forms sent in the GME Office for one month. Residents/fellows contact their loan institution for forms.

Meal Allowance

A meal allowance of $10 per shift is added to the resident’s/fellow’s stipend for each shift he/she is on “in-house” call in excess of 16 hours as reported by the program leadership. This is disbursed semi-annually by CAHC through a post tax addition to their paycheck. In addition to the meal allowance, there is 24-hour access to food at any site at which the resident/fellow has overnight call.

Training and Employment Verification

When a resident/fellow applies for a license or credentials for privileges in a hospital after residency/fellowship, the Graduate Medical Education (GME) Office staff will confirm program dates and information on status at the time of termination. The GME Office will also process any verification and malpractice claims history requests. Requests/release of information forms can be faxed to 860-679-4624 or emailed to GMEoffice@uchc.edu.

Revised 3/16, 5/17, 11/17
Residents/fellows are entitled to several different types of leave. Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation as well as for board eligibility (see “Contract Extension Due to Leave” policy). Residents/fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program. Any leave that goes beyond 12 weeks may result in the termination of the appointment with University of Connecticut School of Medicine (UConn SOM) and the end of employment with Capital Area Health Consortium (CAHC).

All vacation and sick leave is designed to meet the average amount of time allowed away from any of the 55 programs sponsored by the UConn SOM. All residents/fellows must abide by these policies as well as any and all policies of their specific specialty Board. To the extent there is any conflict between these policies and the policies of a specific specialty board, the more strict policy must be adhered to.

- Vacation Leave
- Holidays Policy
- Sick Leave
- Maternity/Paternity Leave
- Family & Medical Leaves of Absence (FMLA)
- Emergency Leave
- Bereavement Leave
- Jury Duty
- Military Leave
- Personal Leave
- Administrative Leave without Prejudice
- Contract Extension Due to Leave

All leave regardless of category needs to be reported by the resident to a resident/fellow's individual training program and to the GME Office.

Revised 2/16, 3/17, 5/17, 8/17
VACATION LEAVE

Presently, the UConn SOM provides residents/fellows with three weeks paid vacation per contract year. (A week is equal to 5 weekdays and 2 weekend days). Additional paid vacation leave of up to one week may be granted if the educational requirements for board certification of the program allow for this and granting of this additional week of leave will be determined by each Program. Each resident/fellow is responsible for knowing and following their program’s policy on paid vacation. Vacation leave is scheduled by the Program Director or designee to ensure adequate coverage of educational and clinical responsibilities and, therefore, requests may be denied or approved and vacations may need to be changed at times. Vacation leave cannot be carried over into a new academic year nor can Vacation leave be borrowed from a subsequent year of training.

If a resident/fellow needs to extend their training for any reason, vacation time, if any, will be determined by the Program Director in consultation with the GME Office prior to the resident’s/fellow’s extension (see “Contract Extension Due to Leave” policy).

Revised 3/16, 3/17, 5/17
HOLIDAYS POLICY

Residents/Fellows may be scheduled and required to work on holidays in order to provide adequate patient coverage. Individual programs will be responsible for scheduling residents/fellows on holidays. Residents/Fellows should refer to their specific program’s policy regarding holiday work schedules.

Revised 3/16, 3/17
SICK LEAVE

Residents/fellows receive up to 15 working days per contract year of paid sick leave. No sick time may be carried over into the next contract year. In the event of serious injury or prolonged illness, or injury, additional paid leave may be granted. (See section on Medical Leave and Short Term Disability.)

The Program Director may require a treating health care provider’s letter for any absence due to illness or injury, depending on the nature and/or length of the absence. Every program has its own policy on the handling of sick days that may add requirements to this policy. Residents/fellows are required to know and also follow their specific program policy. At a minimum, a resident/fellow must notify their program office and appropriate supervising physician as soon as known, but clearly before their shift begins, if absent due to illness or injury.

A treating health care provider’s letter is mandatory after 3 consecutive work days off for illness or injury stating that the resident/fellow may return to work. A treating health care provider’s letter is also mandatory in order for a resident/fellow to work following a hospital visit (ED or inpatient).

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation as well as for Board eligibility (see “Contract Extension Due to Leave” policy). Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Revised 3/16, 3/17, 5/17
MATERNITY/PATERNITY LEAVE

Residents/fellows requesting maternity/paternity leave must first use their vacation time and sick time. Women on maternity leave who qualify may also use up to 90 days of paid medical leave (short-term disability) for serious health conditions or for temporary disabilities associated with pregnancy, childbirth, and related medical conditions.

Paternity leave is also available to the delivering resident/fellow's partner and must follow the same principles of using time.

The resident/fellow requesting maternity/paternity leave may be eligible for additional unpaid leave under Family Leave (see policy for details).

The resident/fellow must submit a provider’s note for the maternity/paternity leave.

Revised 3/16, 5/17
FAMILY & MEDICAL LEAVES OF ABSENCE

Family and Medical Leaves of Absence (FMLA) is available to eligible residents/fellows (those who have been employed for at least 12 months and worked 1,000 hours) who wish to take time off from work duties to fulfill covered family obligations relating directly to childbirth, and child-rearing, adoption, or placement of a foster child; or to care for his/her own serious health condition, (emergent or non-emergent), or a child, spouse, domestic partner or parent with a serious health condition. For military service personnel or spouses of military service personnel in the military or military reserves, there are various leaves available in addition to FMLA (see Military Leave policy). A serious health condition is defined by law and means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider.

Residents/fellows requesting FMLA leave must contact the Office of Graduate Medical Education in order to consider eligibility and maximum allowable leave. The resident/fellow must also notify his/her Program Director as soon as it is known that the resident/fellow will be requesting an FMLA leave.

Under Connecticut law, eligible residents/fellows (those who have been employed for at least 12 months and worked 1000 hours) may request up to a maximum of 16 weeks of family leave during any 24-month period. Married resident/fellow couples will be restricted to a combined total of 16 weeks leave within any 24-month period or 12 weeks separately under Federal law, for childbirth, child-rearing, adoption, or placement of a foster child or to care for a parent with a serious health condition.

Residents/fellows will be required to use their vacation time and sick time for FMLA leave time at the beginning of their leave and such time counts as leave time. If additional time is needed, it may be unpaid leave, but benefits will continue through the entire 16 week period. The resident/fellow will need to reimburse the Consortium for the benefit payroll deduction for the weeks taken without pay.


Any resident/fellow on family leave must provide his/her Program Director with at least two weeks advance notice of the date the resident/fellow intends to return to work. If a resident/fellow fails to report to work promptly at the end of the approved leave period, the appointment with the UConn SOM and the employment with CAHC will be considered terminated. Nothing in this policy should be construed as altering the requirements of a resident’s/fellow’s Board eligibility requirements.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact the time necessary to complete the program requirements for graduation as well as Board eligibility (see “Contract Extension Due to Leave” policy).

Any FMLA that goes beyond 16 weeks may result in the termination of the appointment with UConn SOM and the end of employment with CAHC.

Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.
EMERGENCY LEAVE

Emergency leave with pay and benefits may be granted under certain circumstances that are beyond the resident’s/fellow’s control. A resident/fellow must communicate with the Program Director or designee to request an Emergency Leave. The resident/fellow granted emergency leave is required to communicate with the Program Director or designee within 48 hours of the approved request to discuss his/her status in the program. If the resident/fellow does not communicate with the program director, the appointment letter/contract and employment with CAHC could be considered terminated.

Emergency leave should not be longer than 7 days. If additional time is needed, another leave status must be obtained.

A resident’s/fellow’s time in the program may be extended to meet all requirements of the residency/fellowship program and board certification. Determining whether emergency leave will reduce vacation time and sick time and/or if an extension is needed will be at the discretion of the Program Director with consultation from the GME Office.

Reviewed 3/16, 5/17
BEREAVEMENT LEAVE

In the event of a death in the immediate family, a resident/fellow, may take bereavement leave of up to three consecutive work days with pay. Immediate family is defined as parents, parents-in-law, siblings, spouse/domestic partner, children, grandparents or grandchildren. Qualified bereavement leave does not reduce vacation time or sick days.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation as well as for Board eligibility (see “Contract Extension Due to Leave“ policy). Residents/fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Reviewed 3/16, 3/17, 4/17, 5/17
JURY DUTY

Residency/fellowship training has been recognized as an activity that should not be interrupted. That being said, participation in jury duty is a civic responsibility. In the event that a resident/fellow gets called for jury duty, he/she must notify the Program Director or designee. The Program Director must make arrangements to release the resident/fellow from clinical activities during the jury duty process. If a resident/fellow participates in jury duty, a copy of their juror certificate indicating their dates of service as a juror must be submitted to their program office promptly in order to be properly compensated. Residents/Fellows will receive full pay and benefits during this time. Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation as well as for Board eligibility (see “Contract Extension Due to Leave” policy). Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Reviewed 3/16, 3/17, 5/17
If, during the course of training and employment, a resident/fellow volunteers for military service (not as a non-military contractor or employee), fulfills military training requirements, is required to serve active duty, required to perform training or required to provide emergency services in the Armed Forces of the United States, the resident/fellow and the spouse of a military service person shall be granted an unpaid leave of absence from the program and employment in accordance with the law. Further, in accordance with the law, the resident/fellow shall have employment, training, and reemployment rights in accordance with the requirements of state and or federal law, including the Uniformed Services Employment and Reemployment Rights Act, as amended, and/or regulations issued thereunder, and the U.S. and Connecticut Family and Medical Leave Acts, consistent with program requirements and accreditation standards. This includes any rights to Federally-recognized spousal or military reserve leaves. The resident/fellow or spouse shall have no right to additional compensation or benefits, except as required by law.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation as well as for Board eligibility (see “Contract Extension Due to Leave” policy). Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Reviewed 3/16, 3/17, 5/17
PERSONAL LEAVE

Under certain circumstances, a resident/fellow may request an unpaid personal leave of absence for any reason not covered by another leave policy or after another leave ends and if the resident/fellow has exhausted or is not eligible to receive vacation or sick time. A personal leave for up to 30 days may also be granted as a medical or reasonable accommodation depending on the circumstances.

Unlike other leaves, which are required by law (family and medical, jury duty, military) a personal leave is within the sole discretion of the Program Director in consultation with the GME Office. The Program Director will take into consideration the reason for the leave, prior leaves, the needs of the program, as well as the length of the leave, in deciding if a leave will be granted and for how long. A personal leave request must be approved by the Program Director. The Graduate Medical Education designee must be notified as well.

A resident/fellow who requests and is granted an unpaid personal leave will not receive pay for the duration of said leave. Benefits that have not already been discontinued will continue for up to 30 days at the resident’s/fellow’s own cost. The resident/fellow will need to reimburse the Consortium for the benefit payroll deduction for the personal leave taken.

☐ When a resident/fellow requests such a leave of absence, the resident’s/fellow’s position may or may not be held.

☐ Should a resident/fellow take an unpaid leave of absence without appropriate notification and approval by the Program Director, the resident’s/fellow’s appointment with the UConn SOM and employment with the CAHC will be considered terminated.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may negatively impact time necessary to complete the program requirements for graduation as well as for Board eligibility (see “Contract Extension Due to Leave” policy). Any personal leave that goes beyond 12 weeks could result in the termination of the appointment with UConn SOM and the end of employment with CAHC. Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

Revised 3/16, 3/17, 5/17
ADMINISTRATIVE LEAVE WITHOUT PREJUDICE

A resident/fellow may be placed on Administrative Leave without Prejudice for reasons including but not limited to the investigation of an alleged Code of Conduct Violation (see “Code of Conduct”), or the need for a Fit for Duty Evaluation (see “Fit for Duty/Employee Assistance Evaluation” policy). Administrative Leave without Prejudice is not a sanction. It is taken in an effort to protect the safety and wellbeing of the resident/fellow, of patients, of other individuals with whom the resident/fellow has contact, and/or of the School of Medicine and its affiliated hospitals. Because continuous training is vital to all residency and fellowship programs, the length of Administrative Leave without Prejudice can be no longer than 90 days. A resident/fellow will receive full pay and benefits while on Administrative Leave without Prejudice.

The Program Director must consult with the DIO/designee regarding all cases being considered for Administrative Leave without Prejudice.

If a Program Director is considering placing a resident/fellow on Administrative Leave without Prejudice, he/she will meet, if possible, with the resident/fellow in order to gain his/her input before making that decision. Documentation of that meeting (or attempt) will be placed in the resident’s/fellow’s file.

If the concern giving rise to the Administrative Leave without Prejudice is not substantiated or is satisfactorily resolved, the resident/fellow will return to the program. Administrative Leave without Prejudice can result in an extended appointment period (extension of training) to meet all of the requirements of the program and all of the requirements to be eligible for board certification (see “Contract Extension due to Leave” policy). If this occurs, a resident/fellow may choose to use vacation time to offset any appointment extension that results from the Administrative Leave. If the resident’s/fellow’s time away from the program due to Administrative Leave without Prejudice results in an extension of training, this leave may be reported only as approved leave.

If an alleged Code of Conduct Violation is the reason for placing the resident/fellow on Administrative Leave Without Prejudice and the allegation is substantiated, see the Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Process policy.

If a Fit for Duty/EAP Evaluation is the reason for placing the resident/fellow on Administrative Leave without Prejudice, see the Fit for Duty/Employee Assistance Evaluations policy.

If an investigation into an allegation including those involving an alleged Code of Conduct Violation extends beyond the 90 days of Administrative Leave without Prejudice, the Program Director and the DIO/designee will make a determination regarding the resident’s/fellow’s status in their training program. Such a determination will be based on both the preponderance of evidence (whether it is more likely than not that a violation occurred) and on an analysis of the requirement of continuous training that is vital to all residency and fellowship programs as well as any concerns regarding the safety and wellbeing of the resident/fellow, of patients, of other individuals with whom the resident/fellow has contact, and/or of the School of Medicine and its affiliated hospitals. The Program Director and the DIO/designee may take action which may include but is not limited to reinstatement, extension of training, non-renewal or termination (see the Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Process policy).

Revised 3/16, 3/17
CONTRACT EXTENSION DUE TO LEAVE

Continuous and complete training is vital to residents/fellows in all disciplines. If a resident/fellow is on leave for any approved reason and requires extended time away from training such that the resident/fellow is unable to satisfy the academic and curricular requirements of the program within the time allotted, the Program Director will need to determine the extent to which the resident’s/fellow's educational experience was interrupted by time on leave. Once that is determined, the Program Director will need to decide the outcome for that individual resident/fellow and the impact the “leave” had on the integrity of the learning process and training program. Possible outcomes include extension of training equal to the amount of training lost; extension of training longer than the amount lost on leave including repeating a full year of training; and lastly non-renewal of contract. Any leave that goes beyond 16 weeks will result in the termination of the appointment with UConn SOM and the end of employment with CAHC. The Program Director will take into consideration the full impact associated with discontinuous training for the individual resident/fellow i.e., whether the resident/fellow is meeting program and specialty standards. In all situations the Program Director must consult with the GME Office prior to determining the appropriate outcome.

Extension of time granted by the Program Director in consultation with the GME may take into consideration the spectrum of specialty board requirements, RRC requirements, program requirements, and institutional requirements. Vacation granted during an extension will vary and depend on the amount of extension required to complete the requirements of training. If extension is greater than 3 months, vacation and sick time will be prorated for the period of extension.

Reviewed 3/16, 3/17, 5/17
PROFESSIONALISM

The Graduate Medical Education Training Programs of the University of Connecticut School of Medicine are committed to the highest standards of professionalism to all persons, agencies and associations. This foremost includes our patients, their families and other visitors. We believe that professionalism and the image we present inspires confidence in the care and services we provide as professionals and as an institution.

We expect that trainees must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including:

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
- a safe, comfortable and healthy work environment;
- presenting a professional and identifiable appearance to patients, their families and visitors, UConn Health staff, and the medical and business communities; and
- supporting a culture of confidence and service excellence while at the same time, accommodating sincerely held religious and cultural beliefs when operationally feasible.
WORK ENVIRONMENT

The University of Connecticut School of Medicine will provide each resident/fellow with a work environment that promotes the success of the resident/fellow in reaching the goals for their educational program. The environment will comply with all the ACGME Institutional requirements and Common Program Requirements, as well as the program requirements of the Residency Review Committee for the program. Programs will be required to provide available policies and processes demonstrating compliance with common program requirements.

Institutional Requirements

A resident/fellow on duty in the hospital shall be provided adequate food services and sleeping quarters.

All clinical education sites shall have effective laboratory and radiologic services, and an information system that allow the resident/fellow to meet the educational objectives for patient care.

All clinical education sites will have a medical records system progressing toward or having achieved a full electronic record. The resident/fellow should have training in the use of this record, and the features of the EHR should promote optimum care and learning.

There shall be appropriate security and personal safety measures in place at all sites hosting the resident/fellow for GME activities. These shall include, but not be limited to parking facilities, on call quarters, hospital and institutional grounds and related clinical facilities.

The resident/fellow shall be provided with materials to support patient care in the work environment at all times. These shall include, but are not limited to computers with internet access and biomedical library materials.

Common Program Requirements

The Program Directors and institutions shall ensure a culture of professionalism that supports patient safety and personal responsibility.

The Program Directors shall ensure that residents/fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The programs and institutions shall minimize the number of transitions in care, and optimize the effectiveness in transitioning care by designing, teaching and monitoring hand-over processes.

All programs will educate faculty and residents/fellows to recognize the signs of sleep deprivation and fatigue and to manage fatigue mitigation processes. Programs and institutions will have processes in place to manage the potentially negative effects of fatigue.

Programs will ensure that appropriate supervision is in place for all residents/fellows who care for patients. The level of supervision for all activities at each level of training will be defined using the
classification provided in the common program requirements. The basis for progressive authority and level of supervision will be defined and implemented by the program and its faculty.

Residents/fellows shall care for patients in an environment that maximizes effective communication. This shall include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty.

Programs shall ensure that compliance with all duty hour standards is monitored and achieved. Documentation of that compliance must be accomplished and verified.

Revised 3/15, 5/17
The University of Connecticut (the “University”) is committed to maintaining a safe and non-discriminatory learning, living and working environment for all members of the University community – students, employees, residents, fellows, patients and visitors. Academic and professional excellence can exist only when each member of our community is assured an atmosphere of safety and mutual respect. All members of the University community are responsible for the maintenance of an environment in which people are free to learn and work without fear of discrimination, discriminatory harassment or interpersonal violence. Discrimination diminishes individual dignity and impedes equal employment and educational opportunities.

The University does not unlawfully discriminate in any of its education or employment programs and activities on the basis of an individual’s race, color, ethnicity, religious creed, age, sex, marital status, national origin, ancestry, sexual orientation, genetic information, physical or mental disability (including learning disabilities, intellectual disabilities, and past or present history of mental illness), veteran’s status, prior conviction of a crime, workplace hazards to the reproductive system, gender identity or expression, or membership in any other protected classes as set forth in state or federal law. To that end, UConn's Policy Against Discrimination, Harassment and Related Interpersonal Violence, Including Sexual and Gender-Based Harassment, Sexual Assault, Sexual Exploitation, Intimate Partner Violence, Stalking, Complicity, Retaliation and Inappropriate Amorous Relationships (the “Policy”) prohibits specific forms of behavior that violate state and federal laws, including but not limited to Title VII of the Civil Rights Act of 1964 (“Title VII”), Title IX of the Education Amendments of 1972 (“Title IX”), the Violence Against Women Reauthorization Act of 2013 (“VAWA”), and related state and federal anti-discrimination laws. Such behavior may also require the University to fulfill certain reporting obligations under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the “Clery Act”), as amended by VAWA, and Connecticut state law regarding reporting suspected child abuse and neglect.

The University prohibits discrimination, as well as discriminatory harassment, sexual assault, sexual exploitation, intimate partner violence, stalking, sexual or gender-based harassment, complicity in the commission of any act prohibited by UConn Policy, retaliation against a person for the good faith reporting of any of these forms of conduct or participation in any investigation or proceeding under UConn Policy (collectively, “Prohibited Conduct”). These forms of Prohibited Conduct are unlawful and undermine the mission and values of our academic community. In addition, inappropriate amorous relationships with employees in positions of authority can undermine the University’s mission when those in positions of authority abuse or appear to abuse their authority. See Section 3E for more information on amorous relationships prohibitions.

UConn's Policy Against Discrimination, Harassment and Related Interpersonal Violence articulates the University’s commitment to: (1) eliminating, preventing, and addressing the effects of Prohibited Conduct; (2) fostering a safe and respectful University community; (3) cultivating a climate where all individuals are well-informed and supported in reporting Prohibited Conduct; (4) providing a fair and impartial process for all parties in the investigation and resolution of such reports; and (5) identifying the standards by which violations of this Policy will be evaluated and disciplinary action may be imposed. In addition, the
University conducts ongoing prevention, awareness, and training programs for employees and students to facilitate the goals of this Policy.

A student or employee determined by the University to have committed an act of Prohibited Conduct is subject to disciplinary action, up to and including separation from the University. Third Parties who commit acts of Prohibited Conduct may have their relationships with the University terminated and/or their privileges of being on University premises withdrawn.

It is the responsibility of every member of the University community to foster an environment free of Prohibited Conduct. All members of the University community are encouraged to take reasonable and prudent actions to prevent or stop an act of Prohibited Conduct. The University will support and assist community members who take such actions.

Retaliation against any individual who, in good faith, reports or participates in the reporting, investigation, or adjudication of Prohibited Conduct is strictly forbidden.

For more information, individuals may contact:

**The Office of Institutional Equity & Title IX Coordinator**
UConn Health
16 Munson Road, 4th Floor
Farmington, CT 06030
Mail Code MC 5310
(860) 679-3563
[equity@uconn.edu](mailto:equity@uconn.edu)
[www.equity.uconn.edu](http://www.equity.uconn.edu)
[www.titleix.uconn.edu](http://www.titleix.uconn.edu)
[www.accessibility.uconn.edu](http://www.accessibility.uconn.edu)

Revised 2/16, 5/17, 8/17
FACULTY, STAFF, AND STUDENT RELATIONS

The relationships between faculty, staff, residents, fellows and patients should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment and exploitation of relationships for personal gain or advantage. Any questions, concerns or breaches in professional relations may result in disciplinary action and should be brought immediately to the attention of the Designated Institutional Official (DIO)/designee. Possible ramifications of violations in standards of ethical conduct include review and subsequent disciplinary action which could ultimately lead to termination/dismissal.

In particular, all faculty and staff, including residents and fellows, must be aware that amorous relationships with students are likely to lead to difficulties and have the potential to place faculty and staff at great personal and professional risk. The power difference inherent in the faculty-student or staff-student relationship means that any amorous relationship between a faculty or staff member and a student is potentially exploitative or could at any time be perceived as exploitative and should be avoided. In the event of a charge of Sexual Harassment arising from such circumstances, the University will in general be unsympathetic to a defense based upon consent when the facts establish that a faculty-student or staff-student power differential existed within the relationship.

Moreover, amorous relationships between supervisors and their subordinate employees often adversely affect decisions, distort judgment, and undermine workplace morale for all employees, including those not directly engaged in the relationship. Any University employee who participates in supervisory or administrative decisions concerning an employee with whom s/he has or has had an amorous relationship has a conflict of interest in those situations.

Accordingly, the University prohibits all faculty and staff from pursuing or engaging in amorous relationships with undergraduate students; prohibits all faculty and staff from pursuing or engaging in relationships with graduate students under that faculty or staff member's authority; and prohibits all faculty and staff from pursuing or engaging in amorous relationships with employees whom they supervise.

UConn's Policy Against Discrimination, Harassment and Related Interpersonal Violence sets forth the University's conduct expectations regarding amorous relationships in greater detail.

Revised 8/17
COMPACT BETWEEN TRAINEES* AND THEIR TEACHERS
(*Trainees include medical students, residents, and fellows)
(Adopted from the AAMC Compact)

Medical education is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and successfully complete a supervised period of residency/fellowship training in a specialty/subspecialty area. To meet their educational goals, trainees must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising trainees faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty members are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical pursuit.

Core Tenets of Medical Education

Excellence in Medical Education
Institutional medical education leadership and program faculty must be committed to maintaining high standards of educational quality. Trainees are first and foremost learners. Accordingly, a trainee’s educational needs should be the primary determinant of any assigned patient care services. The learning objectives of the program should not be compromised by excessive reliance on trainees to fulfill non-physician service obligations. (Trainees however, must remain mindful of their oath and recognize that their responsibilities to their patients always take priority as the primary part of their educational considerations.)

Highest Quality Patient Care and Safety
Preparing future physicians to meet patients’ expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing medical education is the provision of high quality, safe patient care. Program faculty must ensure that trainees are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. By allowing trainees to participate in the care of their patients, faculty accepts an obligation to ensure high quality medical care in all learning environments.

Respect for Trainee Well-Being
Fundamental to the ethic of medicine is respect for every individual. Trainees are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, trainees must be allowed sufficient opportunities to meet personal and family obligations, to pursue a balance of work and life activities, and to obtain adequate rest.

Commitments of Faculty

1. As role models for our trainees, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for trainees are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of trainees, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.

4. We will demonstrate respect for all trainees, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.

5. We will do our utmost to ensure that trainees have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their chosen discipline. We also will do our utmost to ensure that trainees are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value. The learning objectives of the educational program will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and will not be compromised by excessive reliance on trainees to fulfill non-physician service obligations.

6. In fulfilling the essential responsibility we have to our patients, we will ensure that trainees receive appropriate supervision for all of the care they provide during their training. In the clinical learning environment, each patient will have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient’s care. We will provide trainees with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice medicine and recognize when, and under what circumstances, they should seek assistance from colleagues. Faculty members functioning as supervising physicians will delegate portions of care to trainees based on the needs of the patient and the skills of the trainee.

7. We will do our utmost to prepare trainees to function effectively as members of healthcare teams. We will provide an environment that maximizes effective communication and the opportunity for trainees to work as members of effective inter-professional teams that are appropriate to the delivery of patient care.

8. We will evaluate each trainee’s performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.

9. We will ensure that trainees have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for entering residency and subsequent independent practice.

10. We will ensure a culture of patient safety and professionalism by educating our faculty members and our trainees’ concerning the personal responsibility of physicians to appear for duty appropriately rested and fit so that they may provide the services required by their patients.

**Commitments of Trainees**

1. We acknowledge our fundamental obligation is to place our patients’ welfare uppermost; quality health care and patient safety will always be our prime objectives.

2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.

3. We embrace the professional values of honesty, compassion, integrity, and dependability.

4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of
the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.

5. As trainees we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.

6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents/fellows whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.

8. We also will provide candid and constructive feedback on the performance of our fellow trainees, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.

9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.

10. In fulfilling our own obligations as professionals, we pledge to assist trainees in learning to meet their professional obligations including but not limited to teaching providing feedback.

11. We will embrace a culture of patient safety and professionalism by understanding and accepting our personal responsibility to appear for duty appropriately rested and fit so that we may provide the care required by our patients.

We believe that the relationship between faculty and trainees should reflect the highest standards of ethical conduct in all educational settings. Interactions between faculty and trainees must be conducted without abuse, humiliation, harassment or exploitation of relationships for personal gain or advantage. Any trainee or faculty member who experiences mistreatment or who bears witness to unprofessional behavior must report such incidents according to the policies and procedures provided by the School of Medicine and the Office of Graduate Medical Education. See Mistreatment Policy.

This compact serves both as a pledge and as a reminder to trainees and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to http://www.aamc.org/residentcompact.

I agree to this Compact.

__________________________________________________________  ______________________
Name (print) and signature                                   Date

__Resident/Fellow ________________________________
Program
__ Faculty/Attending Physician ____________________________
Department

Approved by Education Council: 2/12/06; Reviewed 3/08, 6/10, 3/14, 3/15, 4/17; Revised 9/11, 1/13, 11/17
RESIDENT/FELLOW MISTREATMENT

The University of Connecticut (UConn) School of Medicine (SOM) is committed to a learning environment of respect, collegiality, and collaboration. Our faculty commit to making sure each component of the educational program is of the highest quality, must serve as role models, will support all students and fairly evaluate and provide timely feedback.

Behaviors that impede a safe and effect learning environment are not tolerated. Across the SOM, we have adopted the Compact Between Faculty and Undergraduate and Graduate Medical Trainees (https://health.uconn.edu/faculty-handbook/wp-content/uploads/sites/97/2016/10/compact_faculty_grad.pdf)

The following policy on Resident/Fellow Mistreatment is an affirmation of the importance of this issue with expectations to respect race, gender, religion, sexual orientation, age, disability, and other protected classes of individuals along with diversity of opinion, socioeconomic status and unique individuality within our community. The learning environment will be free of belittlement, humiliation, hostility, or personal judgment. This policy is meant to compliment the institutional policy against discrimination, harassment and related interpersonal violence (http://policy.uconn.edu/2015/12/29/policy-against-discrimination-harassment-and-related-interpersonal-violence/).

Definition of Mistreatment
The AAMC defines mistreatment as follows:

“Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation.”

Reporting Mistreatment
Residents/Fellows may report mistreatment via several avenues.

In-person reporting:
A resident/fellow may report mistreatment to any one or to all of the following individuals: a core faculty member, the program director, the department Chair, the Office of Graduate Medical Education (specifically the Designated Institutional Official, the Assistant Designated Institutional Official and/or the Associate Dean for Graduate Medical Education) and the Dean of the School of Medicine.

Graduate Medical Education Hotline:
A hotline has been established for all residents/fellows to use to report any concerns about their training program (see Graduate Medical Education Hotline policy https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2018/03/70.pdf). The GME Hotline page can be accessed at https://health.uconn.edu/graduate-medical-education/hotline/.
Residents/Fellows Policies and Procedures Manual

Reporting of concerns can be done either through the GME Hotline phone number or through the GME Hotline email.
- GME Hotline Phone Number: 860-679-4353
- GME Hotline Email: gme hotline@uchc.edu

In person or GME Hotline reports of mistreatment related to protected class will be forwarded to the Office of Institutional Equity for review. Residents/Fellows are encouraged to self-report mistreatment related to protected class to the Office of Institutional Equity.
- Office of Institutional Equity Phone Number: (860) 679-3563
- Office of Institutional Equity Email: equity@uconn.edu

Protection from Retaliation
Retaliation against any individual who, in good faith, reports or participates in the reporting, investigation, or adjudication of mistreatment is strictly forbidden.

See the University's Non-Retaliation Policy [http://policy.uconn.edu/2011/05/24/non-retaliation-policy/].
GRADUATE MEDICAL EDUCATION HOTLINE

A hotline has been established for all residents/fellows to use to report any concerns about their training program.

Faculty and staff who work with residents/fellows may also use the GME Hotline to report concerns.

The GME Hotline page can be accessed at https://health.uconn.edu/graduate-medical-education/hotline/. Reporting of concerns can be done either through the GME Hotline phone number or through the GME Hotline email.

- GME Hotline Phone Number: 860-679-4353
- GME Hotline Email: gmehotline@uchc.edu

Reporting of concerns through the hotline phone number can be anonymous. The individual reporting the concern may identify themselves if comfortable doing so. Given the nature of email communications, in general, reporting of concerns through the GME Hotline email is not anonymous.

To help the GME Office appropriately and thoroughly review and, where appropriate, respond to the concern, it is helpful for the individual reporting the concern to provide as much information as they are comfortable providing. This includes but is not limited to specific information about the concern or incident, training program, site, date, and name of any involved persons.

Revised 8/17
CODE OF CONDUCT

Residents/fellows should strive for excellence in all aspects of their personal and professional lives. This implies a professional demeanor and conduct in direct patient care and in interactions with patients, family members, other healthcare professionals, support staff and the public. It also implies an assurance of integrity in both a resident’s/fellow’s professional and personal lives through behavior that is consistent with establishing a level of trust and a professional reputation that are essential to the physician-patient relationship and to the provision of high quality patient care.

The University of Connecticut School of Medicine (UConn SOM) and all of its major affiliates have codes of conduct that apply to resident/fellow participation in program related duties wherein residents/fellows are expected to act in a professional, courteous, respectful, and confidential manner. The resident/fellow contract states that residents/fellows shall abide by all rules, regulations and bylaws of the program, clinical department, and institution in which he or she is assigned. Violating these rules may be cause for disciplinary action up to and including dismissal (see Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Process policy). Residents/fellows may be placed on Administrative Leave without Prejudice as appropriate for investigation into an alleged Code of Conduct violation (see Administrative Leave without Prejudice policy).

Conduct that is considered to be in violation of this code includes, but is not limited to, the following:

- Unlawfully distributing, dispensing, selling or offering for sale, possessing, using or being under the influence of alcohol, drugs, or a controlled substance when on the job, or in a position to be called into work, subject to duty; or smelling of alcohol or having the odor of alcohol on the breath.
- Misusing or willfully neglecting property, funds, materials, equipment or supplies from any of the affiliate sites.
- Fighting or acting in any manner that endangers the safety of one’s self or others.
- Destroying property in any way.
- Stealing or possessing without authority any equipment, tools, materials, or other property of any of the affiliated sites.
- Refusing to do assigned work.
- Academic misconduct such as cheating or misrepresentation of research activities.
- Falsifying attendance records.
- Falsifying records.
- Providing patient care under circumstances of physical, mental or emotional lack of fitness that could interfere with the quality of care.
- Being repeatedly or continuously absent or late, or being absent without notice or justifiable reason.
- Conducting one’s self in any manner which is offensive, intimidating, physically threatening, verbally abusive or contrary to common decency or morality.
- Carrying out any form of harassment, including sexual harassment.
- Providing medical advice or information to patients without authorization.
- Providing medical care outside of the scope of the resident/fellow permit. This includes writing prescriptions for patients that are not under the resident’s/fellow’s direct care.
- Failing to comply with any of the major affiliates’ confidentiality policies and/or applicable confidentiality laws.
- Failing to report a police investigation or an arrest involving you to your Program Director.
Residents/Fellows Policies and Procedures Manual

- Engaging in behavior which is below the professionalism standards of the residency/fellowship program.
- Engaging in activities that violate UConn SOM’s, any of the affiliate sites’ or the State of Connecticut’s “Code of Ethics.”
- Gambling or unauthorized solicitation in the workplace.
- Work Computer abuse, such as, but not limited to, accessing or viewing offensive or pornographic material, misuse of computer accounts, unauthorized destruction of files, creating illegal accounts, possession of or use of unauthorized password, disruptive or annoying behavior on the computer and non-work-related utilization of computer software or hardware.
- Being convicted of a crime.
- Failure to cooperate or to be truthful in a program-related investigation.

If a Violation of the Code of Conduct has occurred, corrective disciplinary action may result (see Non-academic Deficiency/Code of Conduct Violation in the Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Process policy).

Revised 3/15, 3/17
PROFESSIONAL ATTIRE/DRESS CODE

It is very important to promote an appropriate view of the institution, build patient trust and maintain a safe work environment. Consideration must always be given to possible adverse effects on patient care, families, co-workers, and visitors. To that end, residents/fellows are expected to be professionally dressed, well-groomed and must maintain a professional demeanor. Appearance should conform to the standards/norms of the clinical and nonclinical setting in which the resident/fellow is working.

Exceptions can be made for medical and religious reason.

This policy outlines minimum standards; programs and hospitals may have more stringent requirements which should be followed.

Supervisors have the right to determine the appropriateness of compliance with this policy. A resident/fellow that is deemed inappropriately dressed may be sent home and appropriate corrective action may be taken.

Identification

The ID badge and coat (if applicable) for the hospital currently training in should be worn and clearly visible for all clinical encounters. Badges should be worn above the waist.

If lost or stolen, the police department of the appropriate hospital should be contacted as soon as possible to make arrangements for replacement and reporting.

ID badges are the property of the hospital and must be returned upon termination of training and employment.

Footwear

All employees must wear shoes that are appropriate to their job. Shoes should be clean and in good repair. Closed-toed shoes are required in patient care areas and areas where extra protection may be needed (research labs). In addition, OSHA requires that protective clothing/covering be worn that will prevent blood or other potentially infectious materials from reaching the skin.

Flip-flops, slippers, open toed shoes and excessively high-heeled shoes are examples of inappropriate footwear.

Clothing

Clothing should fit properly, be clean and in good condition. Business casual is appropriate for most areas. Do not wear clothing that is non-professional in appearance, length, or fit such as:

- Any clothing including lab coats that are soiled or torn
- Shorts, skorts, miniskirts shorter than above the knee or deeply slit skirts
Cut offs, overalls, leather pants, legging, stretch pants or sweatpants
Bare shoulders, midriff or backs (Tank or tube tops, halter tops, spaghetti straps or strapless tops or dresses)
Any attire that is considered provocative or exposing undergarments (too tight, low cut, below the waist or sheer clothing)
Scrubs should only be worn in the operating room (pre and post as well) unless indicated by the program’s dress code.

Grooming and Hygiene Standards

Good personal hygiene and cleanliness is an essential part of providing high-quality service. Patients, guests and staff have a right to expect general cleanliness and good oral hygiene. Hair should be worn to prevent contamination or cause a safety hazard. Facial hair should be neatly trimmed and maintained. Some things to avoid:

- Fragranced lotion, perfume or cologne
- Smoke odors
- Artificial nails, extenders and embedded jewelry
Social and business networking websites (i.e., Instagram, LinkedIn, Facebook, Twitter, Flickr, etc.) and cell phone texting are increasingly being used for communication by individuals as well as businesses and universities. As such, it has become necessary to outline appropriate individual and University of Connecticut School of Medicine (UConn SOM) Graduate Medical Education (GME) sanctioned use.

Guiding Principles

- Privacy and confidentiality between physician and patient is of the utmost importance.
- Respect among colleagues and co-workers must occur in a multidisciplinary environment.
- The tone and content of all electronic communication must remain professional.
- The individual is responsible for the content of his/her own blogs/posts/texts.
- Material published on the web should be considered permanent.
- Any information posted on the Internet is public information.
- Texts may be intercepted and should not be considered secure communication unless using any approved system provided by UConn GME. Such as, Tiger-Text, Voalte, etc.
- All health care providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA).
- Internet use and texting must not interfere with the timely completion of job duties.
- Personal blogging or posting of updates should not be done during work hours or with work computers.
- It is always inappropriate to “friend” or “follow” patients on any social networking site or to check patient profiles.
- Texting about and posting of any sensitive, proprietary, confidential, private and PHI or financial information about UConn SOM or any affiliated site is prohibited.
- Obtaining cell phone photographs or videos of any patient is prohibited.
- Refrain from posting or texting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This includes, but is not limited to, comments regarding UConn Health or any other affiliated hospitals or employees of them.
- Any personal legal liability imposed for any published content will be the responsibility of the resident/fellow. Texts are discoverable even if deleted from the cell phone.
- Social networking sites and texting can be the source of cyber bullying, harassment, stalking, threats or unwanted activity. Contact the UConn Health Police Department or the Graduate Medical Education Hotline for assistance.

Patient Information

Identifiable protected health information (PHI) should NEVER be published on the Internet. This applies even if only the patient is able to identify him/herself from the posted information. Residents/fellows must adhere to HIPAA principles at all times.
Communication Regarding UConn SOM or affiliated sites

Unauthorized use of UConn SOM information or logos is prohibited. No phone numbers, email addresses, web addresses, name of the department or UConn SOM may be posted without permission from an authorized departmental individual. For identification purposes, a resident/fellow may list the affiliation with the UConn SOM.

In all communication where a resident/fellow is listed as being affiliated with the UConn SOM or a department of UConn, a disclaimer must be attached such as: “All opinions and views expressed, in my profile (on my page) are entirely personal and do not necessarily represent the opinions or views of anyone else, including other faculty, staff, residents/fellows or students in my department at UConn. Neither my department nor UConn have approved the material contained in this profile (on this page). I take sole responsibility for this content.”

Offering Medical Advice

It is never appropriate to provide medical advice on a social networking site.

Privacy Settings

Residents/fellows should consider setting privacy at the highest level on all social networking sites.

Disciplinary Action

Resident/fellow discipline follows the policy on Non-Academic Deficiencies/Misconduct/Allegations of Misconduct. Disciplinary action will be determined by the Program Director and will vary depending on the nature of the policy violation.

Revised 4/16, 5/17
EVALUATION AND PROMOTION

Evaluation

The University of Connecticut School of Medicine (UConn SOM) recognizes learning on a continuum from a beginner to a competent physician. The primary responsibility for defining the standards of academic performance and personal and professional development rests with individual programs and their Program Director.

Each UConn SOM residency/fellowship program will provide formative and summative evaluations of residents'/fellows' performance in the Milestones and in each of the six ACGME Core Competencies for their level of training. Written evaluations are provided to residents/fellows according to the program’s evaluation process. At the conclusion of training, The Final Verification of Training Form, a summative evaluation, is provided to the resident/fellow. The Final Verification of Training Form must be signed by both the Program Director and the resident/fellow. The original is provided to the Graduate Medical Education (GME) Office.

Each program must have a Clinical Competence Committee (CCC). The CCC reviews resident/fellow evaluations at least quarterly and the program director/designee will meet and evaluate all residents/fellows biannually. The CCC serves in an advisory role to the Program Director to determine the status of each resident/fellow in all aspects of their training program.

Promotion

Each program must have a policy that determines the criteria for promotion of a resident/fellow. The Program Director determines if a resident/fellow has successfully met those requirements. If a resident/fellow is making sufficient progress towards promotion, the Program Director will submit the resident's/fellow's name to the GME Office to indicate that a contract may be issued to the resident/fellow for the subsequent year of training. This contract is conditional upon the resident/fellow meeting the milestones and criteria for promotion as determined by the Program Director. In the final year of training, the Program Director will submit the resident's/fellow's name to the GME Office to indicate that a resident/fellow will graduate from the program. Graduation from the program requires the resident/fellow to meet all of the criteria for graduation as determined by the Program Director.

If a Program Director determines that a resident/fellow is not meeting criteria for promotion, the Program Director has several options. See the policy on Academic Deficiencies and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures for further details.

Revised 4/17
Status Options for a Resident/Fellow with an Academic Deficiency

It is expected that all residents/fellows progress according to criteria set by the program. There are several options for a program director to help a resident/fellow reach the expected academic performance when a resident/fellow does not progress as expected. The Program Director will determine, on a case by case basis, which of the following options is most appropriate to address perceived deficiencies in academic performance for a particular resident/fellow. The options for an academic deficiency are Remediation, a Letter of Deficiency (LoD) and a Letter of Deficiency with Adverse Action (LoDAA).

Adverse Actions include:

☐ Delayed promotion of a resident/fellow with extension of contract/appointment
☐ Non-renewal of contract/appointment
☐ Termination/dismissal

Of note:

☐ A resident/fellow who is being formally remediated with either a Letter of Remediation or a Letter of Deficiency without Adverse Action at the time of promotion is by definition not meeting the standards of the program and therefore cannot be promoted to the next level of training. Therefore, this must result in an Adverse Action (see Letter of Deficiency with Adverse Action in this policy). All Adverse Actions will be reflected on the Final Residency/Fellowship Training Summary Verification form.

☐ If an Adverse Action is delayed promotion or non-renewal, a resident/fellow may remain in the training program during the appeal process. If a resident/fellow remains in the training program during the appeal process, he/she will receive pay and benefits.

☐ If a resident/fellow is terminated/dismissed, he/she will not receive pay, but benefits will continue throughout the appeal process.

☐ If an Adverse Action of termination/dismissal is rescinded at any level of appeal, the resident/fellow will rejoin the training program. Pay will be reinstated and will be retroactive to the termination/dismissal date

The options for a program director when a resident/fellow is identified as having an academic deficiency are described below.

Remediation

The GME designee must be contacted by the Program Director as soon as it is determined that a Letter of Remediation may be required.

A resident/fellow whose academic performance does not meet program standards in one or more of the competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) may be given a period of Remediation to meet the program's standards. This status is not appealable and will not be reported to outside agencies (i.e., ACGME, boards or training verifications). **A period of remediation should not last longer than one month.** A resident/fellow cannot be promoted to the next level of training while on a status of Remediation.
Before a resident/fellow is placed on Remediation, the Program Director will meet with the resident/fellow to discuss observed deficiencies, a proposed remediation plan and, if adopted, the program’s expectation of what is necessary for the resident/fellow to successfully remediate. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies and the proposed remediation plan. To the extent the Program Director’s decision to place a resident/fellow on Remediation is a joint decision with the Clinical Competency Committee or any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other Committee prior to the decision.

The Letter of Remediation must be delivered to the resident/fellow within 3 business days of the decision to issue the Letter of Remediation and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

If the Remediation is successful and there are no further concerns in training, documentation of Remediation will be removed from the resident’s/fellow’s file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident/fellow file will include the following:

- Documentation of (1) the meeting to discuss the Remediation plan and expectations and (2) delivery of a Letter of Remediation to the resident/fellow
- Documentation of outcome after Remediation:
  - Successful remediation or
  - Transition to a Letter of Deficiency (LoD) or a Letter of Deficiency with Adverse Action (LoDAA)

**Letter of Deficiency (LoD)**

The GME designee must be contacted by the Program Director as soon as it is determined that a LoD may be required.

A Letter of Deficiency (LoD) is a formal written notification of deficiency in one or more of the ACGME competencies. A Program Director may choose to address deficiencies with Remediation first, but is not required to use Remediation first if the Program Director determines that a LoD is warranted. This status is not appealable and will not be reported to outside agencies (i.e., ACGME, boards or training verifications). A resident/fellow may not be promoted to the next level of training while on a LoD.

Before a resident/fellow receives a LoD, the Program Director must meet with the resident/fellow and address the observed deficiencies, a proposed action plan, and if adopted the program’s expectations of what is necessary for the resident/fellow to successfully remediate. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies. To the extent the Program Director’s decision to issue a resident/fellow a Letter of Deficiency is a joint decision with the Clinical Competency Committee or
any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other Committee prior to the decision.

The LoD must be delivered to the resident within 3 business days of the decision to issue the LoD and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

If the remediation is successful and there are no further concerns in training, the LoD will be removed from the file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident/fellow file will include the following:

- Documentation of (1) the meeting(s) to discuss the deficiencies, action plan and expectations, and (2) delivery of the LoD to the resident/fellow.
- Documentation of outcome:
  - Successful remediation of the deficiency or
  - Transition to a Letter of Deficiency with Adverse Action (LoDAA)

*A resident/fellow cannot have a Letter of Deficiency for more than 6 months total throughout their training.

**Letter of Deficiency with Adverse Action (LoDAA)**

The GME designee must be contacted by the Program Director as soon as it is determined that an LoDAA may be required.

A Letter of Deficiency with Adverse Action is a formal written notification of deficiency in one or more of the ACGME competencies which reflects the need for intense remediation of the resident/fellow in order to meet expected milestones and to progress as expected in his/her training program. A Program Director may determine that a LoDAA is necessary after a period of Remediation; after a LoD; or a LoDAA may be the first step in addressing a deficiency. A LoDAA is required if a resident/fellow does not make adequate progress as outlined during a period of time with a LoD. A resident/fellow may not be promoted to the next level of training while on a LoDAA.

Adverse Actions include:

- Delayed promotion of a resident/fellow with extension of contract/appointment
- Non-renewal of contract/appointment
- Termination/dismissal

Adverse Actions, not the Letter of Deficiency, are appealable. A resident/fellow who received a LoDAA must be provided with access to the appeals process. Before a resident/fellow receives a LoD with Adverse Action, the Program Director must meet with the resident/fellow and address the observed deficiencies, proposed action plan and if adopted, the program’s expectation of what is necessary for the resident/fellow to successfully remediate. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies. To the extent the Program Director's decision to issue a resident/fellow a LoDAA is a joint decision with the Clinical Competency
Committee or any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other Committee prior to the decision.

If after meeting with the resident/fellow, the Program Director proceeds with the LoDAA, the LODAA must be delivered to the resident/fellow within 3 business days of the decision to issue the LoDAA and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

The resident/fellow file will include the following:

- Documentation of (1) the meeting(s) to discuss the deficiencies, action plan and expectations (2) delivery of the LoDAA to the resident/fellow and (3) Documentation that the resident/fellow had access to the appeals process

- Documentation of outcome:
  - Successful remediation of the deficiency or
  - Consequences of failing to remediate the deficiency

The status of a resident/fellow with a LoDAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

A Letter of Deficiency with an Adverse Action may not be removed from a resident/fellow file.

A resident/fellow who receives both an LoD and an LoDAA should not be in this status for more than 9 months total during his/her residency/fellowship training.

**Appeal of Academic Adverse Actions**

A resident/fellow is entitled to appeal an Adverse Action. At each level of appeal, the charge of the person or committee hearing the appeal is to determine if (1) appropriate process was followed and (2) if the decision to impose an Adverse Action was made on reasonable grounds. At each level of appeal, the person or committee hearing the appeal will either rescind or uphold the Adverse Action.

If an Adverse Action is upheld at any level of appeal, the resident/fellow must be informed about his/her right to appeal this decision to the next level of appeal.

If an Adverse Action is rescinded at any level of appeal, the Adverse Action will be removed from the Letter of Deficiency. The resident/fellow must still successfully remediate the deficiencies outlined in the LOD. In this situation, because the Adverse Action is removed from the LOD, the LOD itself will be removed from the resident's/fellow's file upon successful completion of the training program. This status would therefore not be reflected on the Final Residency/Fellowship Training Summary Verification form.

If the Adverse Action is upheld upon appeal, the status of a resident/fellow with a LODAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

**Level 1: Appeal to the Clinical Competence Committee (CCC)**
If a resident/fellow chooses to appeal, he/she must notify the Program Director in writing of his/her intent within seven (7) business days of receiving the LoDAA. The Program Director must acknowledge receipt of the appeal in writing to the resident/fellow.

The CCC will convene to hear the appeal within ten (10) business days of receiving the appeal request. At this academic meeting, the resident/fellow will have the opportunity to state reasons why he/she feels the Adverse Action should not be taken.

The CCC has to deliver its decision in writing to the resident/fellow within three (3) business days of reaching a decision. The resident/fellow must sign and date the written decision to acknowledge receipt of said document within two (2) business days and deliver the signed copy to the Program Director. If the resident/fellow fails to do so, it will be so noted in the file.

**Level 2: Appeal to the Department Chair or GME Designee**

If the CCC upholds the Adverse Action, the resident/fellow has the right to appeal the decision of the CCC and will be informed of his/her right to appeal. The appeal is to the Department Chair. If the Department Chair sits on the CCC, or if the Department Chair is the Program Director, the resident/fellow appeal is to the GME designee*.

The resident/fellow must notify the Department Chair or GME Designee of his/her request to appeal in writing within seven (7) business days of receiving the CCC's written decision. The Department Chair must acknowledge receipt of the appeal in writing to the resident/fellow.

The resident/fellow and the Program Director must submit documents to be considered for the appeal to the Department Chair or the GME Designee within ten (10) business days of the appeal request. The Department Chair or GME Designee may seek input from additional sources (i.e.: the Program Director, other faculty, staff, etc.) as he/she deems appropriate. The Department Chair or the GME Designee will hold an academic meeting with the resident/fellow within fourteen (14) business days of receiving the documents. The resident/fellow will be given an opportunity to provide input at this meeting. The Department Chair or the GME Designee must deliver his/her decision in writing to the resident/fellow and the Program Director within three (3) business days of reaching a decision. The resident/fellow must sign and date the written decision to acknowledge receipt of said document within two (2) business days and deliver the signed copy to the program and the GME Office. If the resident/fellow fails to do so, it will be so noted in the file.

* The GME designee will be a voting member of the GMEC. This individual cannot be faculty in the resident’s/fellow’s training program nor can they have any prior involvement with the resident’s/fellow’s situation that led to the Letter of Deficiency with Adverse Action.

**Level 3: Appeal to the Associate Dean for Graduate Medical Education/Designee**

The resident/fellow has the right to appeal the decision of the Department Chair or GME Designee. The appeal is to the Associate Dean for Graduate Medical Education. If the Associate Dean for Graduate Medical Education must recuse himself/herself from the appeal, the appeal will be to a designee. The Associate Dean for Graduate Medical Education or designee will convene an ad hoc committee to hear the appeal.
The resident/fellow must notify the Associate Dean for Graduate Medical Education of his/her request to appeal in writing within seven (7) business days of receiving the written decision of the Department Chair or GME Designee. The Associate Dean for Graduate Medical Education must acknowledge receipt of the appeal in writing to the resident/fellow.

The resident/fellow and parties from each level of appeal must submit documents to be considered for the appeal to the Associate Dean for Graduate Medical Education or designee for distribution to the Ad Hoc Committee within ten (10) business days from when the resident/fellow submits the request for an appeal. The Ad Hoc Committee will hold an academic meeting within fourteen (14) business days of receiving the documentation. The Ad Hoc Committee may seek input from additional sources as it deems appropriate. The Ad Hoc Committee may also decide to interview the resident/fellow, the Program Directors, clinical faculty, staff, etc. as the committee deems necessary to make a decision. The decision of the Ad Hoc committee will be made by simple majority vote. The Ad Hoc committee is advisory to the Associate Dean for Graduate Medical Education or designee.

The Associate Dean for Graduate Medical Education or designee, in consultation with the Dean of the School of Medicine, will render a final decision.

The Associate Dean for Graduate Medical Education or designee must deliver the decision in writing to the resident/fellow and the Program Director within three (3) business days after a decision. The resident/fellow must sign and date the written decision to acknowledge receipt of said document within 2 business days and deliver the signed copy to the program and the GME Office.

The Dean of the School of Medicine will be notified of all final decisions regarding adverse actions.
Algorithm for Academic Adverse Action Appeal Process

- Unsatisfactory in one or more of the six competencies

  - Letter of Deficiency without Adverse Action, or Letter of Remediation [Not Appealable]
    - Remediation (1 Month)
      - Successful
      - Unsuccessful
    - Letter of Deficiency (≤ 6 months)
      - Successful
      - Unsuccessful

  - Letter of Deficiency with Adverse Action [Appealable]
    - Delayed Promotion
    - Non-renewal of Contract
    - Termination/Dismissal

    - Level 1: Appeal to CCC
      - Rescinded
      - Upheld
        - Level 2: Appeal to Department Chair/GME designee
          - Rescinded
          - Upheld
            - Level 3: Appeal to Associate Dean for GME/Ad Hoc Committee
              - Rescinded
              - Upheld
                - Decision is final
Resident/Fellow Policies and Procedures Manual

Code of Conduct Violations/Non-Academic Adverse Action

The University of Connecticut School of Medicine (UConn SOM) and all of its major affiliates have codes of conduct that apply to resident/fellow participation in program-related duties wherein residents/fellows are expected to act in a professional, courteous, respectful, and confidential manner. The resident/fellow contract states that residents/fellows shall abide by all rules, regulations and bylaws of the program, clinical department, and institution in which he or she is assigned. Violating these rules may be cause for disciplinary action up to and including dismissal.

All Code of Conduct Violations have the potential to interfere with a resident’s/fellow’s performance and therefore may interfere with a resident’s/fellow’s ability to meet the expectations and requirements of a resident’s/fellow’s academic program and employment.

Program Directors, faculty, other residents/fellows, patients and any other individual who has contact with resident/fellow physicians can report suspected Code of Conduct violations. If there is an allegation of a Code of Conduct violation, both the program director and the DIO/designee will be notified. An allegation of a Code of Conduct violation will be investigated by the program director, the DIO/designee, and when appropriate the Office of Institutional Equity and/or the police. During the period of investigation, it may be necessary to remove a resident/fellow from active participation in the clinical and educational responsibilities of the program (see Administrative Leave without Prejudice policy). In the course of an investigation of an alleged Code of Conduct Violation, the Program Director will meet with the resident/fellow in order that the resident/fellow might provide perspective regarding the alleged violation. This meeting and/or attempt will be documented.

If a Resident/Fellow has been placed on administrative leave due to a reported or suspected Code of Conduct Violation, and the alleged Code of Conduct Violation is not substantiated, the resident/fellow will return to the program.

If the Program Director determines that a Code of Conduct violation is substantiated by a preponderance of the evidence, the Program Director will meet with the resident/fellow to inform him/her of the outcome of the investigation and give the resident/fellow an opportunity to respond. If subsequent to this meeting, the Program Director decides to proceed with a Letter of Misconduct, the options are a Letter of Misconduct or a Letter of Misconduct with Adverse Action.

**Letter of Misconduct (LOM)**

The GME designee must be contacted by the Program Director as soon as it is determined that a LOM may be required.

A Letter of Misconduct (LOM) is a formal written notification that states the nature of the Code of Conduct Violation and outlines the program’s expectations of what corrective action is necessary for the resident/fellow to successfully complete training. The Letter of Misconduct should be delivered to the resident/fellow in a manner which requires a signed and dated receipt of delivery to the resident/fellow within three (3) business days of the Program Director’s decision to issue a Letter of Misconduct.

☐ The resident/fellow file must include:
Residents/Fellows Policies and Procedures Manual

- Documentation of the meeting to discuss the Code of Conduct Violation and a corrective action plan.
- Documentation of outcome:
  - Successful corrective action or
  - Failure to meet expectations for corrective action

A Letter of Misconduct without Adverse Action will be removed from a resident/fellow file if the resident/fellow has satisfied the requirements of the corrective action plan and has successfully completed the training program.

**Letter of Misconduct with Adverse Action (LOMAA)**

A Letter of Misconduct with Adverse Action (LOMAA) is a formal written notification that states the nature of the Code of Conduct violation, the Adverse Action, and where applicable, what corrective action is necessary for the resident/fellow to successfully complete training. The Letter of Misconduct with Adverse Action should be delivered to the resident/fellow in a manner which requires a signed and dated receipt of delivery to the resident/fellow within three (3) business days of the Program Director's decision to issue the letter.

Adverse Actions include:
- Delayed promotion of a resident/fellow with extension of appointment
- Non-renewal of contract/appointment
- Termination/dismissal

**Of note:**
- All Adverse Actions will be reflected on the Final Residency/Fellowship Training Summary Verification form. If the Adverse Action is delayed promotion or non-renewal, a resident/fellow may remain in the training program during the appeal process. If a resident/fellow remains in the training program during the appeal process, he/she will receive pay and benefits.
- If a resident/fellow is terminated, he/she will not receive pay, but benefits will continue throughout the appeal process.
- If the Adverse Action of termination is rescinded at any level of appeal, the resident/fellow will rejoin the training program. Pay will be reinstated and will be retroactive to the termination/dismissal date.
- Adverse Actions, not the Letter of Misconduct, are appealable.

The status of a resident/fellow with a LoDAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

A Letter of Misconduct with an Adverse Action may not be removed from a resident/fellow file.

**Appeal of Non-Academic Adverse Action**

A resident/fellow has the right to appeal an Adverse Action. At each level of appeal, the charge of the person or committee hearing the appeal is to determine if (1) appropriate process was followed and (2) if the decision to impose an adverse action was made on reasonable grounds. At each level of appeal, the person or committee hearing the appeal will either rescind or uphold the non-academic Adverse Action.
If an Adverse Action is upheld at any level of appeal, the resident/fellow must be informed about his/her right to appeal this decision to the next level of appeal.

If an Adverse Action is rescinded at any level of appeal, the Adverse Action will be removed from the Letter of Misconduct. The resident/fellow must still meet any requirements for corrective action outlined in the Letter of Misconduct unless excused by the Program Director. In this situation, because the Adverse Action is removed from the LOM, the LOM itself will be removed from the resident’s/fellow’s file upon successful completion of the training program. This status would therefore not be reflected on the Final Residency/Fellowship Training Summary Verification form.

If the Adverse Action is upheld upon appeal, the status of a resident/fellow with a LOMAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

Level 1: Appeal to the Clinical Competence Committee (CCC)
If a resident/fellow chooses to appeal, he/she must notify the Program Director in writing of his/her intent within seven (7) business days of receiving the Letter of Misconduct with Adverse Action. The Program Director must acknowledge receipt of the appeal in writing to the resident/fellow.

The CCC will convene to hear the appeal within ten (10) business days of receiving the appeal request. At this academic meeting, the resident/fellow will have the opportunity to state or provide reasons why he/she feels the Adverse Action should not be taken.

The CCC has to deliver its decision in writing to the resident/fellow within three (3) business days of reaching a decision. The resident/fellow must sign and date the written decision to acknowledge receipt of said document within two (2) business days and deliver the signed copy to the program director. If the resident/fellow fails to do so, it will be so noted in the file.

Level 2: Appeal to the Chair of the Department
If the CCC upholds the Adverse Action, the resident/fellow has the right to appeal the decision of the CCC and will be informed of his/her right to appeal. The appeal is to the Department Chair. If the Department Chair sits on the CCC, or if the Department Chair is the Program Director, the resident/fellow appeal is to the GME designee*.

The resident/fellow must notify the Department Chair or GME Designee of his/her request to appeal in writing within seven (7) business days of receiving the CCC’s written decision. The Department Chair must acknowledge receipt of the appeal in writing to the resident/fellow.

The resident/fellow and the Program Director must submit documents to be considered for the appeal to the Department Chair or the GME Designee within ten (10) business days of the appeal request. The Department Chair or GME Designee may seek input from additional sources (i.e.: the Program Director, other faculty, staff, etc.) as he/she deems appropriate. The Department Chair or the GME Designee will hold an academic meeting with the resident/fellow within fourteen (14) business days of receiving the documents. The resident/fellow will be given an opportunity to provide input at this meeting. The Department Chair or the GME Designee must deliver his/her decision in writing to the resident/fellow and the Program Director within three (3) business days of reaching a decision. The resident/fellow must sign and date the written decision to acknowledge
receipt of said document within two (2) business days and deliver the signed copy to the program and the GME Office. If the resident/fellow fails to do so, it will be so noted in the file.

* The GME designee will be a voting member of the GMEC. This individual cannot be faculty in the resident's/fellow's training program nor can they have any prior involvement with the resident's/fellow's situation that led to the LOMAA.

Level 3: Appeal to the Associate Dean for Graduate Medical Education /designee

The resident/fellow has the right to appeal the decision of the Department Chair or GME Designee. The appeal is to the Associate Dean for Graduate Medical Education. If the Associate Dean for Graduate Medical Education must recuse himself/herself from the appeal, the appeal will be to a designee. The Associate Dean for Graduate Medical Education or designee will convene an ad hoc committee to hear the appeal.

The resident/fellow must notify the Associate Dean for Graduate Medical Education of his/her request to appeal in writing within seven (7) business days of receiving the written decision of the Department Chair or GME Designee. The Associate Dean for Graduate Medical Education must acknowledge receipt of the appeal in writing to the resident/fellow.

The resident/fellow and parties from each level of appeal must submit documents to be considered for the appeal to the Associate Dean for Graduate Medical Education or designee for distribution to the Ad Hoc Committee within ten (10) business days from when the resident/fellow submits the request for an appeal. The Ad Hoc Committee will hold an academic meeting within fourteen (14) business days of receiving the documentation. The Ad Hoc Committee may seek input from additional sources as it deems appropriate. The Ad Hoc Committee may also decide to interview the resident/fellow, the Program Directors, clinical faculty, staff, etc. as the committee deems necessary to make a decision. The decision of the Ad Hoc committee will be made by simple majority vote. The Ad Hoc committee is advisory to the Associate Dean for Graduate Medical Education or designee.

The Associate Dean for Graduate Medical Education or designee, in consultation with the Dean of the School of Medicine, will render a final decision.

The Associate Dean for Graduate Medical Education or designee must deliver the decision in writing to the resident/fellow and the Program Director within three (3) business days after a decision. The resident/fellow must sign and date the written decision to acknowledge receipt of said document within 2 business days and deliver the signed copy to the program and the GME Office.

The Dean of the School of Medicine will be notified of all final decisions regarding adverse actions.

Revised 5/15, 3/17, 11/17
Algorithm for Code of Conduct Violation/Non-Academic Adverse Action Appeal Process

- No Administrative Leave Necessary
  - Code of Conduct Violation Substantiated
- Administrative Leave without Prejudice during Investigation

Letter of Misconduct Violation to resident/fellow file

- Reinstatement
- Delayed Promotion
- Nonrenewal
- Termination

Level 1: Appeal to CCC

- Rescinded
- Upheld
  - Level 2: Appeal to Department Chair/GME Designee

- Rescinded
- Upheld
  - Level 3: Appeal to the Associate Dean for GME/Ad Hoc Committee

- Rescinded
- Upheld
  - Decision is final

Revised 11/17
Resident/Fellows Policies and Procedures Manual

FIT FOR DUTY/EMPLOYEE ASSISTANCE EVALUATIONS

When a resident/fellow has been identified as having academic deficiencies or as exhibiting behavior or conduct or as having any condition or circumstance which the Program Director reasonably believes are interfering or could interfere with the resident/fellow’s performance and/or prevent him/her from properly performing his/her responsibilities in the program, the resident/fellow may be required to undergo a mandated evaluation regarding Fitness for Duty. The type of the evaluation will be determined by the Program Director in consultation with the Graduate Medical Education (GME) Office. The resident/fellow may be required to have either a mandated Employee Assistance Program (EAP) evaluation to determine the need for a formal Fit for Duty evaluation or the resident/fellow may be required at the outset to undergo a formal Fit for Duty evaluation either with an appropriate health care provider who may be a psychiatrist, psychologist, the HAVEN* program or other suitable provider. These evaluations may be used to determine if a resident/fellow's performance is being or may be affected by impairment that includes but is not limited to medical conditions, mental health conditions, emotional disorders and/or substance abuse problems. The purpose of an evaluation is to determine the resident/fellow’s ability to meet the academic expectations of his/her program and/or to perform his/her clinical duties and responsibilities safely, without danger to patients, colleagues or self.

Concerns regarding a resident’s/fellow’s Fit for Duty must be discussed with the Associate Dean for GME, DIO or Assistant DIO. The Assistant DIO should be the first contact to discuss a concern.

EAP Evaluation

If a mandated EAP evaluation is needed, the resident/fellow will be placed on Administrative Leave without Prejudice (see “Administrative Leave without Prejudice” policy) by the Program Director/designee and referred to the University of Connecticut’s EAP office. The Associate Dean for GME, DIO or Assistant DIO and/or the Program Director will contact the Employee Assistance Program (EAP) director. As this is a mandated EAP evaluation, the Program Director and/or the Associate Dean for GME, DIO or Assistant DIO will share information regarding the concerns with EAP personnel. This is not a confidential session between the resident/fellow and EAP personnel. Therefore the evaluation with any recommendations resulting from the evaluation will not be subject to the same privacy rules as occur in a therapeutic relationship. The Program Director and the Associate Dean for GME, DIO or Assistant DIO will be notified by EAP personnel regarding the outcome of the evaluation.

☐ If it is determined on the basis of or in conjunction with the EAP evaluation that the resident/fellow requires a formal Fit for Duty evaluation, EAP personnel will notify the Program Director and the Associate Dean for GME, DIO or Assistant DIO of their recommendation in writing. The resident/fellow will be mandated to comply with this recommendation (see below re: Fit for Duty evaluations).

☐ If it is determined from the EAP evaluation that the resident/fellow is able to work and does not need a formal Fit for Duty evaluation, EAP personnel will notify the Program Director and the Associate Dean for GME, DIO or Assistant DIO in writing. In some instances, EAP personnel may recommend further evaluation/management/ treatment by a health care provider (physician, masters of social work, psychologist, psychiatrist, etc). While the Program Director cannot mandate compliance with said recommendation, it will be strongly encouraged.

Fit for Duty Evaluation
If it is determined by the Program Director in consultation with the Associate Dean for GME, DIO or Assistant DIO and/or EAP that a formal Fit for Duty evaluation is necessary or if a formal Fit for Duty evaluation is recommended by EAP personnel, the resident/fellow will be placed on or remain on Administrative Leave without Prejudice until his/her fitness for duty is determined (see “Administrative Leave without Prejudice” policy). The resident/fellow may then be referred to an appropriately qualified healthcare provider (e.g. a psychiatrist, psychologist, the HAVEN program, or other suitable provider) for assessment depending on the nature of the concern. As this is a mandated formal Fit for Duty evaluation, the Program Director and/or Associate Dean for GME, DIO or Assistant DIO will share information with the psychiatrist or the HAVEN personnel. This is not a confidential session between the resident/fellow and a provider and therefore the evaluation will not be subject to the same privacy rules as occur in a therapeutic relationship. The Program Director and the Associate Dean for GME, DIO or Assistant DIO will be notified of the outcome of the formal Fit for Duty evaluation in writing.

☐ The formal Fit for Duty evaluation may determine that the resident/fellow is fit to return to work with or without accommodations and/or with or without additional treatment and/or participation in a regimen or program. The resident/fellow will be promptly notified of the outcome of the fit for duty evaluation. In order for a resident/fellow to return to the program, a written fit for duty report must be submitted by the provider to the Program Director and the Associate Dean for GME, DIO or Assistant DIO. Upon receipt of the report and review of any requested accommodations/needs of the resident/fellow, the Associate Dean for GME, DIO or Assistant DIO shall consider whether to return the resident/fellow to work, with or without some or all aspects of any recommended treatment and/or accommodation and/or restrictions on participation in the program. As part of this process, the resident/fellow will be afforded an opportunity to provide input to the Associate Dean for GME, DIO or Assistant DIO and the Program Director.

☐ If a resident/fellow is determined not to be fit for duty, the provider will contact the Program Director and the Associate Dean for GME, DIO or Assistant DIO in writing. The resident/fellow will also be promptly notified of the outcome of the fit for duty evaluation. The Program Director in consultation with the Associate Dean of GME, DIO or Assistant DIO, will then determine the status of the resident/fellow in the program. As part of this process, the resident/fellow will be afforded an opportunity to provide input to the Associate Dean for GME, DIO or Assistant DIO and the Program Director regarding he/her status in the program.

Because of the continuous nature of residency/fellowship training, the status of a resident/fellow who continues to be “unfit for duty” after 90 days will be determined by the Program Director in consultation with the Associate Dean of GME, DIO or Assistant DIO. The position of the resident/fellow may or may not be held.

The resident/fellow will be promptly notified of the outcome of all evaluations and all decisions regarding his or her leave and status in the program.

The evaluation and initial treatment will be paid by the Capital Area Health Consortium (CAHC). If an ongoing treatment plan is needed, the resident/fellow will be expected to pay a portion of the cost. While the resident/fellow is participating in a UConn SOM residency/fellowship program and employed by the CAHC, the resident/fellow will be expected to pay 10% or $2,000 (whichever is less) of the total balance.
A resident/fellow who refuses a Fit for Duty Evaluation or who does not comply with all required appointments, evaluations or other program conditions will not be allowed to work as a resident/fellow, and such refusal/noncompliance may be cause for termination/dismissal.

**HAVEN** is the health and wellness program authorized by state law to serve healthcare professionals in Connecticut. **HAVEN** provides a safe environment for coordinating educational, rehabilitative, and supportive services for concerns related to alcoholism, substance abuse, behavioral or mental health issues and/or physical illness.

Revised 4/16, 3/17

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**Fit for Duty Algorithm**

1. Concern by Program or GME Leadership
   Re: Fitness for Duty

   - Mandated EAP Evaluation
     - Formal Fit for Duty Not Needed
       - Resident/Fellow returns to work
     - Formal Fit for Duty Needed
       - Mandated Psychiatrist Evaluation
       - Resident/Fellow is Fit for Duty
         - Resident/Fellow returns to work
       - Mandated HAVEN Evaluation
         - Resident/Fellow is Not Fit for Duty
           - Status of Resident/Fellow in program is determined by the Program Director and the GME Office

   - Resident/Fellow returns to work
CLOSURES AND REDUCTIONS IN PROGRAMS AND PROGRAM SIZE

If the University of Connecticut School of Medicine (UConn SOM) as the sponsoring institution of a residency/fellowship program decides to reduce the size of a program or to close a program, the Graduate Medical Education Committee (GMEC), Associate Dean of GME, Designated Institutional Official, Program Directors, and residents/fellows must be notified. If a residency/fellowship program closes, the GMEC will ensure that no new residents/fellows will enter the program at the start of the next academic year. Residents/fellows already enrolled in a program that is to be reduced in size or to be closed will be allowed to complete their education at the UConn SOM. If for any reason it is not possible for the resident/fellow to complete their education at the UConn SOM or if residents/fellows in the program choose to leave the UConn SOM, the Program Director will assist the residents/fellows in enrolling in another program in which they may complete their education. Proper notification to ACGME will occur when a program is reduced in size or is closed by the UConn SOM.

If UConn SOM, the sponsoring institution, decides to close, ACGME will be notified. The GMEC, Associate Dean for GME, Designated Institutional Official, Program Directors, and residents/fellows will all be notified immediately. The UConn SOM will, whenever possible, allow residents/fellows already enrolled in programs to complete their education. If it is not possible for a resident/fellow to complete their education at the UConn SOM, the Program Director will assist the residents/fellows in enrolling in another program in which they may complete their education. In the unlikely event that this occurs, the process for each sponsored program will be outlined and posted on Blackboard.

Reviewed 3/16, 5/17
DELINQUENT MEDICAL RECORD POLICY

The timely completion of medical records is of importance to all institutions.

When a resident/fellow fails to complete required patient records within the time limit determined by the relevant clinical service, he or she can be removed from clinical service responsibilities until those records are complete. At the sole discretion of the Program Director, the resident/fellow may be required to use vacation leave during this time.

Revised 3/15, 5/17
DRUG-FREE WORKPLACE

UConn Health prohibits students, residents/fellows and employees from the unlawful manufacture, distribution, dispensing, possession, or use of alcohol, drugs, or other controlled substances in its facilities, during UConn Health-sponsored activities, and while employees are on the job or subject to duty.

Residents and fellows, while not paid employees of UConn Health, must abide by UConn Health policies and procedures while engaged in a UConn Health-sponsored residency/fellowship program. Residents/fellows therefore must abide by UConn Health’s policy DRUG-FREE SCHOOLS & CAMPUSES ACT AND DRUG-FREE WORKPLACE ACT which can be accessed at: http://health.uconn.edu/policies/wp-content/uploads/sites/28/2016/01/policy_2015_10.pdf

Any resident/fellow who violates this policy may be disciplined, up to and including termination.

Counseling and support services are available to any resident/fellow with alcohol or drug-related problems (see Counseling Services policy).
The ACGME common program requirements allow for greater flexibility within an established framework to provide programs and residents discretion to structure clinical experiences that best support professional development. This added flexibility carries responsibilities for residents, who must recognize when they are too fatigued to provide safe, high quality patient care and to programs and faculty who must ensure that residents remain within the 80-hour maximum limit. The following institutional clinical and educational work hour (duty hour) statement states the **minimum requirements that each program must follow**. In addition, each program must have a written policy on resident/fellow clinical and educational work (duty) hours. In developing such policy, consideration should be given to the educational opportunities for and personal well-being of the residents/fellows, and the needs of the patient, including patient safety, and continuity of care. All policies must be in compliance with the policies, procedures and requirements of the University of Connecticut School of Medicine (UConn SOM) and the requirements of all relevant accrediting bodies (i.e., Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC)).

Clinical and educational work (duty) hours are defined as all required clinical and academic activities and include patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, moonlighting/extra-credit rotations, clinical work done from home, scheduled academic activities (i.e., conferences, morning report, lectures, etc.), and research that is a required part of the residency/fellowship program. It does not include reading and preparation time spent away from the University of Connecticut School of Medicine and its affiliated hospitals.

The requirements are as follows:

- Clinical and educational work hours are limited to no more than 80 hours per week, **averaged** over a 4-week period inclusive of in-house call, clinical and educational activities, clinical work done from home and all moonlighting/extra credit.
- Programs that schedule residents to work 80 hours will likely violate the 80-hour rule. Therefore, in order to maintain an emphasis on flexibility, programs should not schedule residents/fellows for more than 75 hours per week averaged over 4 weeks in order to ensure all clinical and educational work responsibilities can be met by the resident/fellow within the 80 hour limit.
- Residents/fellows must be provided with 1 day (defined as a continuous 24-hour period) in 7 free from all clinical and academic activities, **averaged** over a 4-week period. At home call may not be assigned on these free days.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four (4) hours of additional time may be used for activities related to patient safety such as providing effective transitions of care and/or resident education. Additional patient care responsibilities must not be assigned during this time.
- Residents/fellows should have eight (8) hours off between scheduled clinical and educational work periods. There may be instances when the resident chooses to stay to care for a patient or return to the hospital with fewer than eight (8) hours free. This flexibility may be exercised within the context of the 80-hour and the one-day-off-in-seven requirements. Residents must have at least 14 hours free of clinical work and education after 24-hours on in-house call.
- Night float experiences must occur within the context of the 80-hour and one-day-off-in-seven requirements.
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☐ In-house call must occur no more frequently than every third night, **averaged** over a 4-week period. Program Directors must be notified if residents/fellows trade call schedules. Such trading should not violate the every third night restriction.

☐ PGY 1 residents are not allowed to take at-home call.

☐ At-home call is not subject to the every-third-night limitation, but must not be so frequent or taxing as to preclude rest or reasonable personal time. Time spent on patient care activities by residents on home call must count towards the 80-hour maximum weekly limit. Residents/fellows taking at-home call must have 1 day in 7 free from all clinical and academic responsibilities, **averaged** over a four-week period.

☐ Residents/fellows must have the written permission from the Program Director to participate in extra credit rotations at any University of Connecticut affiliated hospital.

☐ All extra credit rotations must be part of the program and therefore, count toward the duty hour limit.

☐ If moonlighting is permitted by the program, the resident/fellow must get permission from the Program Director to participate, and that all hours worked must be approved by the Program Director and count towards the 80-hour work week (see [Moonlighting/Extra Credit](#)).

All residency and fellowship programs must comply with UConn SOM’s duty hour restrictions as well as any restrictions specified by their respective RRC. Resident/fellow programs may not request an exemption from these restrictions.

The Graduate Medical Education Committee (GMEC) is responsible for monitoring compliance with the duty hour requirements. Recording of duty hours must be performed electronically in MyEvaluations.com or another GME-approved electronic format.

There may be times when a program is participating in a national duty hour study where modifications to the above may be in place.

**A hotline has been set up for residents/fellows to report violations of duty hour requirements and other GME concerns (860-679-4353).**

Revised 4/17
Clinical and Work Hour Exception Form

As defined by the ACGME: “In rare circumstances, after handing off all other responsibilities, a resident (or fellow) on their own initiative, may elect to remain or return to the clinical site in the following circumstances”

Resident/Fellow: ____________________________
Program: _________________________________
Date: _________________________________

Reason:

☐ Severely ill or unstable patient
☒ Humanistic attention to the needs of a patient or family
☐ Attend unique educational events

_________________________________  __________________________
Resident/Fellow Signature                Date

_________________________________  __________________________
Program Director Review                Date

Revised 6/17
EMERGENCY LIFE SUPPORT SKILLS REQUIREMENTS

Basic Life Support certification is required of all residents/fellows at the University of Connecticut. According to the ACGME and RRC requirements for each program, and in collaboration with the institutions in which the residents/fellows are educated, it will be determined which levels and types of required certification in life support skills will be acquired and maintained by resident/fellow participants. These requirements will be made known to the residents/fellows upon enrollment and will be maintained up to date on the program information site.

Reviewed 3/15
EXTRAORDINARY CIRCUMSTANCES POLICY
INCLUDING DISASTERS OR EXTREME EMERGENT SITUATIONS

The University of Connecticut is committed to preserving the educational experiences of its residents/fellows during times of extraordinary circumstances. Extraordinary circumstances include but are not limited to abrupt hospital closures, disasters, extreme emergent situations or a catastrophic loss of funding.

Definition of a Disaster
A disaster is defined as an event or set of events causing a need for significant alteration to the residency/fellowship experience of one or more residency/fellowship programs.
Example: Hurricane Katrina

Definition of Extreme Emergent Situation
A local event (such as a hospital declared disaster for an epidemic) that affects resident/fellow education or the work environment but does not rise to the level of a disaster as defined above.

Declaration of an Extraordinary Circumstance
1. The University of Connecticut DIO will immediately notify the ACGME of the extraordinary circumstance at the University of Connecticut or one of its major affiliated hospitals if the extraordinary circumstance causes or has the potential to cause a serious, extended disruption to resident/fellow assignments, educational infrastructure or clinical operations that may affect the program’s or institution’s ability to conduct education in substantial compliance with the ACGME Institutional, Common and specialty-specific Program Requirements.
2. When warranted, the ACGME Chief Executive Officer will invoke the ACGME Extraordinary Circumstance Policy. A notice of such will be posted on the ACGME website with information relating to the ACGME response to the extraordinary circumstance.

Defined Responsibilities Following the Declaration of an Extraordinary Circumstance

Responsibilities of the University of Connecticut Designated Institutional Official (DIO):
1. The DIO will immediately convene the Graduate Medical Education Committee (GMEC) and other institutional leadership in order to ascertain the status and operating capabilities of all University of Connecticut training programs.
2. Within ten days after the declaration of an extraordinary circumstance, the DIO will contact the ACGME to discuss timelines that the ACGME will establish for the University of Connecticut programs to:
   a) submit program reconfigurations to the ACGME and
   b) inform each program’s residents/fellows of any decisions to reconstitute the program and/or transfer the resident/fellow either temporarily or permanently to another training program.
   The due dates for submission of said plans shall be no later than 30 days after the invocation of the Extraordinary Circumstances policy unless otherwise approved by the ACGME.
3. The University of Connecticut DIO will contact by phone or by email the Institutional Review Committee Executive Director with information and/or requests for information regarding the extraordinary circumstance.
4. The DIO along with residency and fellowship Program Directors will monitor the status of all
Residents/Fellows Policies and Procedures Manual

training programs with regards to their ability to fulfill their educational mission both during the
time of an extraordinary circumstance and during the recovery phase.

Responsibilities of the Program Directors:
1. Immediately verify the health and safety of all residents/fellows in their training program
and relay this information to the DIO.
2. Program Directors must ensure that all ACGME Institutional, Common and specialty-specific
Program Requirements are adhered to when assigning clinical duties of residents/fellows during an
extraordinary circumstance, particularly during a disaster or EES.
   a) Residents/fellows are physicians and are expected to perform according to society’s
      expectations of physicians in emergency situations such as disasters/local extreme emergent
      situations. However, residents/fellows are in training and their performance in these
      situations should not exceed expectations for their scope of competence as judged by their
      Program Director or supervisors.
   b) Decision about whether a program’s residents/fellows should be involved in a disaster/local
      extreme emergent situations will be based on several factors:
      i) The policy of the hospital and who responds to a local disaster.
      ii) The nature of the clinical work the resident/fellow is expected to deliver and the type of
         supervision required (residents/fellows should never work beyond their scope of training
         and PG level).
      iii) Resident/Fellow safety.
      iv) Reasonable expectations for the duration of the emergency.
3. Assess the status of their training program with regards to its ability to fulfill its educational
   mission. Insofar as a program cannot provide an adequate educational experience for each of
   its residents/fellows, Program Directors must:
   a) Assist trainees in arranging temporary transfers to other programs/institutions until such
      time as the University of Connecticut and its major affiliates/training hospitals are able to
      again provide an adequate educational experience or
   b) Assist residents/fellows in obtaining permanent transfers to other programs/institutions, as
      needed, in order to continue and complete their training.
   c) If a temporary or permanent transfer to another program/institution is necessary and if more
      than one program/institution is available, the Program Director will consider the educational
      needs and preferences of each resident/fellow and make their best efforts to find an appropriate
      training site.
   d) Programs must make keep vs. transfer decisions expeditiously so as to maximize the likelihood
      that each resident/fellow will finish their training in a timely fashion.
   e) At the outset of a temporary resident/fellow transfer, the program must inform each
      transferred resident/fellow of the minimum duration and the estimated actual duration of
      his/her temporary transfer, and continue to keep each resident/fellow informed of such
      durations. If and when a program decides that a temporary transfer will continue to and/or
      through the end of a residency year, it must so inform each such transferred resident/fellow.
      Transferred residents/fellows will be allowed to return to their original training program at
      The University of Connecticut as soon as the educational and work environments are deemed
      appropriate by the DIO and the Program Director in consultation with the ACGME. Alternatively,
      a transferred resident/fellow may choose to stay at the transferred institution for
      a reasonable length of time in order to maintain a continuum of their education.
   f) Program directors will make their best efforts to ensure that each transferred resident/fellow
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receives a quality educational experience at their new training site. The program director will regularly confer with the residents/fellows and program director(s) at the sites to ensure that educational needs are being met.

4. The Program Director will contact by phone or email the appropriate Review Committee Executive Director with information and/or requests.

Responsibilities of the Residents/Fellows:
1. Residents/fellows must contact their program director as soon as possible to verify their safety, current/anticipated location, and any changes to their contact information.
2. Residents/Fellows must contact by phone or by email the appropriate Review Committee Executive Director with information and/or requests for information.
3. All transferred residents/fellows should refer to instructions on the ACGME Web Accreditation System to change resident/fellow email information.
4. It is critical that residents/fellows keep open channels of communication by phone or email during an extraordinary circumstance and particularly during an extreme emergency or disaster in order to get current and updated information.
5. In order to ensure that all residents/fellows have access to funds in the event of an extraordinary circumstance, all residents/fellows will be strongly encouraged to elect to receive their paycheck through direct deposit.

Salary and Benefits for Residents/Fellows following the Declaration of Extraordinary Circumstances:

The Sponsoring Institution will make every effort to ensure that there is no interruption in the salary and benefits provided to a resident/fellow once an extraordinary circumstance has been declared.

Reviewed 3/15, 5/17
**FATIGUE MITIGATION**

Residents/Fellows are expected to come to work fit for duty. When a resident/fellow identifies himself or an attending identifies the resident/fellow as being too fatigued to drive home there are several options for the resident/fellow:

- Call rooms/sleep quarters are available until the resident/fellow is less fatigued
- A taxi or rideshare service (e.g. Uber, Lyft) can be utilized. The resident/fellow will initially pay for the service. A receipt should be submitted to the program coordinator for reimbursement. This service is available to take the resident/fellow to their home only. The resident/fellow is responsible for securing his/her own transportation back to the hospital or his/her vehicle.
- Public (i.e., bus) or private (i.e., friend, spouse) transportation if available.

Annual training regarding fatigue mitigation is required of all residents/fellows. See [Institutional Curriculum](#).

Reviewed 3/15, 5/17
INCLEMENT WEATHER

Residents/fellows are essential to the daily operation of each hospital and are expected to report to work when scheduled. In the event of a severe weather condition such as a snow storm residents/fellows must contact their Program Director and supervisor to determine staffing needs. In some cases, outpatient activities may be cancelled or delayed and residents/fellows may be temporarily re-assigned to help the inpatient demands. Prior to their assigned shift each resident/fellow should contact their Program Director and supervisor to determine where and if they are needed. Residents/fellows should plan for extra travel time when proceeding to and from their assigned locations. In some events residents/fellows may be need to stay past the end of an assigned shift to ensure patient safety until appropriate staffing can be assured. Every effort will be made to establish designated rest areas for residents/fellows required to stay beyond their assigned shift. If a resident/fellow is unable to arrive for a shift on time, he/she should contact the supervisor immediately.

Revised 3/15, 5/17
INTERACTION BETWEEN UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE GRADUATE MEDICAL RESIDENTS/FELLOWS AND THE PHARMACEUTICAL, NUTRICEUTICAL AND BIOMEDICAL INDUSTRIES ("INDUSTRY") POLICY (Full Policy)

Purpose of Policy
The purpose of this policy is to establish policy for interactions with pharmaceutical, nutraceutical, Biotech, Device, Hospital, Research Equipment, and Supplies Industries (Biomedical) industry representatives for residents/fellows of the University of Connecticut School of Medicine (UConn SOM). Interactions with Industry representatives occur in a variety of contexts, including marketing of new products, educational support of residents/fellows, and continuing medical education (CME). Residents/fellows also participate in interactions with Industry representatives off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of UConn SOM. However, these interactions must be ethical and cannot create conflicts or perceived conflicts of interest that could endanger patient safety, data integrity, the integrity of the education or the reputation of UConn SOM and the affiliated sites.

Residents/fellows must be aware of the National Physician Payment Transparency Program (Open Payments). This program aims to increase public awareness of financial relationships between industry and health care providers. The intent of Open Payments is to create a national resource for beneficiaries, consumers and providers to know more about the relationships among physicians, teaching hospitals and industry by requiring industry to report to CMS any payments or other transfers of value they make to physicians and teaching hospitals. Medical residents/fellows are currently excluded from the definition of physicians for the purposes of the Open Payments program. Further details can be found at the Center for Medicare and Medicaid services (http://go.cms.gov/openpayments).

Statement of Policy
It is the policy of UConn SOM Graduate Medical Education (GME) Program that interactions with the Industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise, they must be addressed appropriately, as described below.

Scope of Policy
This policy covers interactions between residents/fellows and Industry during working hours. The policy incorporates the following types of interactions:

I. Gifts and compensation
II. Site access by sales and marketing representatives
III. Provision of scholarships and other educational funds to residents/fellows
IV. Support for educational and other professional activities
V. Acceptance of free medication, supplements, device, and other product samples
VI. Disclosure of relationships with Industry
VII. Training of residents/fellows regarding potential conflict of interest in interactions with Industry
VIII. References
I. Gifts and Compensation
   A. Personal gifts from Industry may **not** be accepted by residents/fellows at any clinical facility in which GME occurs. This includes UConn SOM affiliated sites.
      1. No form of personal gift from Industry can be accepted by residents/fellows
      2. **Unrestricted educational grants may be provided by industry to the Program Director or designee on behalf of the program but not directly to residents/fellows or teaching faculty.** Unrestricted educational grants are funds given to a program for future educational activities (i.e., to bring a speaker or visiting professor for teaching rounds or conferences; purchase of teaching materials or books; or pay for an off-site educational meeting). The program maintains full control of how the funds are used. Credit can be given to the funding Industry/ies that have donated the unrestricted educational grant.
      3. Educational materials such as textbooks may be provided by Industry to the Program Director or designee on behalf of the program at the Program Director’s discretion. Identifying labels such as pharmaceutical inserts or logos must be removed or covered prior to their use with residents/fellows.
      4. Medical staff at non-UConn-operated clinical facilities may accept gifts but may not provide these to residents/fellows without prior review by the Program Director or designee.
   B. Residents/fellows may not accept gifts or compensation for listening to a sales talk by an Industry representative.
   C. Residents/fellows may not accept gifts or compensation for prescribing or changing a patient’s prescription, food supplement, or device.
   D. Residents/fellows must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company.
   E. Residents/fellows may not accept direct compensation, including the defraying of costs, for attending a Continuing Medical Education (CME) or other activity or conference, unless the resident/fellow is speaking or otherwise actively participating at the event.

II. Graduate Medical Education Site Access by Sales and Marketing Representatives
   A. Sales and marketing representatives are not permitted in any *direct patient care* areas in which GME occurs and where protected health information is accessible, with one exception: when providing necessary training on a previously purchased device or a device considered for purchase, and in the presence of teaching faculty. This training must adhere to HIPAA privacy rules.
   B. Sales and marketing representatives are permitted in *non-patient care* areas of graduate medical education, by appointment only, with faculty or with faculty and residents/fellows, in the setting of faculty supervision of trainee-industry interactions.

III. Provision of Scholarships and Other Educational Funds to Residents/Fellows
   A. Industry support of residents/fellows must be free of any actual or perceived conflict of interest, must be specifically for the purpose of education, and must comply with all of the following:
      1. UConn SOM Program Director or designee selects the resident/fellow.
      2. The funds are provided to the program and not directly to the resident/fellow.
      3. The Program Director or designee has determined that the funded conference or program
Resident

VI. Support for Educational and Other Professional Activities
A. Programs must be aware of the Accreditation Council for Continuing Medical Education (ACMCE) Standards for Commercial Support. They provide useful guidelines for evaluating all forms of Industry interaction, both on and off campus and including UConn-sponsored and other events. The Standards may be found at www.accme.org.
B. All education events sponsored by UConn SOM programs must be compliant with ACMCE Standards for Commercial Support whether or not CME credit is awarded.
1. Educational grants that are compliant with the ACMCE Standards may be received from Industry by the program. ACMCE guidelines include:
   a. Financial support by Industry is fully disclosed by the meeting sponsor.
   b. The meeting or lecture content is determined by the speaker and not the Industrial sponsor.
   c. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
   d. UConn SOM resident/fellow or teaching faculty participant is not required by an Industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor's contribution of funds or services.
C. Meals or other types of food directly funded by Industry may not be provided for Residents/fellows. Unrestricted educational funds may be provided to a Program Director or designee on behalf of the program and expended for refreshments at resident/fellow educational sessions. The contributing Industry/ies can be credited for contributing an unrestricted educational grant for the session.
D. This provision does not apply to meetings of professional societies that may receive partial Industry support or professional meetings governed by ACMCE Standards.

V. Acceptance of Free Samples
A. Teaching faculty may accept free drug, nutraceutical, or device samples from industry for distribution to patients by residents/fellows. This acceptance must occur in administrative (non-patient care) areas.
B. Since distribution of sample products to patients may encourage use of costlier products, residents/fellows and teaching faculty should be cautious in distributing such products.
C. Free samples may never be sold.
D. Free samples should not be used by residents/fellows or teaching faculty for themselves or family.

VI. Disclosure of Relationships with Industry
A. Residents/fellows are prohibited from publishing articles under their own names that are written in whole or material part by Industry employees.
B. In scholarly publications, residents/fellows must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (http://www.icmje.org).
C. Faculty with supervisory responsibilities for residents/fellows should ensure that the faculty’s conflict or potential conflict of interest does not affect or appear to affect his or her supervision of residents/fellows.

D. For disclosure requirements related to educational activities, see the ACCME Standards for Commercial Support (www.accme.org).

VII. Training of Residents/fellows regarding Potential Conflict of Interest in Interactions with Industry
All residents/fellows must receive training regarding potential conflicts of interest in interactions with Industry.

VIII. References
AMA Statement on Gifts to Physicians from Industry (http://www.amassn.org/ama/pub/category/4001.html).


Reviewed 3/14, 5/17
NEEDLESTICKS & OTHER OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

The University of Connecticut School of Medicine (UConn SOM) Graduate Medical Education (GME) Office and the Capital Area Health Consortium (CAHC) train and employ approximately 650 residents/fellows. These residents/fellows rotate through various sites. The CAHC has agreed to adopt the Exposure Control Plan of each site. Residents/fellows, when on rotation at a hospital or office, must comply with that institution’s Control Plan. If a site does not have a Control Plan, the UConn Health’s plan will be used.

It is the resident’s/fellow’s responsibility to

☐ Notify his/her supervisor of an accident or injury occurring while on the job.
☐ Keep his/her supervisor informed of his/her medical status on an on-going basis.
☐ Follow the physician’s treatment plan.
☐ Keep medical appointments and avoid any activity which will further aggravate the injury.

Accident or Injury information

☐ During the day, the resident/fellow must go to the site’s Employee Health Department.
☐ Off-hours the resident/fellow should go to the Emergency Room of the working site.
  • If at Connecticut Children’s Medical Center (Connecticut Children’s), go to Hartford Hospital’s Emergency Room.
  • If at the Hospital of Central Connecticut (THOCC), go to the Nursing Supervisor.
☐ The incident must also be reported by the resident/fellow to the Capital Area Health Consortium.
  • During the day, this must be done immediately following initial treatment (preferably while at the Employee Health Department at the hospital).
  • If off-hours, a message with the resident’s/fellow’s contact number must be left.

Blood-Borne Pathogen Training

All residents/fellows are required to receive an annual training in blood-borne pathogens. The initial training is done at orientation for all new residents/fellows. The annual training renewal is part of the Institutional Curriculum requirements. The training is through the HealthStream web-based courses.

Revised 3/15, 5/17, 2/18
OCCUPATIONAL IONIZING RADIATION EXPOSURE POLICY

The Accreditation Council for Graduate Medical Education (ACGME) mandates that sponsoring institutions assure a safe working environment for their residents/fellows. In the area of occupational ionizing radiation exposure the responsibility for residents/fellows in University of Connecticut School of Medicine GME Programs is shared by the Designated Institutional Official (DIO) or designee, the resident/fellow, the UConn Health Radiation Safety Committee, the UConn Health Radiation Safety Officer, the Radiation Safety Officer at each site and the Division of Occupational and Environmental Medicine at UConn Health. The purpose of this policy is to outline the responsibilities and the mechanism for tracking resident/fellow radiation exposures from UConn Health activities and all affiliated institutional sources of ionizing radiation.

I. The DIO or designee shall:
   a. In consultation with the Director of Radiation Safety, the Clinical Director of Occupational and Environmental Medicine and the Program Directors, determine which residents/fellows may be occupationally exposed to ionizing radiation. Residents/fellows potentially exposed require monitoring in accordance with federal and state law and as stipulated in this policy. There may be additional monitoring requirements imposed by the affiliated sites and these requirements remain the responsibility of those sites and their respective radiation safety officers.
   b. Provide an orientation on radiation safety for all incoming residents/fellows, including a more detailed orientation for those residents/fellows who may be occupationally exposed to ionizing radiation and thus require monitoring as outlined in section I.a. of this policy.
   c. Maintain a master list of individuals identified in item Ia. containing assignment location with updates as residents/fellows leave or are added to the program, and provide updated copies of this master list to the Director of Radiation Safety.
   d. Require that residents/fellows, their Program Directors and affiliated sites comply with all requirements of this policy.
   e. Require that UConn Health monitoring devices be worn at all times while working at any affiliated site for those residents/fellows identified in section I.a. of this policy.
   f. A GME Office designee will work with Program Coordinators to exchange radiation monitoring badges. This designee shall work with and contact Program Coordinators to collect resident/fellow badges worn for a month’s time, issue new badges to residents/fellows and return collected monitoring badges to the UConn Health Radiation Safety Office in a timely manner.
   g. Provide assistance as requested from the Program Directors, the Clinical Director of Occupational and Environmental Medicine or designee, the Radiation Safety Officers of affiliated site, the Director of Radiation Safety and the Radiation Safety Committee to implement any actions necessary.
   h. Provide the Office of Radiation Safety a list of Program Coordinators.
   i. Notify female residents/fellows of the UConn Health’s Pregnancy Declaration form if limitation of fetal ionizing radiation exposure is desired.

II. The UConn Health Radiation Safety Officer shall:
   a. Assist the DIO or designee and the Program Directors in identification of those residents/fellows who may be exposed to ionizing radiation and require monitoring.
   b. Assist the DIO or designee and the Program Directors in the orientation of all incoming residents/fellows on radiation safety, with a more detailed orientation program for those residents/fellows described in section I.a. of this policy.
c. Interpret resident/fellow exposures received at UConn Health and/or affiliated sites, and keep the DIO and the appropriate Program Director informed of any exposures exceeding the UConn Health ALARA goals.

d. Each month coordinate with the GME Office designee and Program Coordinators to distribute and collect monitoring badges from each resident/fellow identified in section I.a. of this policy.

e. Inform the ADIO or designee, the appropriate Program Director and the Clinical Director of Occupational and Environmental Medicine or designee of any actions taken by the UConn Health Radiation Safety Officer and/or the Radiation Safety Officer from an affiliated institution to limit or suspend a resident’s/fellow’s work as a result of any radiation exposure monitoring report or knowledge of unusual exposures at affiliated institutions.

f. Notify the Radiation Safety Officer(s) at the affiliated institution(s) should a resident/fellow sustain an unusual radiation exposure.

III. The Resident/fellow shall:

a. Participate in the required educational programs on radiation safety identified by the DIO or designee and the UConn Health Radiation Safety Officer.

b. Prior to working as an occupationally exposed worker at UConn Health or other affiliated site, contact the Program Coordinator and obtain appropriate radiation monitoring devices as required by established policy.

c. Wear the monitoring device issued by the UConn Health Office of Radiation Safety at all affiliated sites, and return each UConn Health monitoring device to the Program Coordinator by the end of the first week of every month.

d. Be knowledgeable of the maximum permissible exposure limits and consequences of exceeding these limits.

e. Provide the Clinical Director of Occupational and Environmental Medicine or designee a signed declaration of pregnancy with a request to protect the fetus from radiation exposure should you desire limitation of fetal exposure. A copy of the "UConn Health Pregnancy Declaration" form may be found as the last page of this write-up.

IV. The Clinical Director of Occupational and Environmental Medicine or designee shall:

a. Assist the DIO or designee and the Program Directors in the discharge of their responsibilities as described in this policy.

b. Inform and provide guidance to the Program Directors and Radiation Safety Officers when a resident/fellow has submitted a pregnancy declaration.

V. The Program Director shall:

a. Insure the resident/fellow is aware of and complies with all aspects of this policy.

b. Insure that radiation monitoring badges are exchanged in a timely manner.

VI. Program Coordinator

a. Shall collect and distribute film badge monitors to all residents/fellows in a timely manner.

b. Shall receive and return badges issued by the Office of Radiation Safety, and act as a contact.

VII. Policy Concerning Radiation Exposures Approaching Regulatory Limits

a. The Director of Radiation Safety, the DIO, the Program Director, the Chairperson of the Radiation Safety Committee and the Clinical Director of Occupational and Environmental Medicine or
designee shall determine jointly what actions need to be taken to prevent exceeding accepted radiation exposure limits.

b. The Program Director shall notify the resident/fellow concerning the actions resulting from item VII.a.

c. If an abnormal exposure occurs while working at the UConn Health, the Director of Radiation Safety shall meet with the resident/fellow and determine possible causes of the radiation exposure. A review of the work area will be done, and suggestions made to reduce future exposures if appropriate.

d. If an abnormal exposure occurs at an affiliated institution, the Program Director shall contact the appropriate Radiation Safety Officer. They will jointly review the work site where the exposure occurred and identify any working condition which may lead to an additional exposure which would produce a total exposure in excess of established regulatory limits. The recommendations made during the meeting described in VII.a. must be instituted to minimize any future radiation exposures.

VIII. Policy Concerning Radiation Exposures Exceeding Regulatory Limits

a. The Director of Radiation Safety and/or the Program Director shall notify the DIO or designee about the exposure, who shall then convene an ad-hoc committee to include the Director of Radiation Safety, the Radiation Safety Officer of the affiliated institution (if appropriate), the Program Director, the Clinical Director of Occupational and Environmental Medicine or designee and the Chairman of the Radiation Safety Committee to decide, within the context of Federal and State Statutes, what changes in work assignment are required to assure no further exposure to radiation occurs.

b. The UConn Health Director of Radiation Safety shall summarize the results of deliberations of item VIII.a., and this summary shall be signed by all and provided to the resident/fellow by the Program Director.

IX. Radiation Safety Officers

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Contact Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford Hospital</td>
<td>Peter Mas</td>
<td>860-545-2676</td>
</tr>
<tr>
<td>St. Francis Hospital and Medical Center</td>
<td>Ellen Wilcox, PhD</td>
<td>860-714-5925</td>
</tr>
<tr>
<td>Hospital of Central Connecticut</td>
<td>Stuart Korchin</td>
<td>860-224-5900 ext. 2533</td>
</tr>
<tr>
<td>Connecticut Children’s Medical Center</td>
<td>Michael Tortora</td>
<td>860-545-9902</td>
</tr>
<tr>
<td>UConn John Dempsey Hospital</td>
<td>Kenneth Price</td>
<td>860-679-2250</td>
</tr>
</tbody>
</table>

Revised 4/16, 5/17
OFFICIAL COMMUNICATION WITH THE UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION PROGRAMS

All residents/fellows are required to monitor and use their University of Connecticut School of Medicine (UConn SOM) endorsed email accounts. Monitoring of the professional email account must occur at least weekly to guarantee that all correspondence is reviewed. Any correspondence with the staff in the UConn SOM GME Office or the CAHC for any work related issues must be conducted through these accounts. A program's communication policy may require more frequent monitoring. Please refer to the program's manual.

Reviewed 3/15, 5/17
PRESCRIPTION WRITING/MEDICAL TREATMENT

Residents/fellows who provide treatment are able to write prescriptions for patients they are caring for on their assigned rotations, both inpatient and outpatient. Connecticut requires several numbers before this privilege is available. Please refer to National Provider Identifier (NPI) Number, Connecticut Controlled Substance Number, Provider Enrollment, Chain and Ownership System (PECOS), Connecticut Prescription Monitoring and Reporting System (CPMRS), and Drug Enforcement Administration (DEA) Number for more information on what is required.

A resident/fellow who provides treatment, including a prescription for medication, for someone who is not under his/her care as part of the residency/fellowship program, is NOT covered by malpractice liability. This activity is prohibited. The resident/fellow who engages in this activity may be subject to disciplinary actions per the Code of Conduct.

Revised 3/16, 5/17
PRIVACY AND SECURITY OF CONFIDENTIAL DATA

CONFIDENTIAL DATA
The University of Connecticut School of Medicine (UConn SOM) and affiliated sites have policies and procedures governing the privacy and security of Confidential data (including but not limited to patient’s personal health information). These policies also establish requirements for the security and appropriately controlled release of all such information, consistent with applicable federal and state laws, including the federal privacy rule.

Residents and fellows must abide by the policies and procedures governing privacy and security of Confidential data at UConn as well as at all affiliated sites.


Security of Confidential data is governed by policy which defines the acceptable use of UConn Health electronic resources with respect to confidential electronic data. This policy is linked here: https://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy_2011_02.pdf

In the course of the resident’s/fellow’s employment, the resident/fellow may be granted access to various types of Confidential data, including but not limited to:
- Patient information that is protected by both Connecticut and federal laws, such as the Health Insurance Portability Accountability Act (“HIPAA”).
- Sensitive UConn Health information not in the public domain
- Financial information (budgets, strategic revenue plans, accounts receivable/payable details)
- IDs and/or Passwords for access to UConn Health computing resources
- Research data requiring protections

PATIENT INFORMATION
Confidential data about patients specifically includes, but is not limited to, information relating to a patient’s medical file and the physical or mental health condition, medical history or medical treatment of the patient or a member of the patient’s family that is obtained by the resident/fellow, another medical professional, a medical care institution or other related institution. This includes patient information contained in written, oral or electronic form.

Residents/fellows shall not access or disclose such confidential patient information except as may be required in the course of employment and as may be permitted by the applicable policies or procedures of any site in which the resident/fellow may train. Moreover, residents/fellows shall not have or gain access to confidential patient information, except as required, without prior authorization that complies in all respects with both Connecticut and federal laws, such as HIPAA. UConn Health has specifically developed a policy to guide residents/fellows in the use of patient data for their educational purposes. The policy on “The Use of PHI in Education” is linked here: https://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy_2014_07.pdf

Patients have a right to the privacy and security of their protected health information (that is, the right to control access to and the release of their protected health information). Residents/fellows have a
responsibility to keep secure and confidential the information collected about patients during their encounters with healthcare professionals. Releasing parts or all of that information is appropriate under certain circumstances, such as when treating the patient, providing for continuity of care, participating in approved research and educational activities, complying with laws, and assuring reimbursement for services provided. Such releases provide a benefit to the patient and/or to society.

UConn Health’s Privacy and Security Policies linked here provide guidance to residents/fellows to assure patient rights are protected:

https://health.uconn.edu/policies/policies-specific-areas/specific-area-hipaa-privacy/
https://health.uconn.edu/policies/policies-specific-areas/specific-area-hipaa-security/

Revised 4/16, 5/17, 9/17, 11/17
PROVIDING MEDICAL TREATMENT TO RESIDENTS/FELLOWS

Residents/fellows may choose to seek medical care by faculty members at the University of Connecticut or any of its affiliated hospitals or ambulatory sites. It is the purpose of this policy to provide guidelines to our residents/fellows in order to protect the resident’s/fellow’s right to privacy, as well as to preserve the integrity of the faculty/trainee educational relationship.

Residents/fellows who are seeking medical care should strongly consider obtaining that care from physicians who are not faculty members with authority over them as trainees. Faculty members with authority over a resident/fellow include, but are not limited to, faculty members who provide teaching, supervision of clinical duties, formal mentoring, supervision of research and evaluation to the resident/fellow.

If a resident/fellow needs advice regarding this policy, he/she should contact the GME Office.

Reviewed 3/15, 5/17
RESTRICTED COVENANT

In compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements, neither the University of Connecticut School of Medicine (UConn SOM) nor any of its Graduate Medical Education (GME) programs will enter into a non-competition guarantee or other restrictive covenant with any resident/fellow.

Reviewed 3/15, 5/17
SECURITY

Security measures are provided within the University of Connecticut School of Medicine, the sponsoring institution, as well as all of the major affiliated hospitals, including the UConn Health, Hartford Hospital, St. Francis Hospital and Medical Center, Hospital for Central Connecticut, Connecticut Children’s Medical Center and the Veterans’ Administration. These include foot and vehicle patrol of the facilities and general response to problems that arise. Security also provides assistance with ambulance security, transportation of patients to and from aircraft sent to the hospital, unlocking doors, escorts to vehicles, and assistance with cars that will not start in the middle of the night.

UConn Health (860) 679-2000
Hartford Hospital (860) 545-5000
St. Francis Hospital & Medical Center (860) 714-4000
Hospital of Central Connecticut - New Britain Campus (860) 224-5011
Connecticut Children’s Medical Center (860) 545-9000
Veteran’s Administration - Newington (860) 666-6951

Reviewed 3/15, 5/17
Resident/Fellows Policies and Procedures Manual

SUPERVISION, PROGRESSIVE AUTHORITY AND RESPONSIBILITY OF RESIDENTS/FELLOWS*
(*hereafter referred to as Residents)
At the University of Connecticut School of Medicine and Its Affiliated Hospitals

**Purpose:** To set institutional standards for supervision of residents that ensures their education and our compliance with ACGME institutional standards at the University of Connecticut School of Medicine and its affiliated hospitals.

*Note: These standards are not meant to comply with standards required for billing purposes. Please see the Medicare Guidelines for Teaching Physicians, Interns, and Residents*

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident/fellow’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Ensuring adequate supervision of residents is the responsibility of the program director, faculty physicians, departments, and the institution.

The following are standards for University of Connecticut School of Medicine resident positions, irrespective of the affiliated site where the resident is training/working. These are minimum rules. No program can fall below these standards, but they will be expanded if:

- Medical Staff rules at a given institution exceed these.
- Additional standards are required by The Joint Commission, CMS or any other regulatory body.
- An individual program has more stringent RRC requirements for supervision.
- The clinical setting where the resident physician is training/working has additional rules.

**Standards:** Each patient must have an identifiable, appropriately credentialed and privileged attending physician or licensed independent practitioner who is responsible and accountable for the patient’s care. This information must be available to residents, faculty members, and other members of the health care team.

All patient care performed by residents during training will be under the supervision of a physician faculty member, a licensed provider, fellow, or a more senior resident, either on site, or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. The specifics of this supervision must be documented in the medical record by the supervising faculty member, licensed provider or supervising resident.

Residents, fellows, faculty members and licensed providers should inform their patients of their respective roles in each patient’s care when providing direct patient care.

**Levels of Supervision:** Appropriate supervision of residents must be available at all times. The program must demonstrate that the appropriate level of supervision in place for all residents is based on each
residents' level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

- **Direct Supervision:** The supervising physician*/licensed provider is physically present with both the resident and the patient.
- **Indirect Supervision with:**
  - **Direct supervision immediately available:** The supervising physician/licensed provider is physically within the confines of the site of patient care and immediately available to provide DIRECT supervision.
  - **Direct supervision available:** The supervising physician/licensed provider is not physically present within the confines of the site of patient care, but is immediately available by phone, and is available to come in and provide DIRECT supervision.
- **Oversight:** The supervising physician/licensed provider is available to provide review of procedures/encounters with feedback provided after the care has been delivered.

(*Supervising Physician: The supervising physician can be a faculty member or a more senior resident than the resident needing supervision.)

Each resident must know the level of supervision required for them in all circumstances. PGY-1 residents must have, at all times, either direct supervision or indirect. Senior residents or fellows may serve as a direct or indirect supervising physician for a more junior resident or fellow, based on the needs of the patient and the skills of the individual resident or fellow as designated by the program director.

The supervising physician/licensed provider must be immediately available in person or by telephone 24 hours a day. Programs must ensure this occurs. Residents must know who the supervising physician/licensed provider is and how to reach this individual. Schedules and contact information for supervising physicians (faculty or more senior residents or fellows) and licensed providers must be readily available to all parties involved with patient care.

Certain situations require communication between the resident and supervising attending. At a minimum, the resident must notify the supervising attending physician /licensed provider of any significant changes in the patient’s condition, including but not limited to:

- Patient admission to the hospital
- Transfer of a patient to a higher level of care including the intensive care unit
- Need for intubation or ventilator support
- Cardiac arrest or significant changes in hemodynamic status
- Development of significant neurological changes
- Development of major wound complications
- Medication errors requiring clinical intervention
- Any clinical problem that requires an invasive procedure or surgery
- Any condition which requires the response of a consulting team
- Change in code status
- Death
Supervision by Service:

Inpatient supervision: Every patient admitted to the hospital has an attending physician who is a member of the hospital attending or affiliated medical staff. The attending physician will remain responsible for the medical care of the patient in every aspect throughout the hospital stay of the patient unless the responsibility is formally transferred to another service and this transfer is appropriately noted in the patient’s medical record. When the attending physician is acting in the capacity of a supervisor, he/she must obtain a comprehensive presentation for each admission from the resident. This includes a History and Physical exam. On the non-emergency admissions, charts shall contain a provisional diagnosis and plan by the attending physician written no more than 7 days prior to the admission, or within twenty-four (24) hours after admission. On all emergency patients, histories and physicals shall be recorded within 12 hours after admission. In either case, the history and physicals must be written prior to any surgery. If the history and physical is written by a resident, the attending physician shall review and authenticate the resident’s history and physical examination within twenty-four (24) hours. The authentication shall consist of the provider’s outline of the salient points of the history, physical, and management plan. The attending physician must also require the resident to present the progress of each inpatient daily, including discharge planning. While residents may write progress notes in patient’s charts, the attending physician will also write appropriate progress notes documenting the portions of care they specifically provide or supervise. Simply counter-signing a resident’s note is insufficient. All required supervision must be documented in the medical record by the resident and the supervising faculty member. The interval between practitioner’s progress notes shall not exceed three days for non-critical nor daily for critical patients. Residents must communicate with the attending physician to ensure that the orders they write are consistent with the attending physician’s medical treatment plan for the patient. No countersignature by the attending physician is required for orders written by a resident.

Outpatient supervision: The supervising physician/licensed provider must require residents to present each outpatient’s history, physical exam and proposed diagnostic or treatment plan. All required supervision must be documented in the medical record by the resident and the supervising provider. (Exception to this is relevant for services which practice under Medicare’s Primary Care Exception Rule). For services which have been approved to practice under Medicare guidelines, residents can be supervised with Direct Supervision, Indirect Supervision, or Oversight depending on the resident level and the supervision policy of the resident's program.

Supervision of consultations: The supervising consulting attending/licensed provider must communicate with the resident and obtain a presentation of the history, physical exam and proposed decisions for each consultation. This must be done within an appropriate time but no longer than 24 hours after notification of the consultation request. All required supervision must be documented in the medical record by the resident and the supervising attending/licensed provider.

Supervision of procedures: The supervising attending must be certain that procedures performed by the resident are warranted, that adequate informed consent has been obtained and that the resident has appropriate supervision during the procedure to include sedation.

- For procedures performed in the operating room, residents will always be supervised by an attending physician for the key portions of the procedure.
For procedures performed outside of the operating room, residents will be supervised by an appropriately credentialed supervising physician or LIP. Again, the supervising physician can be a faculty member or a more senior resident than the resident needing supervision.

All required supervision must be documented in the medical record by the resident and the supervising physician or LIP.

**Supervision of emergencies**: During emergencies, the resident should first and foremost provide care for the patient and notify the supervising physician/licensed provider as soon as possible to present the history, physical exam and necessary diagnostic or treatment. All supervision must be documented in the medical record by the resident and/or the supervising provider.

**Progressive authority and responsibility for Residents**: Increasing responsibility for patient care is an integral part of the medical education process. Specific roles and tasks for patient care must be assigned by program directors and faculty members.

- Roles and responsibilities for residents are determined by the program director.
- Decisions regarding the level of supervision necessary for patient care provided by an individual resident must be based on evaluation of that resident using specific criteria guided by the Milestones.
- A faculty member acting in the capacity of a supervising attending physician must delegate portions of patient care to residents based on the needs of the patient and the skills and experience of the resident.
- Each resident must know the limits of his/her scope of authority and responsibility and the circumstances under which varying levels of supervision apply.

Revised 6/17
TRANSITIONS OF CARE/HANDOVER

Purpose: The purpose of this policy is to establish standards within the Graduate Medical Education community at the UConn Health to ensure that Transitions of Care and Handover occur in such a manner that the quality and safety of patient care is not compromised.

The term “Transitions of Care” refers to the movement patients make between health care practitioners and/or settings. Examples of Transitions of Care include:

- Admission to the hospital from an outpatient setting, including but not limited to the Emergency Department, a medical office, a procedure center, or a diagnostic area such as the Radiology Department.
- Admission of a patient to the hospital from another healthcare facility, including but not limited to an outside hospital or skilled nursing facility.
- Transfer of a hospitalized patient to a different level of care within the hospital (i.e.: from the floor to the stepdown unit or ICU or vice versa).
- Transfer of patient care responsibilities from one practitioner to another. This includes but is not limited to the transfer of care that occurs: at the time of shift/duty hour changes for practitioners (handover or “sign out”); at a time when a patient is transferred from one service to another; at a time when a patient is to have a procedure or diagnostic study.
- Discharge, including discharge to home or to another facility such as a skilled nursing facility or rehabilitation facility.

“Handover” refers to the transfer of information and of responsibility for patient care from one practitioner to another. The Handover process must include, at a minimum, written communication from one provider to the next. Verbal plus written communication is preferred as this allows for the opportunity for the accepting provider to ask questions or to seek clarification when necessary.

The content of the information provided during the Handover process should include, at a minimum, the following information in a standardized format that is universal across all services:

- Identification of patient: name, medical record number, and date of birth
- Location of patient (i.e.: hospital room number)
- Identification of responsible attending of record
- Diagnosis and current status/condition of patient
- Recent events, including changes in condition or treatment, current medication status, recent lab tests
- Potential issues that may arise with anticipatory guidance where possible (Use “if/then” statements whenever possible)
- List of tasks to complete with a plan and a rationale
- Allergies
- Code Status

Standards: Individual training programs must design schedules and clinical assignments to maximize the learning experience for residents while minimizing the number of Transitions of Care/Handovers in
patient care. Individual training programs must adhere to institutional policies concerning transitions of patient care. Each program must supplement this institutional Transition of Care/Handover policy with requirements relevant to and specific for their specialty.

Individual training programs must design schedules and clinical assignments to maximize the learning experience for residents while minimizing the number of Transitions of Care/Handovers for patients. Programs are required to develop scheduling and Transition of care/Handover processes to ensure that:

- Residents do not exceed the 80 hour per week duty limit averaged over 4 weeks.
- Faculty members are scheduled and available for appropriate supervision levels according to the requirements for the scheduled residents.
- All parties involved in a particular program and/or Transition/Handover process have access to one another’s schedules and contact information. All call schedules are available electronically.
- Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
- All parties directly involved in the patient’s care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
- Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, and emergency.

Each program must include the Transition of Care/Handover process in its curriculum. Residents must be directly supervised in their ability to Transition/Handover patient care until such a time that they have demonstrated competency in the performance of this task. Programs must develop and utilize a method of monitoring the Transition of care/Handover process and update as necessary.

Reviewed 3/15, 5/17
 SECTION IX: FORMS

The following forms are included in this section:

- Acknowledgement Statement
- Clinical and Educational Work Hour Compliance Attestation
- Accommodations for Disabilities – ADA Acknowledgement Form
- Professional Liability Letter
ACKNOWLEDGEMENT STATEMENT

The Accreditation Council for Graduate Medical Education (ACGME) requires that applicants for appointment to a residency or fellowship program sponsored by the University of Connecticut School of Medicine (UConn SOM) Graduate Medical Education (GME) Office understand fully the conditions and requirements of the UConn SOM residency and fellowship programs where they have interviewed and where they may train. After completing their interviews at UConn SOM, all applicants for appointment must sign the Acknowledgement Statement below.

I hereby certify that UConn SOM has provided me with the information I deemed relevant to evaluate whether I wish to seek appointment to a residency or fellowship program at UConn SOM. Specifically, I have been provided:

☐ Access to copies of the academic appointment and employment contracts with UConn SOM and the Capital Area Health Consortium (CAHC) that I will be required to sign if appointed
☐ Access to UConn SOM policies concerning criteria and eligibility for appointment to a residency or fellowship position
☐ Access to the UConn SOM Residents/Fellows Policies and Procedures Manual and other UConn SOM policies and procedures governing the UConn SOM residents/fellows in effect on the date I interviewed at UConn SOM
☐ Access to information concerning pay and benefits provided to residents/fellows in UConn SOM programs

Match Applicants (NRMP, AUA, AOA, SF Match): I understand that if a match occurs that this establishes a legally binding commitment by me to accept an appointment and a legally binding commitment by UConn SOM GME to offer an appointment.

I understand that appointment to a UConn SOM residency or fellowship program is subject to the UConn SOM policies in effect and is contingent upon me meeting all eligibility requirements imposed by those policies.

____________________________________________________  _________________________
Signature                                                    Date

The information provided through the UConn SOM and CAHC web sites is presented for the purpose of providing general information on the terms and conditions of employment for residents/fellows. Nothing contained on the web sites is intended to constitute an offer of employment. UConn SOM and CAHC reserve the right to amend at any time any and all content contained on the web sites without notice. This includes the academic appointment and employment contracts. Website:

https://health.uconn.edu/graduate-medical-education/

1/14, 5/17
The ACGME common program requirements allow for greater flexibility within an established framework to provide programs and residents discretion to structure clinical experiences that best support professional development. This added flexibility carries responsibilities for residents, who must recognize when they are too fatigued to provide safe, high-quality patient care and to programs and faculty who must ensure that residents remain within the 80-hour maximum limit. The following institutional clinical and educational work hour (duty hour) statement outlines the **minimum requirements that each program must follow**. In addition, each program must have a written policy on resident/fellow clinical and educational work (duty) hours. In developing such policy, consideration should be given to the educational opportunities for and personal well-being of the residents/fellows, and the needs of the patient, including patient safety, and continuity of care. All policies must be in compliance with the policies, procedures and requirements of the University of Connecticut School of Medicine (UConn SOM) and the requirements of all relevant accrediting bodies (i.e., Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC)).

Clinical and educational work (Duty) hours are defined as all required clinical and academic activities and include patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, moonlighting/extra-credit rotations, clinical work done from home, scheduled academic activities (i.e., conferences, morning report, lectures, etc.), and research that is a required part of the residency/fellowship program. It does not include reading and preparation time spent away from the University of Connecticut School of Medicine and its affiliated hospitals.

The requirements are as follows:

- Clinical and educational work hours are limited to no more than 80 hours per week, **averaged** over a 4-week period inclusive of in-house call, clinical and educational activities, clinical work done from home and all moonlighting/extra credit.
- Residents/fellows must be provided with 1 day (defined as a continuous 24 hour period) in 7 free from all clinical and academic activities, **averaged** over a 4-week period. At home call may not be assigned on these free days.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four (4) hours of additional time may be used for activities related to patient safety such as providing effective transitions of care and/or resident education. Additional patient care responsibilities must not be assigned during this time.
- Residents/fellows should have eight (8) hours off between scheduled clinical and educational work periods. There may be instances when the resident chooses to stay to care for a patient or return to the hospital with fewer than eight (8) hours free. This flexibility may be exercised within the context of the 80-hour and the one-day-off-in-seven requirements.
- Residents must have at least 14 hours free of clinical work and education after 24-hours on in-house call.
 Residents/Fellows Policies and Procedures Manual

☐ Night float experiences must occur within the context of the 80-hour and one-day-off-in-seven requirements.

☐ In-house call must occur no more frequently than every third night, averaged over a 4-week period. Program Directors must be notified if residents/fellows trade call schedules. Such trading should not violate the every third night restriction.

☐ PGY 1 residents are not allowed to take primary at-home call.

☐ At-home call is not subject to the every-third-night limitation, but must not be so frequent or taxing as to preclude rest or reasonable personal time. Time spent on patient care activities by residents on home call must count towards the 80-hour maximum weekly limit. Residents/fellows taking at-home call must have 1 day in 7 free from all clinical and academic responsibilities, averaged over a four-week period.

☐ Residents/fellows must have the written permission from the Program Director to participate in extra credit rotations at any University of Connecticut affiliated hospital.

☐ All extra credit rotations must be part of the program and therefore, count toward the 80-hour duty hour limit.

☐ If moonlighting is permitted by the program, the resident/fellow must get permission from the Program Director to participate, and that all hours worked must be approved by the Program Director and count towards the 80-hour work week (see Moonlighting/Extra Credit).

All residency and fellowship programs must comply with UConn SOM’s duty hour restrictions as well as any restrictions specified by their respective RRC. Resident/fellow programs may not request an exemption from these restrictions.

The Graduate Medical Education Committee (GMEC) is responsible for monitoring compliance with the duty hour requirements. Recording of duty hours must be performed electronically in MyEvaluations.com or another GME-approved electronic format.

A hotline has been set up for residents/fellows to report violations of duty hour requirements and other GME concerns (860-679-4353).

I agree to comply with the Duty Hours policy as detailed above and by my Program Director.

Signed: ____________________________ Date: ____________
Resident/Fellow

I have reviewed the Duty Hour requirements for my program with the resident/fellow.

Signed: ____________________________ Date: ____________
Program Director

Revised 4/17
UConn is committed to achieving equal opportunity for persons with disabilities. State and Federal laws prohibit discrimination against individuals with disabilities. Discrimination includes failing to provide reasonable accommodation, consistent with state and federal law, to persons with disabilities.

If a resident/fellow thinks that he or she might need a reasonable accommodation, the resident/fellow should contact the Office of Institutional Equity (OIE).

Phone: 860-679-3563  
Fax: 860-679-3805  
Email: equity@uconn.edu  
Website: http://equity.uconn.edu

Mailing Address:  
Office of Institutional Equity  
UConn Health  
263 Farmington Avenue  
Farmington, CT 06030-5310

Physical Address:  
Office of Institutional Equity  
UConn Health  
16 Munson Road, 4th Floor  
Farmington, CT 06030

UConn Health Internal Mail Code: MC 5310

UConn's accessibility website has more detailed information, including links to information regarding the reasonable accommodations process and accommodation request forms: http://accessibility.uconn.edu.

I have read the above information and understand it is my responsibility to request reasonable accommodations if necessary.

____________________________________________________          ______________________________________________  
Print Name                                                                 Program
____________________________________________________          ______________________________________________  
Signature                                                                 Date

Approved by GMED 4/10/06; Revised 11/11, 8/17, Reviewed 1/14, 5/17
PROFESSIONAL LIABILITY LETTER

Date:

Re:

To Whom It May Concern:

All physicians in residency/fellowship programs sponsored by the UCONN School of Medicine are fully protected by State statute from civil liability arising from professional liability claims related to the discharge of duties within the scope of practice/training when the resident/fellow physician is at one of the UCONN Health sites or at an approved site other than the affiliated hospitals for the program. Coverage is for the claims made for omissions/commissions that transpire during the residency/fellowship period, with protection extending beyond the residency/fellowship period provided that the omission/commission occurred during the residency/fellowship period. The scope of this protection is not limited in dollar amount and is analogous to occurrence-type commercial medical malpractice insurance. The coverage is a “self-insured” program and therefore there is no insurance company, policy number or face sheet.

When the resident/fellow physician is assigned to an affiliated hospital through an integrated residency program, coverage derives from that affiliated hospital as long as it provides protection against professional liability claims in an amount and manner equivalent to that provided by the affiliated hospital to its full-time physician employees. If it does not provide such coverage, protection for residents and fellows reverts to the insurance provided by state statute as described in the preceding paragraph.

The above described coverage is a “self-insured” program and therefore there is no insurance company, policy number or face sheet.

Should you have questions, please contact the GME Office at 860-679-2147.

Sincerely,

Wendy A. Miller, MD, FACP
Assistant Designated Institutional Official
Graduate Medical Education
University of Connecticut School of Medicine

Approved by: Executive Director, Risk Management, Barry Kels, 10/15