

UConn | SCHOOL OF MEDICINE

GRADUATE MEDICAL EDUCATION



Residents/Fellows Policies and Procedures Manual

2023-2024

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MISSION STATEMENT

The mission of the University of Connecticut School of Medicine's Office of Graduate Medical Education (GME) is to provide effective oversight and management of high-quality, comprehensive, and culturally relevant educational programs to improve the overall health of the citizens of Connecticut. GME is committed to providing inclusive clinical learning environments complete with the resources needed to graduate highly qualified physicians. We do this by promoting academically vigorous programs that foster physicians' professional development and prepare skilled, ethical, and compassionate independent physicians that can meet the challenges of a changing healthcare environment. GME promotes research and scholarly activity in our residents, fellows, and faculty. We attend to resident well-being and an inclusive environment where all are treated with mutual respect. Lastly, we collaborate with our affiliated training sites engaging residents and fellows as integral and transformative members of the health care community with the goals of providing safe, effective and high-quality care.

Reviewed 4/16, 5/17, 4/19, 3/21, 2/23

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 ensure 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 ensuring 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 which include 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.

{Signatures on file}

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Dean, School of Medicine
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Date Signed

Kiki Nissen, MD
Associate Dean for Graduate Medical Education and Faculty Affairs
University of Connecticut School of Medicine

Date Signed

Steven Angus, MD
Designated Institutional Official
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Janet Widlansky
Executive Director
Capital Area Health Consortium

Date Signed

Revised 2/16, 11/17
Reviewed 11/17, 4/19, 3/21

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. The 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 its accrediting organization, the [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 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 all residency and fellowship programs. The GME programs must be in good standing with their accrediting organizations. The majority of the GME programs are [Accreditation Council for Graduate Medical Education \(ACGME\)](#) accredited programs.

The six affiliated hospitals make up the Capital Area Health Consortium (CAHC). The CAHC has been contracted by the 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 six 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, 1/23
Reviewed 5/17, 4/19, 3/21

**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 goal 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 residency review committees (RCs) each of which serves a medical or surgical specialty. Specialties' certifying boards establish the educational criteria that residents/fellows 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/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 suggest how we can be better!

The Resident/Fellow Policies and Procedures Manual has been developed as a guide and resource for residents and fellows. Residents/fellows should use this manual as a resource to answer questions regarding policies and procedures as they arise during their training.

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

Revised 2/16

Reviewed 5/17, 4/19, 3/21, 2/23

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Revised 4/17, 4/19, 10/20, 8/22, 1/23, 11/23

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CAPITAL AREA HEALTH CONSORTIUM

Your employer, while you are part of the UConn School of Medicine Residency Program, is the Capital Area Health Consortium (CAHC). They are in The Exchange directly across from the Farmington Avenue entrance to UConn Health. The Capital Area Health Consortium is a non-profit organized under 501(c)3 of the Internal Revenue Code.

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AFFILIATED HOSPITALS

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.

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, Hartford Hospital 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.

St. Francis Hospital and Medical Center (Trinity Health of New England)

[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,

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contemporary medicine with major clinical concentrations in women's and children's services, oncology, cardiology, orthopedics, and rehabilitation.

The Hospital for 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.

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 is 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.

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.

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.

Revised 5/17, 4/19, 3/21

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) COMPETENCIES

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 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 curricula 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.

Revised 5/17

Reviewed 4/19, 3/21

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.

Leadership and Membership

The GMEC convenes under the leadership of the Chairperson, the Designated Institutional Official. The voting membership includes the following:

- ☐ Designated Institutional Official
- ☐ Associate Dean for Graduate Medical Education
- ☐ Assistant Designated Institutional Official
- ☐ Assistant Deans from five major affiliated hospitals
- ☐ Department Clinical Chair
- ☐ Elected Residency Program Directors
- ☐ Elected Fellowship Program Directors
- ☐ Quality Improvement/Patient Safety Officer
- ☐ Executive Director of the Capital Area Health Consortium
- ☐ Director of Graduate Medical Education
- ☐ GME Finance Manager
- ☐ Resident Forum Co-chairs
- ☐ Residency and Fellowship Program Coordinators

Graduate Medical Education Committee Responsibility

GMEC is responsible for the oversight of the ACGME accreditation status of the sponsoring institution and each of its programs, the quality of the GME learning and working environment at all participating sites, the quality of the educational experience in each program, ACGME annual program evaluations and self-studies, implementation of new policies for vacation and leaves of absence; including medical parental, and caregiver leaves of absence, all processes related to reductions and closures of programs, individual sites, and the sponsoring institution. GMEC is also responsible for the review and approval of new programs, new program directors, ACGME progress reports, program complement changes and resident/fellow stipends and benefits, and new educational initiatives.

RESIDENT/FELLOW FORUM

The Resident/Fellow Forum is a committee 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.

A Resident/Fellow Forum report is a standing GMEC agenda item.

Revised 2/16, 5/17
Reviewed 4/19, 3/21

SECTION I: HOUSESTAFF INFORMATION

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:

- ☐ Signed [Appointment Letter/Contract](#)
- ☐ Cleared [Background Check](#)
- ☐ Completion of [Institutional Curriculum \(IC\)](#)
- ☐ [Connecticut State Permit](#)
- ☐ Copy of the resident/fellow's ECFMG certificate, if applicable
- ☐ Copy of the resident/fellow's medical school diploma
- ☐ Professional numbers enrollment
- ☐ 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, 4/19, 3/21

APPOINTMENT LETTER/CONTRACT

Date:

Name:

Address:

Program:

Post-Graduate Year Level:

Duration of Appointment:

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/resident-fellow-policy-manual/>. 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, providing documentation of meeting all required vaccines recommended for healthcare workers, including COVID-19 vaccination (vaccines will be provided to you if necessary), passing a drug screening test (including screening for marijuana), passing a criminal background check, and providing 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 and your CAHC employment. Reasons that may terminate this appointment and any obligations the UConn SOM has to you shall include, but are not limited to, failure to meet employment requirements, 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 each program's appraisal of performance in the six Accreditation Council for Graduate Medical Education (ACGME) competencies, specialty-specific milestones and program specific requirements.

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

Residents/Fellows Policies and Procedures Manual

Review Procedures 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 Extraordinary Circumstances Guidelines 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
- ☐ 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
- ☐ A clinical and educational work 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 including, but not limited to: Accommodations For Disabilities; Evaluation; Academic Deficiencies Review Procedures and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures; Moonlighting/Extra Credit; Rotation-Specific Clinical and Educational Work Hours; Leaves; Supervision; Counseling Services; Prohibition of Discrimination and Discriminatory Harassment, Including Sexual Harassment and Sexual Assault, Intimate Partner Violence, and Stalking; 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 (RC) 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 HuskyCT. A username and password will be provided by Program at the beginning of 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, career goals, and academic progress of each resident/fellow
- ☐ Provide timely evaluations to residents/fellows about their performance in all aspects of the program
- ☐ Follow institutional policies for grievance and due process for any academic or non-academic disciplinary action taken. See policies on Academic Deficiencies Review Procedures and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures in the Manual

Residents/Fellows Policies and Procedures Manual

- ☐ Abide by accreditation standards. Most residency/fellowship programs under UConn SOM are accredited by the ACGME and the discipline specific RC 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
- ☐ Make information about specialty board certification requirements available in the program office or internet-based educational system such as HuskyCT. You may also contact the GME Office to request board certification requirements
- ☐ Provide reasonably timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion and, if possible, board eligibility requirements
- ☐ Certify to the discipline specific board that each individual resident/fellow has or has not met all requirements
- ☐ Monitor resident/fellow adherence to clinical and educational work hour standards
- ☐ Make reasonable efforts to monitor stress, fatigue in residents/fellows, and provide information on available support services

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 Accommodations for Disabilities 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
- ☐ 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; Evaluation;

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Academic Deficiencies Review Procedures and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures; Moonlighting/Extra Credit; Rotation-Specific Clinical and Educational Work Hours; Leaves; Supervision; Counseling Services; Prohibition of Discrimination and Discriminatory Harassment, Including Sexual Harassment and Sexual Assault, Intimate Partner Violence, and Stalking; and Work Environment

- ☐ Abide by all rules, regulations, and bylaws of the program, clinical department, and institution in which they are 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 that includes screening for marijuana, 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. Residents must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care and the assurance of their fitness for work, including: management of their time before, during, and after clinical assignments; and, recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.
- ☐ 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

Capital Area Health Consortium Responsibilities:

- ☐ Provide salaries and reimburse educational and travel allowances as outlined in the Manual
- ☐ Provide health, dental, life, and disability insurance as outlined in the Manual
- ☐ Provide counseling services including services for and assessment of physical impairment and substance abuse for residents/fellows through UConn Health's Employee Assistance Program, confidential contracted mental health providers and/or the Health Assistance Intervention Education Network (HAVEN) as appropriate
- ☐ Provide written policies on family and medical leaves and other leaves of absence (with or without pay) from employment to include personal and sick leave consistent with applicable laws and communicate with residents about the same

Benefits

Benefits described are based on the information at the time this appointment is issued. See the Manual for further details. Medical, dental, and vision insurance is effective on July 1 for all academic year hires. For off-cycle start dates, coverage begins on the day of hire. The consortium will provide information regarding interim insurance coverage should a resident/fellow need coverage prior to July 1. For all J-1 exchange

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visitors and accompanying J-2 dependents coverage will be in accordance with the U.S. Code of Federal Regulations (22 CFR 62.14).

- ☐ There is a bi-weekly payroll deduction for health insurance (medical \$17.50, dental \$5, and vision \$1.85) and a discounted price for adding family members to your coverage
- ☐ Life insurance is at no cost to you
- ☐ Long Term Disability insurance is at no cost to you
- ☐ Counseling services through UConn's EAP and contracted mental health providers are at no cost to you
- ☐ The following paid leave per twelve months (no leave can be carried over)
 - Three weeks' vacation (one week equals five days + two weekend days)
 - Fifteen sick days for one's own illness
 - Up to 12 Weeks (84 days) for medical leave for own disability/illness, with a health provider's note after meeting eligibility requirements. All available paid sick and vacation time (with the exception of two weeks of vacation time which will be reserved) must be used first. A health provider's note is required to return.
 - Paid family leave is defined by Connecticut State law and paid at a maximum weekly rate that varies with the minimum wage rate. Eligibility can be up to 12 weeks (84 days). Available sick and vacation time must be used first (with the exception of two weeks of vacation time which will be reserved).
 - Administrative Leave
 - 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
 - Unpaid family and medical leave as defined by Connecticut State law. Eligibility can be up to 12 weeks. Available sick and vacation time must be used (with the exception of two weeks' vacation time which will be reserved). Leaves for military active or reserve service and spousal military leaves will be granted in accordance with the various Federal laws.
- ☐ Any extended leaves or multiple absences 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 clinical and educational work 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 policies on Academic Deficiencies Review Procedures and Code of Conduct Violations/Non-Academic Deficiencies Review Procedures in the Manual.

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 and the University's School of Medicine policies and state law. This includes vaccination against COVID-19. 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 have a negative drug screening test that includes screening for marijuana 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 reflects either RC 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, it is decided by the programs how often and when the other courses will be completed and their requirements are compulsory. Most of the courses are online. Further details are available in the Manual.

Sign and Return

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,

Steven Angus, MD, 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 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

Residents/Fellows Policies and Procedures Manual

additional shifts, I will receive additional compensation proportionate to the number of shifts covered up to \$25,000.

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 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.

Name

Date

Revised 2/16, 5/17, 9/18, 3/21, 5/22, 2/23
Reviewed 4/19, 2/21

BACKGROUND CHECK

The Graduate Medical Education 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, 3/21

Reviewed 4/19, 2/23

PROFESSIONAL NUMBERS

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 – residents will receive instructions from GME Office regarding how to complete this enrollment](#)
- ☐ [Connecticut Controlled Substance \(CSR\) Number – residents will receive instructions from GME Office regarding how to complete this enrollment](#)

Then, this registration needs to be completed with a valid NPI number

- ☐ [Connecticut Medicaid Assistance Program \(CMAP\) – GME Office will complete this enrollment on behalf of the resident](#)

Finally, complete this registration with a valid CSR and hospital DEA number

- ☐ [Connecticut Prescription Monitoring and Reporting System \(CPMRS\) – GME Office will complete this enrollment on behalf of the resident](#)
- ☐ [Drug Enforcement Administration \(DEA\) Number – GME Office will complete this enrollment on behalf of the resident](#)

Revised 4/17, 3/21, 2/23

Reviewed 4/19

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/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 they have a Social Security Number, they should complete the online application at: <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>
- ☐ If a resident/fellow **has not applied** for a NPI and they **do not** have a Social Security Number, they must complete the paper application available at:
<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** an NPI, they 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 they have a Connecticut State Medical License that will be maintained throughout employment as a resident/fellow and are practicing independently in the state of Connecticut.
 - Information can be changed online at:
<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>.

Revised 4/17

Reviewed 4/19, 3/21, 2/23

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

Reviewed 4/19, 3/21, 2/23

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 such 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

Reviewed 4/19, 3/21, 2/23

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

Reviewed 4/19, 3/21

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

Reviewed 4/19, 3/21, 3/23

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. CT resident permit numbers can be looked up [here](#).

A Connecticut State medical license is not required to participate in most residency/fellowship programs. Residents/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, 4/19, 3/21, 2/23

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 for Healthstream. For questions, please contact Steve Bayley (Bayley@uchc.edu).

- ☐ Orientation Day 1 (if you miss orientation, you will be assigned a course on Healthstream)

Incoming Courses – Courses that must be completed before residents/fellows can begin. These courses are automatically assigned in Healthstream. *Approximately 12 hours to complete all courses.*

Compliance/Regulatory

- ☐ Active Assailant Training (6 min)
- ☐ A Lesson in Phishing (5 min)
- ☐ COVID 19 General Information on Infection Control (20 min)
- ☐ Emergency Notifications-Plain Language (5 min)
- ☐ Office of Healthcare Compliance & Privacy Training (45 min)
- ☐ Informed Consent (45 min)
- ☐ OR Fire Safety/ Electrosurgery & The Bovie (Anesthesiology, Neurosurgery, OBGYN, Orthopedics, Hand Surgery, Pediatric Orthopedics, Orthopedic Spine Surgery, Orthopedics Sports Medicine, Otolaryngology, Surgery, Surgical Critical Care, Pediatric Surgery, Vascular Surgery, Maternal Fetal Medicine, Reproductive Endocrinology, Acute Care, Pediatric Anesthesiology, Minimally Invasive Gynecologic Surgery)
- ☐ Radiation Safety (Anesthesiology, Pediatric Anesthesiology, Otolaryngology, Pediatric Otolaryngology, Orthopedics, Pediatric Orthopedics, Radiology, Surgery, Pediatric Surgery, Urology, Acute Care Surgery, Cardiology, Endocrinology, Pediatric Endocrinology, Interventional Cardiology, Gastroenterology, Pediatric Gastroenterology, Orthopedic Surgery, Orthopedic Hand Surgery, Orthopedic Shoulder and Elbow, Orthopedic Spine Surgery, Pulmonary Critical Care, Vascular Surgery, Neurosurgery)
- ☐ Safe and Effective Process to Prepare Items for Sterilization (Emergency Medicine, Family Medicine, Interventional Cardiology JDH, Pulmonary Critical Care, OBGYN, Orthopedics Sports Medicine, Otolaryngology, Neonatology, Radiology, Surgery, Urology, Maternal Fetal Medicine, Reproductive Endocrinology, Minimally Invasive Gynecologic Surgery, Emergency Medicine - International Disaster)
- ☐ Sexual Harassment Training (120 min)
- ☐ Standard Precautions: Bloodborne Pathogens and other Potentially Infectious Material (55 min)
- ☐ Workplace Violence (30 min)

Patient Care

- ☐ Abuse and Neglect: Identification, Assessment and Response (15 min)
- ☐ Elder Abuse (30 min)
- ☐ Incarcerated Patient Med Surg 5 Training (10 min)
- ☐ Interpreter Services at UConn Health (15 min)
- ☐ Moderate Sedation/Analgesia (25 min)
- ☐ Pain Assessment and Management (73 min)

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- ☐ Patient Restraint and Seclusion (20 min)
- ☐ UConn Health Stroke Program (10 min)

Clinical Learning Environment

- ☐ Mistreatment in the Clinical Learning Environment (13 min)
- ☐ Sleep Loss and Fatigue (25 min)
- ☐ Medical School Requirements
 - ADA Acknowledgement (2 min)
 - Medical School Requirement Attestations (20 min)
 - Receipt of Policies and Procedures (2 min)
 - Residents as Teachers and Supervisors of Medical Students (Anesthesiology, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Neurosurgery, Primary Care, OBGYN, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Surgery) (20 min)

Diversity, Equity and Inclusion

- ☐ GME Orientation (in person):
 - Diversity Training (60 min)
 - Vulnerable Populations Training (30 min)
- ☐ Fall Courses for new interns / first year fellows:
 - Care Delivery, Culturally Competent (8 min)
 - Managing Patient Bias (12 min)
 - Microaggressions in Healthcare (20 min)
 - Supporting Gender Identity (10 min)
 - Welcoming Environment for LGBTQI (30 min)

Annual Courses – These courses must be done every year. These courses are also automatically assigned in Healthstream in October and are due in December. (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 4 hours to complete all courses.*

Compliance/Regulatory

- ☐ COVID 19 General Information on Infection Control (20 min)
- ☐ Office of Healthcare Compliance & Privacy Training (45 min)
- ☐ Informed Consent (30 min)
- ☐ OR Fire Safety/ Electrosurgery & The Bovie (Anesthesiology, Neurosurgery, OBGYN, Orthopedics, Hand Surgery, Pediatric Orthopedics, Orthopedic Spine Surgery, Orthopedics Sports Medicine, Otolaryngology, Surgery, Surgical Critical Care, Pediatric Surgery, Vascular Surgery, Maternal Fetal Medicine, Reproductive Endocrinology, Acute Care, Pediatric Anesthesiology, Minimally Invasive Gynecologic Surgery)
- ☐ Managing Patient Bias (12 min)
- ☐ Safe and Effective Process to Prepare Items for Sterilization (Emergency Medicine, Family Medicine, Interventional Cardiology JDH, Pulmonary Critical Care, OBGYN, Orthopedics Sports Medicine, Otolaryngology, Neonatology, Radiology, Surgery, Urology, Maternal Fetal Medicine, Reproductive Endocrinology, Minimally Invasive Gynecologic Surgery, Emergency Medicine - International Disaster)
- ☐ Standard Precautions: Bloodborne Pathogens and Other Potentially Infectious Materials (50 min)
- ☐ Workplace Violence

Patient Care

- ☐ Abuse and Neglect: Identification, Assessment and Response (15 min)

Residents/Fellows Policies and Procedures Manual

- ☐ Interpreter Services at UConn Health (15 min)

Clinical Learning Environment

- ☐ Annual Residents as Educators Attestation (Anesthesiology, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Neurosurgery, Primary Care, OB/GYN, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Radiology, Surgery) (1 min)
- ☐ Sleep Loss and Fatigue (25 min)

Revised 11/17, 11/20, 3/21, 10/21, 12/21, 1/22, 2/22, 3/22, 4/22, 6/22, 9/22, 10/22, 3/23, 6/23, 3/24
Reviewed, 4/19, 2/20

EMERGENCY LIFE SUPPORT TRAINING

Basic Life Support certification is required of all residents/fellows at the University of Connecticut. According to the ACGME and RC 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 by their respective programs.

Reviewed 3/15, 4/19, 3/21, 2/23

OCCUPATIONAL IONIZING RADIATION EXPOSURE

The Accreditation Council for Graduate Medical Education (ACGME) mandates that sponsoring institutions assure a safe working environment for their residents/fellows. The purpose of this policy is to outline the responsibilities and the mechanism for tracking resident/fellow radiation exposures from UConn Health activities in addition to affiliated institutional sources of ionizing radiation.

1. The Residency and Fellowship Program Directors, in consultation with the Radiation Safety Officers at each site, shall determine which residents/fellows may be subject to occupational exposure of ionizing radiation and for whom personal radiation dosimetry is required.
2. All incoming residents/fellows will be provided an orientation on radiation safety, including a more detailed orientation for those residents/fellows who are determined to require dosimetry monitoring as determined in section 1.
3. All residents and fellows determined to be required to wear personal radiation dosimetry per section 1 will follow the UConn Health policy, [Personal Radiation Dosimetry \(policy Number 11-025\)](#) and the procedure for personal dosimetry as outlined in the [Procedures for Residents and Fellows Provided Personal Radiation Dosimetry](#).
4. Residents/fellows are required to do a reading of their radiation safety badge(s) each between the 1st and 7th day of each month. Failure to comply with this monthly reading may impact your ability to participate in clinical responsibilities until the reading is completed.
5. Residents/fellows are responsible for their assigned badge(s). If a badge is lost, the resident/fellow will be responsible to pay the \$32 lost badge charge
6. Pregnant residents/fellows need to read the [UConn Health Declaration of Pregnancy Policy](#).

Residents/fellows who have questions or problems with their badge should direct questions to Versant by emailing radbadge@versantphysics.com with a "CC" to the GME Office GMEoffice@uchc.edu. The GME Office will be monitoring questions and problems regarding badges.

Revised: 4/19, 10/19, 3/21, 2/23

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. 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 include:

- ☐ 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 employment status
- ☐ Completion of the annual Institutional Curriculum courses

Revised 4/17, 3/21, 2/23

Reviewed 4/19

REAPPOINTMENT LETTER/CONTRACT

Date:
Name:

Program:
Post Graduate Year Level:
Duration of Appointment:
Current Salary at this Level:

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

Reviewed 4/19, 2/21, 3/21

TRAINING AND EMPLOYMENT VERIFICATION

When a resident/fellow applies for a license or credentials for privileges in a hospital after residency/fellowship, the GME Office will 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.

Reviewed 4/19, 2/21, 3/21, 2/23

USMLE 3/COMLEX 3

All PGY 1 residents must take USMLE 3/COMLEX 3 before the end of the PGY1 year. Residents who fail to meet this requirement may not be permitted to participate in the training program beyond the end date of their PGY 1 year contract. The program director, in consultation with the GME Office, will determine the status of the resident with regards to the training program. Possible outcomes include but are not limited to a required unpaid personal leave (benefits continued) of no longer than 3 months duration during which time the resident must take USMLE 3/COMLEX 3 or non-renewal of contract.

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 USMLE 3/COMLEX 3 within the first 6 months of the PGY 2 year. The resident must pass USMLE 3/COMLEX 3 by the end of the PGY2 year.

Successful completion of USMLE 3/COMLEX 3 is a requirement to be promoted or appointed to the PGY 3 or above training level. Residents who fail to meet this requirement will not be permitted to participate in the training program beyond the end date of their PGY 2 year contract. The program director, in consultation with the GME Office, will determine the status of the resident with regards to the training program. Possible outcomes include but are not limited to a required unpaid personal leave (benefits continued) of no longer than 3 months duration during which time the resident achieves a passing score or non-renewal of contract.

Residents seeking to enter a University of Connecticut School of Medicine residency program as a PGY 3 or higher must have taken and passed USMLE 3/COMLEX 3. Fellows seeking to enter a University of Connecticut School of Medicine fellowship program must have taken and passed USMLE 3/COMLEX 3. Fellows who fail to meet this requirement will not be permitted to participate in the training program. The program director, in consultation with the GME Office will determine the status of the fellow with regards to the training program. Possible outcomes include but are not limited to delay of the fellow's start date until a passing score is provided or cancellation of the fellow's appointment to the training program in consultation with the National Residency Matching Program (NRMP).

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may extend the time necessary to complete the program requirements for graduation as well as for Board eligibility (see Contract Extension Due to Leave Guidelines 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 4/17, 1/20, 4/22

Reviewed 4/19, 2/21, 3/21, 2/23

GRADUATION/SEPARATION REQUIREMENTS

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
- ☐ have been evaluated as competent in all six ACGME competencies and milestones (if applicable) for their program
- ☐ have completed the required Institutional Curriculum
- ☐ complete an exit survey conducted by the Capital Area Health Consortium
- ☐ meet with the Program Director or designee to sign the Final Residency/Fellowship Training Summary Verification form
- ☐ complete all program exit requirements
- ☐ 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 removed at the end of their last day of work.

Revised 2/16, 5/17, 2/23
Reviewed 4/19, 3/21

SALARY

The salary level is paid commensurate with the responsibility of the position. All residents/fellows in the same program level are paid the same salary level. CAHC will pay the resident/fellow's salary and fringe benefits and will make the necessary federal, state, and employee benefit cost withholdings from the resident/fellow's bi-weekly 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. 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 are not authorized to advise residents/fellows on tax matters.

Revised 4/16, 5/17, 4/19, 1/23

Reviewed 3/21

BENEFITS

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.

Since you enjoy what is probably the best medical malpractice protection available, generally you are immune from personal civil suit and liability and indemnified from personal expense for activities undertaken within the scope of your duties pursuant to C.G.S Sec. 4-141, full cooperation is also expected once you have finished the residency program because suits may get filed after you have completed the program. This cooperation is expected even if you are simply a fact witness and not the primary target of the lawsuit. You will not have to pay for legal representation as this is part of the malpractice protection afforded to you for acting within the scope of your duties pursuant to C.G.S Sec. 4-141. Similarly your cooperation is expected without charging the State in the defense of claims once you have left our program.

A 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, a 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 they can contact their 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.

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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, 4/19, 11/23

Reviewed 3/21, 2/23

LONG-TERM DISABILITY

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

During the residency/fellowship training program, the LTD group policy is paid for by CAHC. For illnesses that extend past 90 days, the LTD benefit will be \$3,500 per month (taxable) for the approved disabled period.

Residents/fellows may purchase additional coverage at their own expense from the CAHC disability representatives at any time while in training. Upon leaving CAHC, each resident/fellow may convert the group LTD benefits into an individual, non-cancelable disability policy, at their own cost, assuming they are eligible, and it is offered at that time by GLIC. Residents/fellows who wish to take advantage of the group policy conversion must do so within 90 days post their employment end date. CAHC will review this benefit conversion with all residents/fellows at their exit meetings.

Any questions regarding LTD coverage must be directed to CAHC. It is critical and required that the resident/fellow also notify their 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 LTD. The CAHC can provide information related to long-term disability benefits.

Revised 3/17, 4/17, 5/17, 4/19, 12/21, 1/23, 3/23
Reviewed 3/21

WORKER'S COMPENSATION

Residents/fellows employed by the CAHC are covered for workplace injuries under the worker's compensation program. A purple card will be provided to all residents to outline the instructions on what to do if injured during their employment. This card must be worn with the resident's/fellow's badge and shown upon seeking treatment at the teaching facility where the injury occurred. A resident/fellow should not provide their 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 injury to their supervisor, as set forth below and a First Report of Injury must be completed. Failure to report an incident promptly may result in the 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](#)).

Neither the CAHC nor its 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 their supervisor and CAHC of an accident or injury occurring while on the job and help complete a First Report of Injury
- ☐ Keep their supervisor and CAHC informed of their 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 whenever possible.
- ☐ 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 there is a medical emergency and no emergency department at the site where the injury occurred, go to UConn's Employee Health or Emergency Department depending on the time of day. If necessary, 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, leave a message with the date, time, place, and nature of the injury and the resident's/fellow's contact number.

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 maintain medical records related to the injury and perform necessary follow-up visits. If a resident/fellow wishes to go to

Residents/Fellows Policies and Procedures Manual

any outside provider in the State of Connecticut, the Employee Health Department or CAHC can provide a form that will allow direct billing to CAHC for the services provided. If the worker's compensation carrier denies the claim as a work-related injury, the expenses may be covered through the group health plan if expenses are remitted within 90 days of the injury.

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 Guidelines](#)). 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, 1/23

Reviewed 4/19, 3/21

SALARY ADVANCE AND ORIENTATION PAY

Residents/fellows receive an annual salary based on their current PGY level inclusive of time spent at orientation. Please note the first paycheck can only be received once residents/fellows have met all onboarding requirements to begin training.

A salary advance of up to \$2,000 (no interest) is available to any new incoming resident/fellow upon arrival to the area. This advance bridges the gap between orientation and receipt of their first paycheck. This is a limited program for incoming residents/fellows only and excludes those not required to orient in advance of their contract start date. 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 the residency/fellowship program coordinator to initiate the process for an advance.

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 are those expenses incurred so that residents/fellows can be gainfully employed. Monies will be deducted from payroll on a pre-tax basis and reimbursed post-tax upon submission of qualified expense invoices. Residents/fellows may contribute up to \$5,000 annually; unused funds are forfeited per IRS code if not used within the calendar year.

MEDICAL, DENTAL, AND VISION INSURANCE

Medical, dental, and vision insurance is provided for all residents/fellows employed by the Capital Area Health Consortium (CAHC) at a low cost and is deducted pre-tax from the bi-weekly payroll. Coverage for all J-1 exchange visitors and accompanying J-2 dependents will be in accordance with the U.S. Code of Federal Regulations (22 CFR 62.14). There is a pre-tax payroll deduction per paycheck to cover employee, spouse and/or children. For academic year starts, coverage begins on the first full day of employment. The insurance covers hospitalization, medical-surgical, major medical, prescription drug, dental, and vision (if elected).

The CAHC staff must be made aware of any changes in dependent status within 30 days of the event (i.e., marriage, birth, divorce). When a change occurs, please contact the CAHC staff for a new application.

LIFE INSURANCE

Group term life insurance is provided at no cost to all full-time residents/fellows employed by the Capital Area Health Consortium (CAHC). The effective date is the first day of employment. The basic benefit is one time the annual salary, up to \$50,000. For accidental death and dismemberment, the benefit is three times the annual salary, up to \$150,000. Each resident/fellow must fill out and sign a beneficiary form included in each onboarding packet. If a resident/fellow elects not to take the insurance or not select a beneficiary, a waiver form must be completed.

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A resident/fellow must notify 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/>.

A copy of the group insurance certificate is available on the CAHC website.

TAX-SHELTERED INVESTMENT PROGRAM

Capital Area Health Consortium (CAHC) has a Tax-Sheltered (403b) Investment Plan for its employees. The plan offers numerous funds and fund managers to select investment options. The account can be easily transferred to another qualified plan or an individual retirement account upon program completion. Monies may be deducted from each paycheck on a pre-tax basis (403B) and/or a post-tax basis (Roth). The pre-tax option reduces the amount of income taxed increasing net pay. The funds become taxable upon distribution at retirement. For the Roth post-tax option, taxes are withheld, and the earnings and contributions are not taxable upon distribution at retirement (please see IRS rules for further clarification). This is a voluntary benefit, and there are **no matching employer contributions. CAHC is responsible only for the payroll deduction and remitting the contribution to the investment institution. CAHC is not responsible for any investment decisions.**

COBRA INSURANCE COVERAGE CONTINUATION

When a resident/fellow ends their employment, they may extend their current health insurance by electing COBRA coverage and paying the monthly premium to CAHC. Spouses and children covered by the group health plan also have the right to choose continuation coverage.

The continuation coverage may be purchased monthly for up to 18 months and can be cancelled at any time.

A Consortium staff member will meet with each exiting resident/fellow to provide the COBRA paperwork 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 the spouse.

Revised 4/17, 12/21, 1/23

Reviewed 4/19, 3/21

LOAN DEFERMENTS

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

Reviewed 4/19, 3/21, 2/23

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 loupes, 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
7 year residency program	\$5,750
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.

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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, 3/21

Reviewed 4/19, 2/23

EDUCATIONAL TRAVEL

Residents and fellows in good standing are provided financial support to attend an educational conference pertinent to their specialty. All travel (including virtual) 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. Receipts must be submitted within 6 months of return from approved travel. Failure to do so may result in denied reimbursement.

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:

<https://health.uconn.edu/finance/travel/policies-and-procedures/> (air & ground)

<https://health.uconn.edu/finance/travel/lodging/> (lodging)

The financial support available to attend an educational conference is as follows:

- ☐ **Interns/Residents:** Up to \$2,000 will be supported **during residency** for PGY1-5 and an additional \$2,000 for PGY6-7 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 (in-person or virtual). 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 done outside of 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, 11/17, 1/20, 3/21

Reviewed 3/17, 4/19

SECTION II: COMPLIANCE AND INTEGRITY

CONFLICT OF INTEREST/ VENDOR INTERACTIONS

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 (<https://www.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 has educational merit.
 4. The resident/fellow is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a "quid pro quo."
- B. This provision may not apply to national or regional merit-based awards, which will be reviewed by the Program Director on a case-by-case basis.

IV. Support for Educational and Other Professional Activities

- A. Programs must be aware of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support. They provide useful guidelines for

Residents/Fellows Policies and Procedures Manual

- 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 ACCME Standards for Commercial Support whether or not CME credit is awarded.
1. Educational grants that are compliant with the ACCME Standards may be received from Industry by the program. ACCME guidelines include:
- Financial support by Industry is fully disclosed by the meeting sponsor.
 - The meeting or lecture content is determined by the speaker and not the Industrial sponsor.
 - The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
 - 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 ACCME 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>).

VII. References

AMA Statement on Gifts to Physicians from Industry (<https://www.ama-assn.org/delivering-care/ethics/gifts-physicians-industry>).

The Accrediting Council for Continuing Medical Education Standards for Commercial Support (www.accme.org).

HIPPA/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 the University of Connecticut School of Medicine (UConn SOM) as well as at all affiliated sites.

Confidential data includes, but is not limited to, personally identifiable information that is not in the public domain and if improperly disclosed could be used to steal an individual's identity, violate the individual's right to privacy or otherwise harm the individual and/or the institution. (see [UConn Health's Confidentiality Policy](#).)

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

Security of *confidential data* is governed by policy on the acceptable use of electronic resources (see [UConn Health's Acceptable Use Policy](#))

PATIENT INFORMATION

Confidential patient information includes (but is not limited to) any information about health status, provision of health care, or payment for health care that is created or received by a resident/fellow, another medical professional, or a health care institution, and can be linked to a specific individual. This includes patient information in written, oral or electronic form.

Residents/fellows shall not access or disclose confidential patient information except as may be required by law and the applicable policies or procedures of any site in which the resident/fellow may train.

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

UConn Health has specifically developed a policy to guide residents/fellows in the use of patient data for educational purposes. (see [The Use of PHI in Education policy](#))

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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-security/>

Revised 4/16, 5/17, 9/17, 11/17, 4/19, 3/21

Reviewed 2/23

ACCESSING MEDICAL RECORDS

Residents/fellows should only access medical records through the electronic medical record system (i.e.: EPIC) for work related purposes.

Residents/fellows who wish to view their own medical records must do so through the patient portal (i.e.: MyChart) and not via the electronic medical record system.

Residents/fellows who need to view the medical records of a family, friend or coworker may only do so if granted proxy access to the records through the patient portal and not via the electronic medical record system.

Created 3/21

PROHIBITION OF DISCRIMINATION AND DISCRIMINATORY HARASSMENT, INCLUDING SEXUAL HARASSMENT AND SEXUAL ASSAULT, INTIMATE PARTNER VIOLENCE, AND STALKING

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

www.equity.uconn.edu

www.titleix.uconn.edu

www.accessibility.uconn.edu

Revised 2/16, 5/17, 8/17, 4/19

Reviewed 3/21, 2/23

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, Including Sexual and Gender Based Harassment, Sexual Assault, Sexual Exploitation, Intimate Partner Violence, Stalking, Complicity, Retaliation and Inappropriate Amorous Relationships](#) sets forth the University's conduct expectations regarding amorous relationships in greater detail.

Revised 8/17, 4/19
Reviewed 3/21, 2/23

SOCIAL NETWORKING

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, TigerConnect, 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).
- ☐ Residents/fellows should adhere to all principles outlined in the Residents/Fellows Policies and Procedures Manual and [Code of Conduct](#) for Residents/fellows when interacting on the internet.
- ☐ 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. See Policy: Confidentiality [UCHC policy #2002-43](#).
- ☐ Obtaining cell phone photographs or videos of any patient is prohibited except as allowed in Policy: Visual, Audio or Recording of Patient Data Obtained Through Any Medium, [UCHC policy #2014-03](#) (Visual, Audio or Recording of Patient Data Obtained Through Any Medium).
- ☐ 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 themselves 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 [Code of Conduct Violations/Non-Academic Review Procedures Policy](#). 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, 4/19

Reviewed 3/21, 2/23

DRUG-FREE WORKPLACE ACT

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 & School Campuses Act and Drug-Free Workplace Act](#).

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](#)).

Reviewed 4/19, 3/21, 2/23

PROFESSIONAL ATTIRE/DRESS CODE

Residents/fellows are expected to be professionally dressed, well-groomed and must maintain a professional demeanor. It is very important to promote an appropriate view of the institution, build patient trust and maintain a safe work environment. Appearance should conform to the standards/norms of the clinical and nonclinical setting in which the resident/fellow is working.

This policy outlines minimum standards. Programs and affiliated sites may have more stringent requirements which should be followed.

Supervisors have the right to determine compliance with this policy. A resident/fellow that is deemed inappropriately dressed may be sent home and 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 an ID badge is lost or stolen, the police department of the appropriate hospital should be contacted as soon as possible to report the loss and to make arrangements for replacement.

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)

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- ☐ 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

Revised 2/16, 5/17, 4/19, 2/23

Reviewed 3/21

DELINQUENT MEDICAL RECORD PROCEDURE

The timely completion of medical records is important to safe and effective patient care. All clinical learning environments have requirements regarding medical records completion.

When a resident/fellow fails to complete required patient records within the time limit determined by the relevant clinical service and/or hospital, they can be removed from clinical service and educational responsibilities until those records are complete. Residents/fellows may be required to make up time away from clinical service and educational responsibilities which may result in an extension of training.

Revised 3/15, 5/17, 4/19

Reviewed 3/21

SECTION III: PROFESSIONAL ACTIVITIES AND PROFESSIONALISM

RESIDENT/FELLOW JOB DESCRIPTION

Organizational Relationships

The University of Connecticut School of Medicine appoints a resident or fellow (collectively referred to as the trainees or individually as trainee) physician, to a graduate medical education residency or fellowship training program for the length of the enrolled training program.

Faculty members at the University of Connecticut, and other participating sites, provide supervision to the trainee.

Position Overview

The position of trainee involves a combination of supervised, progressively more complex and independent patient evaluation and/or management functions, formal educational, and research activities. Provision of healthcare and other professional services provided by the trainee is commensurate with the trainee's level of advancement and competence, under the general supervision of appropriately privileged attending teaching faculty. Trainees must meet program requirements specific to their discipline as well as board eligibility requirements in order to successfully complete training.

Responsibilities

The trainee is both a learner and a member of the healthcare team. Responsibilities (essential job functions) of a trainee that must be achieved with or without reasonable accommodations include:

- Satisfactory progress in training program as measured by program goals and objectives and milestones as applicable
- Meeting Technical Performance Standards
- Participation in safe, effective and compassionate healthcare
- Participation in institutional orientation, the educational activities of the training program, and other required education programs within the institution or at a participating site/sites
- Assumption of responsibility for teaching and supervising other trainees and students and participation in other activities involving the clinical staff, as appropriate
- Participation in institutional committees and councils to which the trainee is appointed or invited
- Maintenance of certification (ACLS, PALS, ATLS, etc.) as required by enrolled training program
- Maintenance of the appropriate permitting or licensure, where necessary, while appointed by the University of Connecticut to a training program
- Documentation of cases and procedures, where appropriate, as directed by the enrolled training program and mandated accreditation body
- Performance of duties in accordance with the established practices, procedures, and policies of training programs, the University of Connecticut, clinical departments, and other participating institutions to which the trainee is assigned
- Recognition of personal conditions or situations which may affect patient safety or progress in training, and communication of this to program leadership
- Compliance with University of Connecticut policies and enrolled training program clinical and work hour requirements which include:

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- Work within typical business hours, beyond typical business hours, unpredictable hours, or a combination of all
- Work up to 80 hours per week, averaged over a four-week period, inclusive of all in-house call, clinical and educational activities, and clinical work done from home
- Work multiple consecutive days including weekends with a minimum of one day in seven, free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call
- Return to work after eight hours off between scheduled clinical work and education periods
- Work a maximum of 24 hours of continuous duty in the hospital followed by up to an additional 4 hours on-site for patient safety, education, and effective transitions of care
- Assignment of in-house call as often as every third night (when averaged over a four-week period)
- Limit program-approved extra credit and/or moonlighting activities to comply with clinical and work hours requirements and extra credit and/or moonlighting policies

Qualifications (Eligibility Criteria)

The physician trainee must meet eligibility requirements of the University of Connecticut School of Medicine for participation in a residency or fellowship program.

All trainees must provide proof of the legal right to work as required by federal law.

Technical Performance Standards

Trainees must demonstrate the ability to meet the following technical performance standards which are an integral part of the Trainee (Resident and Fellow) Job Description.

Patient Care and Procedural Skills

- Provide healthcare under the supervision of faculty; the faculty member with direct responsibility for the trainee has the authority to decide which activities the trainee will be allowed to perform within the context of the assigned levels of responsibility
- Gain competence and progressive autonomy, progressing from on-site and contemporaneous supervision to more indirect and periodic supervision as training progresses
- Understand and interpret complex healthcare information
- Synthesize information acquired in person and via remote technology
- Interpret causal connections and make accurate, fact-based conclusions based on available data and information
- Formulate a hypothesis, investigate the potential answers and outcomes, and reach appropriate and accurate conclusions
- Identify emergency situations and respond in a timely manner
- Meet applicable safety standards for the environment and follow universal precaution procedures

Medical Knowledge

- Learn through a variety of modalities, including, but not limited to, providing healthcare under the supervision of faculty, didactic instruction, simulation and other laboratory instruction, physical

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demonstrations, team and collaborative activities, individual study, preparation and presentation of reports, and use of technology

Practice Based Learning & Improvement

- Demonstrate capacity for self-reflection and life-long learning
- Set learning and improvement goals
- Demonstrate progress on educational milestones
- Incorporate formative feedback into daily practice

Interpersonal and Communication Skills

- Demonstrate effective communication, participation, and collaboration in person and in writing
- Perceive, appropriately interpret, and respond to another's emotional state, including verbal and non- verbal communication
- Communicate publically, including teaching and group presentations

Professionalism

- Demonstrate independent prioritization of conflicting or simultaneous demands
- Perform or direct complex, varied or multiple tasks simultaneously
- Maintain confidentiality of information
- Work effectively within multidisciplinary teams
- Exercise good judgment
- Complete all responsibilities in a timely manner
- Adapt to changing environments and function in the face of uncertainties inherent in healthcare
- Demonstrate compassion, integrity, and concern for others
- Work with colleagues and provide healthcare for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status
- Understand, and function within, the legal and ethical aspects of professional practice
- Display ethical and moral behaviors commensurate with the role of a professional in all interactions with patients, faculty, staff, trainees, and the public

Systems-based Practice

- Learn and comprehend processes and procedures
- Recognize safety hazards in the clinical environment, e.g., infection risk, needle sticks, agitated patient etc., and follow standard processes and procedures to mitigate risk

Definitions:

Technical performance standards are those duties and responsibilities that the individual must be able to perform with or without a reasonable accommodation.

Residency is the phase of formal medical education beginning at graduation from medical school and ending after the educational requirements for the specialty certifying board has been completed.

Fellowship is additional training in a subspecialty after completing residency or graduate training.

Work hours are all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent on in-house clinical and education activities, clinical work done from home, and scheduled activities, such as conferences. Work hours do not include reading and preparation time spent away from the work site.

Created 4/21

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.

Reviewed 4/19, 3/21

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.

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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.

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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 [Resident/Fellow Mistreatment](#)).

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

Approved by Education Council: 2/12/06

Reviewed 3/08, 6/10, 3/14, 3/15, 4/17, 3/21, 2/23

Revised 9/11, 1/13, 11/17, 4/19

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 they are assigned. Violating these rules may be cause for disciplinary action up to and including dismissal (see [Code of Conduct Violations/Non-Academic Deficiencies Review Procedures](#)). Residents/fellows may be placed on Administrative Leave as appropriate for investigation into an alleged Code of Conduct violation (see [Administrative Leave](#)).

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 oneself 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.
- ☐ Research misconduct such as misrepresentation of activities.
- ☐ Falsifying attendance records or hours worked.
- ☐ 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 oneself 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.
- ☐ Providing non-emergent treatment to a person not under one's care as part of the residency/fellowship program (ex. family members or oneself).
- ☐ 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.

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- ☐ 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 Code of Conduct Violations/Non-Academic Deficiencies Review Procedures).

Revised 3/15, 3/17, 4/19, 3/21

Reviewed 2/23

RESIDENTS, FELLOWS, and FACULTY WELL-BEING

The Office of Graduate Medical Education is committed to ensuring that residents/fellows remain physically, mentally, emotionally, and spiritually healthy while participating in their training program.

Residency can be an inherently stressful time. Physicians are at increased risk for burnout and depression. Self-care is an important component of professionalism and is a skill that must be learned.

The GME Office maintains a Well-Being website that provides information regarding resources aimed at supporting and enhancing resident/fellow wellness (<https://health.uconn.edu/graduate-medical-education/wellness/>).

The Office of Graduate Medical Education provides a mechanism for resident/fellow self-assessment of burnout. While we will ask residents/fellows to complete this assessment twice yearly, the tool is always available for self-administration. If a resident/fellow is in need of speaking to someone with a different perspective, the Office of Graduate Medical Education offers FREE counseling services through the Employee Assistance Program and FREE psychiatric care for individuals in need (see [Counseling Services](#)).

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.

<http://health.uconn.edu/occupational-environmental/employee-assistance-program/>
UConn Health Employee Assistance Program, 860-679-2877

Programs provide residents and fellows the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

The Graduate Medical Education Office encourages residents/fellows and faculty members to alert a program director, the GME Office, and/or other personnel if there is ever a concern that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

If you or a colleague are in crisis, immediate help is available. Access care by calling 911, going to a local emergency room, or by calling the National Suicide Prevention Lifeline (1-800-273-TALK (8255)).

Revised 10/20, 8/22, 2/23; Reviewed 3/21

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 specific program requirements of the Residency Review Committee for the program.

The Sponsoring Institution will ensure a healthy and safe clinical and educational environment that provides for:

- access to food during clinical and educational assignments
- sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/fellows, with proximity appropriate for safe patient care
- safe transportation options for residents/fellows who may be too fatigued to safely return home on their own
- clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe
- refrigeration resources for the storage of breast milk
- safety and security measures appropriate to the clinical learning environment site
- accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy

Program Requirements

The Program Directors and institutions shall ensure a culture of professionalism that supports resident/fellow education, 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.

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Programs shall ensure that resident/fellow compliance with all clinical and educational work hour standards is monitored and achieved. Documentation of that compliance must be accomplished and verified.

Revised 3/15, 5/17, 3/21, 2/23

Reviewed 4/19

CLINICAL AND EDUCATIONAL WORK HOURS RULES/PROCEDURES

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 of 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](#)).
- ❑ Residents/fellows are responsible for timely and honest completion of all clinical and educational entries. Failure to enter hours honestly may result in a Code of Conduct violation.

All residency and fellowship programs must comply with UConn SOM's duty hour restrictions as well as any restrictions specified by their respective RC. 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.

Residents/fellows may report concerns about Clinical and Educational Work Hours through several avenues.

See the [Reporting Concerns Policy](#)

Revised 4/19, 1/21
Reviewed 3/21, 2/23

FATIGUE MITIGATION

Residents/fellows are expected to come to work fit for duty. When a resident/fellow identifies themselves 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 at each hospital
- ☐ A taxi or rideshare service (e.g. Uber, Lyft) can be utilized and will be reimbursed by the CAHC. 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, 4/19, 3/21, 2/23

TRANSITIONS OF CARE/HANDOVER

Purpose: The purpose of these guidelines is to establish standards within the UConn-sponsored Graduate Medical Education programs 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 adhere to institutional policies concerning transitions of patient care. Each program must supplement these institutional Transition of Care/Handover guidelines with requirements relevant to and specific for their specialty.

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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 Transitions of Care/Handover processes to ensure that:

- Residents do not exceed the 80 hour per week work hour 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.

Revised 3/21

Reviewed 3/15, 5/17, 4/19, 2/23

SUPERVISION, PROGRESSIVE AUTHORITY AND RESPONSIBILITY OF RESIDENTS/FELLOWS

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/fellows 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/fellow positions, irrespective of the affiliated site where the resident/fellow 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 RC requirements for supervision.
- The clinical setting where the resident/fellow 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/fellows, faculty members, and other members of the health care team.

All patient care performed by residents/fellows 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/fellow.

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/fellows 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 resident's/fellow's 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.

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- **Direct Supervision:** The supervising physician* is physically present with the resident during the key portions of the patient interaction or the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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

Each resident/fellow must know the level of supervision required for them in all circumstances. PGY-1 residents must have, at all times, either direct or indirect supervision. Senior residents/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/fellows 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/fellows) and licensed providers must be readily available to all parties involved with patient care.

Certain situations require communication between the resident/fellow and supervising attending. At a minimum, the resident/fellow 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, they must obtain a comprehensive presentation for each admission from the resident/fellow. This includes a history

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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/fellow, the attending physician shall review and authenticate the resident's/fellow'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/fellow 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/fellow's note is insufficient. All required supervision must be documented in the medical record by the resident/fellow 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/fellows 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/fellow.

Outpatient supervision: The supervising physician/licensed provider must require residents/fellows 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/fellow 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/fellows can be supervised with Direct Supervision, Indirect Supervision, or Oversight depending on the resident/fellow level and the supervision policy of the resident's/fellow's program.

Supervision of consultations: The supervising consulting attending/licensed provider must communicate with the resident/fellow 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 twenty-four (24) hours after notification of the consultation request. All required supervision must be documented in the medical record by the resident and/fellow the supervising attending/licensed provider.

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

- For procedures performed in the operating room, residents/fellows will always be supervised by an attending physician for the key portions of the procedure.
- For procedures performed outside of the operating room, residents/fellows 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/fellow than the resident/fellow needing supervision

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

Supervision of emergencies: During emergencies, the resident/fellow 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/fellow 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/fellows are determined by the program director.
- Decisions regarding the level of supervision necessary for patient care provided by an individual resident/fellow must be based on evaluation of that resident/fellow 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/fellows based on the needs of the patient and the skills and experience of the resident.
- Each resident/fellow 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, 3/21, 12/21
Reviewed 4/19, 2/23

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. Residents/fellows who engage in moonlighting activities without the knowledge and approval of the Program Director may be considered for disciplinary action.

The following rules apply to moonlighting:

- ☐ 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 [Clinical and Educational Work Hours Rules/Procedures](#)).
- ☐ 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. These are activities that are part of the educational program.

- ☐ Hours spent on extra credit must be considered as part of the resident/fellow duty hours (see [Clinical and Educational Work Hours Rules/Procedures](#)).
- ☐ Hours spent on extra credit 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) and Designated Institutional Official (DIO)
- ☐ Residents may not engage in extra credit when on leave, on a letter of deficiency or when the resident/fellow is scheduled for vacation.
- ☐ Extra Credit is covered by the malpractice liability coverage at each site.
- ☐ PGY 1 residents are prohibited from participating in extra credit activities.

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 certificate (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.**

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](#).

The following process 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 (see [Prohibition of Discrimination and Discriminatory Harassment, Including Sexual Harassment and Sexual Assault, Intimate Partner Violence, and Stalking](#)).

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

See the [Reporting Concerns Policy](#)

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](#)

Revised 4/19, 1/21

Reviewed 3/21

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. CAHC will not cover the emergency room copayment cost.

Employee Assistance Program (EAP)

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

UConn Health Employee Assistance Program, 860-679-2877

<http://health.uconn.edu/occupational-environmental/employee-assistance-program/>

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Mental Health Services

Mental health providers are available to counsel Capital Area Health Consortium (CAHC) employed medical 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. To verify employment, the resident/fellow must bring a pay stub to the first appointment.



Teo-Carlo Straun, MD
Telehealth
(860) 756-0455
*Hours: M-F 10a-6p



Maria Da Costa, MD
Telehealth
(860) 232-9209
*Hours: Morning and
Evening Appts.



Amit Rathi, MD
Telehealth or In-Person
(860) 707-3502
*Hours: M-F 9a-5p
345 N. Main St., Unit 311
West Hartford



Anita Lowe-Choa-Lee, APRN
Telehealth
(860) 803-7647
*Hours: M-F after 5p



Angela Roberts, APRN
Telehealth
(959) 207-1951
*Hours: M, W, F 5-8p



Debra Bailey, PhD
Telehealth
(860) 561-0746
*Hours: M 7a-3p, T 7a-4p,
W 7:30a-1p, TH 7:30a-2p,
F 7a-12p, S 8:15-10:30a



Vamsi Koneru, PhD
Telehealth
(305) 321-5384
*Hours: M 8a-3p, T 8a-9:30p,
W 8a-2p, Th 8a-9:30p,
F 8a-3p, Sun 8a-5p



**J
udith Rosenberg, PhD**
Telehealth or In-Person
(860) 667-3043
*Hours: M-F 8a-6p
20 Hurlburt Street, Ste. 100
West Hartford



Mark Meola, LCSW
Telehealth
(203) 305-8500
*Hours: T, W 5-8p, S 9a-3p

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.

While the resident/fellow is participating in a UConn SOM residency/fellowship program and employed by the CAHC, the initial evaluation of the resident/fellow will be paid in full by CAHC. If an ongoing treatment plan is needed, the resident/fellow will be expected to pay 10% of the monthly fee of HAVEN. You are eligible for reimbursement of the biologic testing fees once you have paid \$500 per year out of pocket. The resident/fellow will be reimbursed by the CAHC for expenses incurred above this amount upon

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submission of all receipts/documentation of payment to the CAHC. Receipts must be submitted within 60 days to be eligible for reimbursement. Residents/fellows will not be reimbursed for provider copays, mobile laboratory fees, emergency department laboratory fees, or sales tax. If a resident/fellow self-refers or is undergoing a mandatory evaluation to HAVEN, they 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/>

Other Counseling Services

AnthemLive Health Psychology Program provides convenient access to licensed Psychologists and Therapists available 7 days a week in the privacy of your own home. Their trained professionals can assist with a variety of conditions, including stress, anxiety, depression, grief and relationship or family issues. There is no copay for these services.

[Anthem LiveHealth Psychology](#)

Guardian WorkLifeMatters Employee Assistance Program provides up to 3 free counseling sessions for support services to help promote well-being and enhance the quality of life for you and your family. A free consultation with an attorney and discounts on legal services thereafter as well as financial planning tools and assistance is also available.

[Guardian Employee Assistance Program](#)

Revised 9/17, 3/20, 11/20, 12/21, 3/22, 4/22, 8/22, 10/22, 1/23, 4/23, 7/23, 10/23

Reviewed 3/21

UConn OMBUDS OFFICE

The UConn Ombuds Officer serves as a neutral resource who provides confidential and informal assistance to members of the UConn Health community. The Ombuds Office was established to provide a confidential, neutral resource for staff, faculty, professional and graduate students, and residents/fellows to express concerns, identify options to address workplace conflicts, facilitate productive communication, and surface responsible concerns regarding university policies and practices.

Residents/fellows may contact the Ombuds Officer when a confidential conversation or source of information may be needed. The role of the Ombuds is to listen to concerns, provide information about University policies, help evaluate situations, and assist in making plans to address issues or conflicts. Contacting the Ombuds Office is completely voluntary.

The Ombuds Office at UConn Health is located in Room TG109 on the main entrance floor of the University Tower. The office is adjacent to the Patient Registration and Information desk to the left of the hospital entrance.

More information and contact information can be found in the link below:

<https://ombuds.uconn.edu/>

Created 4/19

Revised 3/21

Reviewed 2/23

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 them from properly performing their 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 evaluation with the 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 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's/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's/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 (see [Administrative Leave 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 until their fitness for duty is determined (see [Administrative Leave 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 his/her status in the program.

The status of a resident/fellow who is not deemed fit to return to training after twelve (12) weeks will be determined by the Program Director in consultation with the GME Office. 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 Fit for Duty evaluation of a resident/fellow will be paid in full by the Capital Area Health Consortium (CAHC).

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.

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Revised 4/16, 3/17, 4/19, 3/21, 1/23

SECTION IV: PERFORMANCE EVALUATIONS

MILESTONES

The Milestones represent a roadmap for the development of residents and fellows as they advance in clinical skills, knowledge, and values. The Milestones are divided into the six Core Competencies of Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-based Learning and Improvement, and Systems-based Practice. Each Core Competency is divided into Subcompetencies laid out in five levels.

Each specialty has been tasked with crafting its own Milestones. Indeed, the patient care skills for an internal medicine resident will differ from those for an interventional radiology fellow. The specialty-specific Milestones guide the learning and assessment of learners in that specialty or subspecialty.

From Level 1 to Level 5, the Milestones describe a stepwise progression towards achieving mastery using the Dreyfus Model of Development as a foundation. Level 1= Novice (a starting resident or fellow); Level 2= advanced beginner; Level 3= competent; Level 4= proficient; Level 5=expert. Level 4 is a graduation target, but not an absolute requirement of the ACGME; each program or institution sets the requirements for graduation. Level 5 describes aspirational performance for a resident or fellow who is acting as a role model or coach for others.

Summary Recommendations for Residents and Fellows

1. Be sure to review the specialty Milestones on an ongoing basis, especially at the start of each academic year, to help in professional development.
2. Perform a self-assessment twice a year around the same time the program's Clinical Competency Committee (CCC) meets.
3. Review and compare the self-assessment with the CCC's Milestone ratings with your program director, faculty advisor, or mentor.
4. Write an individualized learning plan at least twice a year, and discuss it with the program director, faculty advisor, or mentor.
5. Be an active participant in regular assessment and feedback.

Milestones Can Help with Assessing Oneself and Growing as a Physician

Residents and fellows should use the Milestones as they consider where they are in their educational program, to identify areas to grow, and to understand what each stage looks like. Often the Milestones describe a progression from common or basic abilities to more complex and nuanced ones.

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 policies on [Academic Deficiencies Review Procedures](#) and [Code of Conduct Violations/Non-Academic Deficiencies Review Procedures](#) for further details.

Revised 4/17, 4/19, 3/21
Reviewed 2/23

ACADEMIC DEFICIENCIES REVIEW PROCEDURES

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. The Program Director will determine, on a case-by-case basis, which of the following is most appropriate to address perceived deficiencies in academic performance for a particular resident/fellow. The options for an academic deficiency are a Letter of Remediation (LoR), 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 or at the time of completion of the program is by definition not meeting the standards of the program and therefore cannot be promoted to the next level of training or complete the program. Therefore, this must result in an Adverse Action (see [Letter of Deficiency with Adverse Action](#)). 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 at the discretion of the Program Director in consultation with the GME Office. If a resident/fellow remains in the training program during the appeal process, they will receive pay and benefits. If the resident/fellow does not remain in the training program during the appeal process, they will not receive pay but benefits will continue through the appeals process.
- ☐ If a resident/fellow is terminated/dismissed, they 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.

Letter of Remediation

The Office of Graduate Medical Education 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 Letter of Remediation to meet the program's standards. This status is not appealable and will not be reported to outside agencies. A period of remediation outlined in an LoR should not last longer than one month absent extenuating circumstances. A resident/fellow cannot be promoted to the next level of training while on a Letter of Remediation.

Before the decision is made to place a resident/fellow on a Letter of Remediation, the Program Director will meet with the resident/fellow to discuss observed deficiencies. At this juncture, the resident/fellow

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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 place a resident/fellow on a Letter of Remediation is a decision that is made with input from 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, the Letter of Remediation will be removed from the resident's/fellow's official GME file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident's/fellow's program file will include the following:

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

Letter of Deficiency (LoD)

The Office of Graduate Medical Education must be contacted by the Program Director as soon as it is determined that a Letter of Deficiency 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 a Letter of Remediation first, but is not required to use a Letter of Remediation first if the Program Director determines that an LoD may be warranted. This status is not appealable and will not be reported to outside agencies. A resident/fellow may not be promoted to the next level of training while on an LoD.

Before the decision is made to give a resident/fellow an LoD, the Program Director must meet with the resident/fellow and address the observed deficiencies. 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 decision that is made with input from 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/fellow 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 resident's/fellow's official GME file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident's/fellow's program file will include the following:

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

Letter of Deficiency with Adverse Action (LoDAA)

The Office of Graduate Medical Education must be contacted by the Program Director as soon as it is determined that a Letter of Deficiency with Adverse Action 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. A Program Director may determine that an LoDAA is necessary after a Letter of Remediation; after an LoD; or an LoDAA may be the first step in addressing deficiencies. An LoDAA is required if a resident/fellow does not make adequate progress as outlined during a period of time with an LoD.

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 receives an LoDAA must be provided with access to the appeals process.

Before the decision is made to give a resident/fellow an LoD with Adverse Action, the Program Director must meet with the resident/fellow and address the observed deficiencies. The resident/fellow must be informed of any Adverse Action that is being considered. 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 an LoDAA is a decision that is made with input from 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 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's/fellow's program file will include the following:

- ☐ Documentation of (1) the meeting(s) to discuss the observed deficiencies and the Adverse Action (2) delivery of the LoDAA to the resident/fellow, and (3) documentation that the resident/fellow was provided with information regarding how to access to the appeals process
- ☐ Documentation of outcome:
 - Successful remediation of the deficiencies when the Adverse Action is extension of training or
 - Non-renewal of contract/appointment or
 - Termination/dismissal

The status of a resident/fellow with an 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's/fellow's official GME file.

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) 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 of extension of training is rescinded at any level of appeal, the Adverse Action will be removed from the Letter of Deficiency. The resident/fellow must still adhere to the required remediation plan and 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 official GME 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 an Adverse Action of non-renewal of contract or termination is rescinded at any level of appeal, the Adverse Action will be removed from the Letter of Deficiency. The Program Director, at his or her discretion, may amend the Letter of Deficiency to include a required remediation plan or to add additional requirements to the Letter of Deficiency. In this situation, because the Adverse Action is removed from the LoD, the LoD itself will be removed from the resident's/fellow's official GME file upon successful remediation and 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 an LoDAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

The timelines outlined in the appeals process that follows may be adjusted if agreed upon by all parties.

Level 1: Appeal to the Department Chair, Department Designee* or GME Designee**

The resident/fellow has the right to appeal the Adverse Action. The first level of appeal is to the Department Chair. If the Department Chair sits on the CCC, or if the Department Chair is the Program Director, or if the Department Chair must recuse themselves due to any conflict, the resident/fellow appeal is to a Department Designee. If an appropriate Department designee is not identified, the resident/fellow appeal is to a GME Designee.

The resident/fellow must notify the Department Chair or Department or GME Designee of his/her request to appeal in writing within three (3) business days of receiving the LoDAA. The Department Chair or Department or GME Designee must acknowledge receipt of the appeal in writing to the resident/fellow. Email is acceptable.

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The resident/fellow and the Program Director must submit any documents they wish to be considered for the appeal to the Office of Graduate Medical Education within five (5) business days of the appeal request.

The Department Chair or the Department or GME Designee must meet with the resident/fellow and any additional sources (i.e., the Program Director, other faculty, staff, etc.) as they deem appropriate within ten (10) business days of receiving the documents. The resident/fellow will be given an opportunity to provide input at his/her meeting with the Department Chair or Department or GME Designee prior to any decision being made.

The Department Chair or the Department or GME Designee must reach a decision regarding the appeal and must deliver said decision in writing to the resident/fellow and the Program Director within three (3) business days of concluding the review. The decision must be delivered in a manner which requires a signed and dated receipt of delivery to the resident/fellow.

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 Department Chair or Department or GME Designee and to the Office of Graduate Medical Education. If the resident/fellow fails to do so, it will be so noted in resident's/fellow's program file.

Level 2: 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 Department or GME designee. The second and final level of appeal is to the Associate Dean for Graduate Medical Education. If the Associate Dean for Graduate Medical Education must recuse themselves from the appeal, the appeal will be to a GME Designee. The Associate Dean for Graduate Medical Education or GME Designee will convene an ad hoc committee to hear the appeal. The ad hoc committee is advisory to the Associate Dean for Graduate Medical Education or GME Designee.

The resident/fellow must notify the Associate Dean for Graduate Medical Education or the GME Designee of his/her request to appeal in writing within three (3) business days of receiving the written decision of the Department Chair or Department or GME Designee. The Associate Dean for Graduate Medical Education or GME Designee must acknowledge receipt of the appeal in writing to the resident/fellow. Email is acceptable.

The resident/fellow and the Department Chair or Department or GME Designee from Level 1 of the appeal must submit documents they wish to be considered for the appeal to the Office of Graduate Medical Education within five (5) business days of the appeal request.

The Associate Dean for Graduate Medical Education or GME Designee and the members of the ad hoc committee must meet with the resident/fellow and any additional sources (i.e., the Program Director, other faculty, staff, etc.) as they deem appropriate within ten (10) business days of receiving the documents. The resident/fellow will be given the opportunity to provide input at his/her meeting with the ad hoc committee and Associate Dean for Graduate Medical Education or GME Designee prior to any decision and/or recommendation being made.

The Associate Dean for Graduate Medical Education or GME Designee must reach a decision regarding the appeal and must deliver said decision in writing to the resident/fellow and the Program Director

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within three (3) business days of concluding the review. The decision must be delivered in a manner which requires a signed and dated receipt of delivery to the resident/fellow.

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 Associate Dean for Graduate Medical Education or GME Designee and to the Office of Graduate Medical Education. If the resident/fellow fails to do so, it will be so noted in the resident's/fellow's program file.

***The Department Designee will be a faculty member of the resident's/fellow's Department. This faculty member may not be a member of the Clinical Competency Committee of the residency or fellowship program, nor may they be the advisor assigned to the resident/fellow. This faculty member cannot have had any prior involvement with the resident's/fellow's situation that led to the contemplated Letter of Deficiency with Adverse Action. The Department Designee will be selected by the Designated Institutional Official (DIO).**

**** 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 contemplated Letter of Deficiency with Adverse Action. The GME designee will be selected by the Designate Institutional Official (DIO).**

The Dean of the School of Medicine will be notified of the final decisions of the Associate Dean for Graduate Medical Education or GME Designee regarding adverse actions.

Revised 10/22

CODE OF CONDUCT VIOLATIONS/NON-ACADEMIC DEFICIENCIES REVIEW PROCEDURES

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 they are 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, the Program Director, the DIO/designee and the Associate Dean of Graduate Medical Education (GME) will be notified. An allegation of a Code of Conduct violation will be investigated by the Program Director. If the alleged Code of Conduct violation is sufficiently serious, the DIO/designee may, at his/her discretion, conduct the investigation in lieu of the Program Director. When appropriate, the Office of Institutional Equity and/or the police may also be involved in the investigation of an alleged Code of Conduct violation. When the Office of Institutional Equity and/or the police investigate an alleged Code of Conduct violation that falls within their purview, they will provide a report of their findings to the individual conducting the investigation.

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 Policy](#)).

In the course of an investigation of an alleged Code of Conduct violation, those investigating the alleged Code of Conduct violation (the Program Director or the DIO/designee) will meet with the resident/fellow in order to provide the resident/fellow notice and the opportunity to be heard regarding the alleged violation. To the extent that the Clinical Competency Committee (CCC) or any other committee will provide input into the decision of whether or not to substantiate the Code of Conduct violation, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other committee. Prior to the meetings, the resident/fellow will be given written notice of the alleged Code of Conduct violation and the potential consequences of a substantiated violation. These meeting (s) and/or attempt(s) to meet 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 unless any other leave status applies.

When the alleged Code of Conduct violation is investigated by the Program Director, the Program Director, in consultation with the DIO/designee, will determine if the Code of Conduct violation is substantiated by a preponderance of the evidence. The Program Director will meet with the resident/fellow to inform them of the outcome of the investigation. The Program Director, in consultation with the DIO/designee, will decide if the resident/fellow is to receive a Letter of Misconduct (LoM). If so, the options are a Letter of

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Misconduct (LoM) or a Letter of Misconduct with Adverse Action (LoMAA).

When the alleged Code of Conduct violation is investigated by the DIO/designee, they will determine if the Code of Conduct violation is substantiated by a preponderance of the evidence. The DIO/designee will meet with the resident/fellow to inform them of the outcome of the investigation. The DIO/designee, in consultation with the Program Director, will decide if the resident/fellow is to receive a Letter of Misconduct (LoM). If so, the options are a Letter of Misconduct (LoM) or a Letter of Misconduct with Adverse Action (LoMAA).

Adverse Actions include:

- ☐ Delayed promotion of a resident/fellow with extension of contract/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 an Adverse Action is delayed promotion or non-renewal, a resident/fellow may remain in the training program during the appeal process at the discretion of the Program Director in consultation with the GME Office or at the discretion of the DIO/designee. If a resident/fellow remains in the training program during the appeal process, they will receive pay and benefits. If the resident/fellow does not remain in the training program during the appeal process, they will not receive pay but benefits will continue through the appeals process.
- ☐ If a resident/fellow is terminated/dismissed, they 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

Letter of Misconduct (LoM)

When the Program Director investigates an alleged Code of Conduct Violation, the Office of Graduate Medical Education must be contacted by the Program Director as soon as it is determined that a Letter of Misconduct 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 expectations of what corrective action/remediation is necessary for the resident/fellow to successfully complete training. This status is not appealable and will not be reported to outside agencies.

The Letter of Misconduct must be delivered to the resident/fellow within 3 business days of the decision of the Program Director or DIO/designee to issue the Letter of Misconduct 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 LoM will be removed from the resident's/fellow's official GME file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident's/fellow's program file will include the following:

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- ☐ Documentation of (1) the meeting (s) to discuss the Code of Conduct Violation and (2) delivery of a Letter of Misconduct to the resident/fellow
- ☐ Documentation of outcome of the corrective action/remediation:
- ☐ Successful remediation or
- ☐ Transition to a Letter of Misconduct with Adverse Action (LoMAA)

Letter of Misconduct with Adverse Action (LoMAA)

When the Program Director investigates an alleged Code of Conduct violation, the Office of Graduate Medical Education must be contacted by the Program Director as soon as it is determined that a Letter of Misconduct with Adverse Action may be required.

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/remediation is necessary for the resident/fellow to successfully complete training.

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 Misconduct are appealable. A resident/fellow who receives an LoMAA must be provided with access to the appeals process.

The Letter of Misconduct with Adverse Action must be delivered to the resident/fellow within 3 business days of the decision of the Program Director or DIO/designee to issue the Letter of Misconduct and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

The resident's/fellow's program file will include the following:

- ☐ Documentation of (1) the meeting (s) to discuss the Code of Conduct Violation and (2) delivery of a Letter of Misconduct with Adverse Action to the resident/fellow
- ☐ Documentation of outcome of the corrective action/remediation:
 - Successful remediation when the Adverse Action is extension of training or
 - Non-renewal of contract/appointment or
 - Termination/dismissal

The status of a resident/fellow with an LoMAA 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's/fellow's official GME file.

Appeal of Non-Academic Adverse Action

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) 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.

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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 of extension of training 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/remediation outlined in the Letter of Misconduct. In this situation, because the Adverse Action is removed from the LoM, the LoM itself will be removed from the resident's/fellow's official GME 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 an Adverse Action of non-renewal of contract or termination is rescinded at any level of appeal, the Adverse Action will be removed from the Letter of Misconduct. The Program Director or DIO/designee, at his or her discretion, may amend the Letter of Misconduct to include a required remediation/corrective action plan or to add additional requirements to the Letter of Misconduct. In this situation, because the Adverse Action is removed from the LoM, the LoM itself will be removed from the resident's/fellow's official GME file upon successful remediation and 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 an LoMAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

Appeals Process when the Program Director Issues a Letter of Misconduct with Adverse Action

The timelines outlined in the appeals process that follows may be adjusted if agreed upon by all parties.

Level 1: Appeal to the Department Chair, Department Designee* or GME Designee**

The resident/fellow has the right to appeal the Adverse Action. The first level of appeal is to the Department Chair. If the Department Chair sits on the CCC, or if the Department Chair is the Program Director, or if the Department Chair must recuse themselves due to any conflict, the resident/fellow appeal is to a Department Designee. If an appropriate Department designee is not identified, the resident/fellow appeal is to a GME Designee.

The resident/fellow must notify the Department Chair or Department or GME Designee of his/her request to appeal in writing within three (3) business days of receiving the LoMAA. The Department Chair or Department or GME Designee must acknowledge receipt of the appeal in writing to the resident/fellow. Email is acceptable.

The resident/fellow and the Program Director must submit any documents they wish to be considered for the appeal to the Office of Graduate Medical Education within five (5) business days of the appeal request.

The Department Chair or the Department or GME Designee must meet with the resident/fellow and any additional sources (i.e., the Program Director, other faculty, staff, etc.) as they deem appropriate within ten (10) business days of receiving the documents. The resident/fellow will be given an opportunity to provide input at his/her meeting with the Department Chair or Department or GME Designee prior to any decision being made.

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The Department Chair or the Department or GME Designee must reach a decision regarding the appeal and must deliver said decision in writing to the resident/fellow and the Program Director within three (3) business days of concluding the review. The decision must be delivered in a manner which requires a signed and dated receipt of delivery to the resident/fellow.

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 Department Chair or Department or GME Designee and to the Office of Graduate Medical Education. If the resident/fellow fails to do so, it will be so noted in resident's/fellow's file.

Level 2: 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 Department or GME designee. The second and final level of appeal is to the Associate Dean for Graduate Medical Education. If the Associate Dean for Graduate Medical Education must recuse themselves from the appeal, the appeal will be to a GME Designee. The Associate Dean for Graduate Medical Education or Designee will convene an ad hoc committee to hear the appeal. The ad hoc committee is advisory to the Associate Dean for Graduate Medical Education or GME Designee.

The resident/fellow must notify the Associate Dean for Graduate Medical Education or the GME Designee of his/her request to appeal in writing within three (3) business days of receiving the written decision of the Department Chair or Department or GME Designee. The Associate Dean for Graduate Medical Education or GME Designee must acknowledge receipt of the appeal in writing to the resident/fellow. Email is acceptable.

The resident/fellow and the Department Chair or Department or GME Designee from level 1 of the appeal must submit documents they wish to be considered for the appeal to the Office of Graduate Medical Education within five (5) business days of the appeal request.

The Associate Dean for Graduate Medical Education or GME Designee and the members of the ad hoc committee must meet with the resident/fellow and any additional sources (i.e., the Program Director, other faculty, staff, etc.) as they deem appropriate within ten (10) business days of receiving the documents. The resident/fellow will be given the opportunity to provide input at their meeting with the ad hoc committee and Associate Dean for Graduate Medical Education or GME Designee prior to any decision and/or recommendation being made.

The Associate Dean for Graduate Medical Education or GME Designee must reach a decision regarding the appeal and must deliver said decision in writing to the resident/fellow and the Program Director within three (3) business days of concluding the review. The decision must be delivered in a manner which requires a signed and dated receipt of delivery to the resident/fellow.

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 Associate Dean for Graduate Medical Education or GME Designee and to the Office of Graduate Medical Education. If the resident/fellow fails to do so, it will be so noted in the resident's/fellow's program file.

***The Department Designee will be a faculty member of the resident's/fellow's Department. This faculty member may not be a member of the Clinical Competency Committee of the residency or fellowship program, nor may they be the advisor assigned to the resident/fellow. This faculty**

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member cannot have had any prior involvement with the resident's/fellow's situation that led to the contemplated Letter of Deficiency with Adverse Action. The Department Designee will be selected by the Designated Institutional Official (DIO).

**** 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 contemplated Letter of Misconduct with Adverse Action. The GME Designee will be selected by the Designated Institutional Official (DIO).**

The Dean of the School of Medicine will be notified of the final decisions of the Associate Dean for Graduate Medical Education or GME Designee regarding adverse actions.

Appeals Process when the DIO/Designee Issues a Letter of Misconduct with Adverse Action

The timelines outlined in the appeals process that follows may be adjusted if agreed upon by all parties.

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

The resident/fellow has the right to appeal the Adverse Action. The appeal is to the Associate Dean for Graduate Medical Education. If the Associate Dean for Graduate Medical Education must recuse themselves from the appeal, the appeal will be to a GME Designee. The Associate Dean for Graduate Medical Education or Designee will convene an ad hoc committee to hear the appeal. The ad hoc committee is advisory to the Associate Dean for Graduate Medical Education or GME Designee.

The resident/fellow must notify the Associate Dean for Graduate Medical Education or the GME Designee of his/her request to appeal in writing within three (3) business days of receiving the Letter of Misconduct with Adverse Action. The Associate Dean for Graduate Medical Education or GME Designee must acknowledge receipt of the appeal in writing to the resident/fellow. Email is acceptable.

The resident/fellow and the DIO/designee must submit documents they wish to be considered for the appeal to the Office of Graduate Medical Education within five (5) business days of the appeal request.

The Associate Dean for Graduate Medical Education or GME Designee and the members of the ad hoc committee must meet with the resident/fellow and any additional sources (i.e., the Program Director, other faculty, staff, etc.) as they deem appropriate within ten (10) business days of receiving the documents. The resident/fellow will be given the opportunity to provide input at his/her meeting with the ad hoc committee and Associate Dean for Graduate Medical Education or GME Designee prior to any decision and/or recommendation being made.

The Associate Dean for Graduate Medical Education or GME Designee must reach a decision regarding the appeal and must deliver said decision in writing to the resident/fellow and the Program Director within three (3) business days of concluding the review. The decision must be delivered in a manner which requires a signed and dated receipt of delivery to the resident/fellow.

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 Associate Dean for Graduate Medical Education or GME Designee and to the Office of Graduate Medical Education. If the resident/fellow fails to do so, it will be so noted in the resident/fellow program file.

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**** 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 contemplated Letter of Misconduct with Adverse Action. The GME Designee will be selected by the Designated Institutional Official (DIO).**

The Dean of the School of Medicine will be notified of the final decisions of the Associate Dean for Graduate Medical Education or GME Designee regarding adverse actions.

Revised 5/15, 3/17, 11/17 4/19, 3/21, 10/22

Reviewed 4/19

ADMINISTRATIVE LEAVE

A resident/fellow may be placed on Administrative Leave for reasons including but not limited to the investigation of an alleged Code of Conduct Violation (see [Code of Conduct Policy](#)), or the need for a Fit for Duty Evaluation (see [Fit for Duty/Employee Assistance Evaluation Policy](#)). Administrative Leave 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 can be no longer than 90 days. A resident/fellow will receive full pay and benefits while on Administrative Leave.

The Program Director must consult with the DIO/designee regarding all cases being considered for Administrative Leave.

If a Program Director is considering placing a resident/fellow on Administrative Leave, they will meet, if possible, with the resident/fellow in order to gain their 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 is not substantiated or is satisfactorily resolved, the resident/fellow will return to the program. Administrative Leave 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 Guidelines 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 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 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 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, 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 Procedures Policy](#)).

SECTION V: EMPLOYMENT GUIDELINES AND PROCEDURES

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:

http://health.uconn.edu/policies/wp-content/uploads/sites/28/2015/07/policy_2002_44.pdf

Revised 8/17, 4/19

Reviewed 3/21, 2/23

PERSONS WITH DISABILITIES/ACCOMMODATIONS FOR DISABILITIES

The University of Connecticut School of Medicine is committed to achieving equal educational and employment opportunity and full participation for persons with disabilities. It is the University's policy that no qualified person be excluded from consideration for employment, participation in any University program or activity, be denied the benefits of any University program or activity, or otherwise be subjected to discrimination with regard to any University program or activity. This policy derives from the University's commitment to nondiscrimination for all persons in employment, academic programs, and access to facilities, programs, activities, and services. See [UConn Health Policy](#).

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 they might need a reasonable accommodation, the resident/fellow should contact Lauren Hurley in Human Resources at UConn Health.

Phone: 860-679-8004

Fax: 860-679-4660

Email: lhurley@uchc.edu

Website: <https://health.uconn.edu/human-resources/services/americans-with-disabilities-act-compliance-and-accommodations/>

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/>

Revised 4/16, 3/17, 7/17, 9/18, 3/21, 11/22, 2/23, 3/23, 11/23

Reviewed 4/19

RELIGIOUS ACCOMMODATIONS

The University of Connecticut prohibits discrimination, harassment, and retaliation on the basis of religion. For more information, refer to the [University Policy Against Discrimination, Harassment and Related Interpersonal Violence and Non-retaliation Policy](#).

The University of Connecticut School of Medicine is committed to providing welcoming and inclusive learning and workplace environments. As part of this commitment, the residency/fellowship programs will make good faith efforts to provide reasonable religious accommodations to residents/fellows whose sincerely held religious practices or beliefs conflict with a University policy, procedure, or other academic or employment requirement, unless such an accommodation would create an undue hardship.

The University defines a religious practice or belief as a sincerely held practice or observance that includes moral or ethical beliefs as to what is right and wrong, most commonly in the context of the cause, nature and purpose of the universe. Religion includes not only traditional, organized religions, but also religious beliefs that are new, uncommon, not part of a formal religious institution or sect, or only subscribed to by a small number of people. Social, political, or economic philosophies, as well as mere personal preferences, are not considered to be religious beliefs.

If a resident/fellow thinks that they might need a religious accommodation, the resident/fellow should make the request directly to the program director with as much reasonable notice as possible. The Program Director, in consultation with the GME Office, will evaluate the request in order to determine if it will be granted. This determination will consider whether or not the requested accommodation will pose an undue hardship for the program and/or interfere with the resident's/fellow's essential job functions or educational requirements.

In keeping with the School of Medicine's commitment to building and maintaining a welcoming and inclusive work environment, the residency/fellowship program and the GME Office will consider religious accommodations requests by residents/fellows based on the totality of the circumstances.

Created 3/21
Reviewed 2/23

LEAVE POLICY/GUIDELINES

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 extend the time necessary to complete the program requirements for graduation as well as for board eligibility (see [Contract Extension Due to Leave Guidelines 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.

All sick and vacation leave is designed to meet the average amount of time allowed away from any of the 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 stricter policy must be adhered to.

- ☐ [Vacation Leave](#)
- ☐ [Sick Leave](#)
- ☐ [Leave Policy Overview](#)
- ☐ [GME One-Time Leave Policy](#)
- ☐ [CT Family and Medical Leave \(CTPFML\), Federal Family and Medical Leave \(FMLA\) and CT Paid Family and Medical Leave \(CTPFML\)](#)
 - [Medical Leave](#)
 - [Other Non-Medical CTFMLA and FMLA Leaves and CT Paid FMLA Leave](#)
 - [Military Leave](#)
- ☐ [Emergency Leave](#)
- ☐ [Bereavement Leave](#)
- ☐ [Personal Leave](#)
- ☐ [Contract Extension Due to Leave Guidelines](#)

All leaves, regardless of category, needs to be reported by the resident to their Program Director and the CAHC. Residents/fellows may not participate in any program related clinical or education activities while on any type of leave without the express permission of his/her Program Director in consultation with the GME Office.

Revised 2/16, 3/17, 5/17, 8/17, 10/18, 4/19, 12/21, 5/22
Reviewed 3/21, 2/23

VACATION LEAVE

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. The Program Director or designee schedules vacation leave 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.

Use of available vacation time for Connecticut Paid Family Medical Leave (CTPFML) and GME leaves is required to be used prior to receiving any paid leave benefits under CAHC's private plan. Employees can reserve two weeks of vacation time for future use if available at the time of the leave. A resident/fellow may choose to use the reserved vacation as leave to receive full pay under family leave but must do so in writing sent to cahcgroup@uchc.edu.

If a resident/fellow needs to extend their training for any reason, vacation time will be determined by the Program Director in consultation with the GME Office prior to their extension (see [Contract Extension Due to Leave Guidelines Policy](#)).

Revised 3/16, 3/17, 5/17, 4/19, 3/21, 12/21, 1/23, 8/23, 10/23

SICK LEAVE

Residents/fellows receive up to 15 working days per contract year of paid sick leave. Sick time may not be carried over into the next contract year. In the event of serious injury or prolonged illness, or injury, residents/fellows may be eligible for a paid or unpaid leave of absence as set forth in the GME One-Time Leave Bank Policy (see [GME One-Time Leave Bank Policy](#), [CT Family and Medical Leave \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leave \(CTPFML\) Policy](#), and the [Medical Leave Policy](#)).

CAHC will require a treating health provider's letter for any absence due to illness or injury, depending on the absence's nature and length of time. A treating health provider's letter is mandatory after 3 consecutive workdays off for illness or injury stating that the resident/fellow may return to work. A treating health provider's letter is also mandatory in order for a resident/fellow to work following a hospital visit (ED or inpatient). Every program has its own policy on handling sick days that may add requirements to this policy. Residents/fellows are required to know and 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.

Use of available sick time for Connecticut Paid Family Medical Leave (CTPFML) and GME leaves is required prior to receiving any paid leave benefits under CAHC's private plan.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may extend the time necessary to complete the program requirements for graduation as well as for Board eligibility (see [Contract Extension Due to Leave Guidelines 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, 4/19, 12/21, 1/23, 8/23

Reviewed 3/21

LEAVE POLICY OVERVIEW

ALL AVAILABLE LEAVES WILL RUN CONCURRENTLY AT ALL TIMES

One-Time GME Leave Benefit

Beginning on the first day of employment, all residents/fellows have up to 6 weeks of paid medical, family or caregiver leave available that may be used for qualifying reasons consistent with Connecticut law. This one-time leave will be paid at 100% of pay for both **Medical** and **Family Leave** reasons. Vacation and sick time for medical leaves, and vacation time for family leaves is required to be used toward the leave. Employees can reserve two weeks of vacation time for future use if available at the time of leave.

If the first leave required is longer than 6 weeks or if a second leave is required during residency, the leave coverage available will fall under the CT Paid Leave Law. If the criteria for CT Paid Leave is not met and a leave greater than 6 weeks is required, the remaining leave will be unpaid.

CT Paid Leave Benefit

All leaves of absence will be paid per Capital Area Health Consortium's (CAHC) CT Paid Leave Private Plan. To be eligible for CT Paid Leave, residents/fellows must have been employed by CAHC for at least 3 months. If employed in CT before joining CAHC, residents/fellows may be eligible for the CT Paid Leave benefit at an earlier time if the eligibility criteria are met.

The rates of pay are as follows:

Medical/Maternity Leave:

- Paid at 100% of pay for the "medical leave" period that the resident/fellow's health provider indicates they are unable to work for health reasons (for maternity leave, the health provider will authorize 6 weeks following a non-surgical delivery and 8 weeks following a surgical delivery). An employee may be granted an extension of "medical leave" by submitting updated medical documentation from their health care provider indicating the medical reason the extension is required.
- Additional leave time taken past the "medical leave" period will be considered "family leave" and will be paid at the approved State rate (see below for further details).

Family/Non-Medical Leave:

- Paid at the State maximum benefit rate. On 1/1/24, the rate increased to \$941.40/week or \$1,882.80/bi-weekly.

Leave Duration:

Medical and Family Leave under the CT Paid Family and Medical Leave Act is for up to 12 weeks of pay in a 12-month period. An additional 2 weeks of paid leave time may be provided for pregnancy incapacities. A maximum of 12 total days of paid leave compensation may be paid in a single calendar year for leave due to the Covered Employee being the victim of family violence.

Taxability of Paid Leave Income

- FICA and FLI taxes are not required on paid leave income and will not be withheld from leave pay, resulting in a higher net leave pay. CT Paid Leave will continue to withhold Federal and State tax since leave pay is taxable under these jurisdictions.

Accrued Time Requirement

For **Medical Leaves**, vacation and sick time is required to be used, and for **Family Leaves**, vacation time is required to be used prior to receiving any paid leave benefits under CAHC's private plan. Employees can reserve two weeks of vacation time for future use if available at the time of leave.

Qualifying Leave Reasons Under CT Law

- **Medical Leave** – to care for your own serious health condition.
- **Non-Medical/Family Leaves** – to attend to family responsibilities.
 - **Parental Leave** to bond with a newborn child or one that has joined the family through adoption or foster care.
 - **Maternity Leave Post Medical Period** to bond with a newborn child once the medical leave period has ended.
 - **Caregiver Leave** to care for a covered family member with a serious health condition.
 - **Family Violence Leave** to attend to specific issues associated with family violence.
 - **Military Exigency or Military Caregiver Leave** to attend to specific issues associated with a covered family member's deployment, care for an active duty injured service member, or to care for a veteran with a serious health condition.

Leave Paperwork

All leaves of absence require specific paperwork verifying the need for leave and its beginning and ending dates. Early submission of this paperwork will help CAHC to provide the resident/fellow with continuous pay so please submit as soon as possible. Please contact CAHC to obtain leave paperwork. Please be advised that all leave paperwork including return to work notes for medical leaves must be returned to CAHC and not to the program or the GME office.

Requesting Leave

In the case of foreseeable leaves, residents/fellows must provide at least 30 days' notice to CAHC and their program before the leave begins. If the leave is unforeseeable, you must provide notice to CAHC and your program as soon as practicable.

Extending a Medical Leave

Residents/fellows may extend a medical leave for the same condition by submitting updated medical documentation from their health care provider indicating the reason for the extension and an estimated return to work date. **A return-to-work note cannot extend medical leave. An extension must be provided by the health provider stating the medical need.**

If the extension is for a new medical issue or condition, a new CTPFML application must be submitted.

Return from Leave

When possible, a resident/fellow should provide their Program Director and CAHC with at least 2 weeks' advance notice of the date they intend to return to training.

A return to work note from the resident/fellow's health provider stating that they are able to resume work duties is required for all **Medical Leaves** of absence of 3 days or more or following any hospital visit (ED or inpatient) and must be submitted to CAHC before the resident/fellow's return to work.

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If a resident/fellow is unable to return following a leave, they must contact CAHC, their Program Director, and the GME office as soon as possible.

Time Entry (MyEvaluations) When on Leave

Residents/fellows are not required to log time when on approved leave. They may willingly enter time to keep up with it; otherwise, residents/fellows will need to attend to it immediately upon return before the next closest pay period.

- For Medical/Maternity Leaves – enter the Sick/Med LV category
- For Family/Non-Medical Leaves – enter the NonMedical LV category

Time Away from Training

Taking any leave may extend the time necessary to complete the program requirements for graduation as well as Board eligibility (see [Contract Extension Due to Leave Guidelines 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. If more than 12 weeks of leave time is needed, the time will be unpaid and time off must be approved by your Program Director and the GME office.

Revised 1/23, 8/23

GME ONE-TIME LEAVE BANK POLICY

Beginning on the resident's/fellow's first day of employment, each resident/fellow will have up to six (6) weeks of paid medical, parental and caregiver leave at 100% of salary to be used for qualifying reasons that are consistent with Connecticut law (see [CT Family and Medical Leave \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leave \(CTPFML\) Policy](#)). The requirements for the use of this GME leave are as follows:

- The GME leave may be used one-time during the resident's/fellow's program, but once any leave time is used, it exhausts and does not renew.
- The GME leave shall run concurrently with other leaves of absence and time off for which the resident/fellow may qualify under Connecticut and Federal law, these policies and the policies governing the resident's/fellow's program. This includes leaves of absence under the CT Family and Medical Leave, the CT Paid Family and Medical Leave and the Federal Family and Medical Leave and the vacation and sick leave policies applicable to the resident's/fellow's program. Please see the specific policies for details regarding the CT Family and Medical Leave, Federal Family and Medical Leave and CT Paid Family and Medical Leave and policies governing the use of vacation and sick time (see [CT Family and Medical Leave \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leave \(CTPFML\) Policy](#), [Vacation Leave Policy](#), and [Sick Leave Policy](#)). Also, please see your specific program policy governing vacation and sick time.
- The medical certification requirements applicable to the CTFMLA and Federal FMLA leaves will apply to GME leave.

Timing of GME Leave During Training

1.) If the need for leave occurs before the resident/fellow is eligible for CT Paid Family and Medical Leave (less than 3 months of employment)*, the use of the GME leave will be as follows:

- Residents/Fellows are required to use vacation and sick time for medical leaves and vacation time for family leaves at the beginning of the leave (while reserving 2 weeks of vacation time for further use if available at the time of leave) provided under CAHC's policies and their specific program policies during the GME leave. Once vacation and sick time (for medical leave use only) is exhausted, CAHC will provide 100% of pay for up to a combined total of 6 weeks (including time used) one-time during residency. Any additional leave required will be unpaid unless the resident becomes eligible for CT Paid Leave benefits.*

*GME leave time for residents/fellows with less than 3 months of employment does not qualify as job-protected leave under the CT Family and Medical Leave Act. However, residents/fellows may qualify for CT Paid Leave as early as their date of hire if they had been working in CT and they meet the eligibility criteria.

2.) For residents/fellows who have been employed for 3 months or more and are eligible for CT Family and Medical Leave, the use of the GME leave will be as follows:

- Residents/Fellows are required to use vacation and sick time for medical leaves and vacation time for family leaves prior to receiving any paid leave benefits under CAHC's private plan (while reserving 2 weeks of vacation time for future use if available at the time of leave) provided under CAHC's policies and their specific program policies during the GME leave.

Residents/fellows may qualify for CT Paid Leave as early as their date of hire if they had been working in CT and meet the eligibility criteria. For family leaves (including parental leave), once vacation is exhausted, CAHC will supplement the difference between the CT Paid Family Leave benefit rate and 100% of pay for up to 6 weeks (including vacation time used) one-time during residency. If additional family leave is required after the 6 week period, the CT Family and Medical Leave Act will apply and the leave will be paid at the State's benefit rate; which is capped at 60 times the minimum wage rate (see [Other Non-Medical Leave policy](#)).

- During the GME leave, health and disability insurance benefits will continue for the resident/fellow and their dependents at the same level as before the GME leave began.

Requests for GME leave should be directed to CAHC at cahcgroup@uchc.edu. Upon request, CAHC will provide the necessary forms for completion.

To the extent applicable, any family/parental leave, GME leave, CT Family and Medical Leave, Federal Family and Medical Leave, and CT Paid Leave will run concurrently.

Revised 1/23, 8/23, 10/23

CT FAMILY AND MEDICAL LEAVES OF ABSENCE (CTFMLA), FEDERAL FAMILY AND MEDICAL LEAVE (FMLA) AND CT PAID FAMILY AND MEDICAL LEAVES OF ABSENCE (CTPFML)

Overview

Under the Connecticut Family and Medical Leave Act (“CTFMLA”) and the Federal Family and Medical Leave Act (“FMLA”), residents/fellows may be eligible for family and medical leaves of absence for specified reasons. Residents/Fellows may also be eligible for paid leave benefits after using available vacation and sick leave as described below.

Under CTPFMLA, residents/fellows who have worked for CAHC for at least 3 months are eligible for up to 12 weeks of leave in a 12-month period, up to 14 weeks for incapacitation during pregnancy, up to 12 days for family violence leave and up to 26 weeks for military caregiver leave. Residents/fellows may qualify for CTPFMLA as early as their hire date if they have been working in CT and meet the eligibility criteria.

Under FMLA, a resident/fellow who has worked for at least 12 months and for at least 1,250 hours during the preceding 12-month period may take up to 12 weeks of unpaid leave in a 12-month period, except that an eligible resident/fellow may take up to 26 weeks of leave to care for a covered service member, as explained below.

A resident/fellow who is eligible for leave under only one law will receive benefits in accordance with that law only. However, if the resident’s/fellow’s leave qualifies for CTFMLA, CTPFML, and FMLA, the leave will count against their entitlement under State and Federal laws and will run concurrently. If the resident/fellow is eligible for GME leave, said leave will run concurrently with the leaves provided in this policy (see [GME One-Time Leave Bank Policy](#)). If the resident/fellow and their spouse are both employed by CAHC, special rules may apply, and their combined leave may be limited.

Calculation of 12-Month Period

The 12-month period is measured backward from the date an employee uses any family and medical leave. Under this “rolling” 12-month period, each time an employee takes family and medical leave, the remaining leave entitlement would be the balance of the 12 weeks that has not been used during the immediately preceding 12 months. Military caregiver leaves are measured based on a 12-month period measured forward from the employee’s first date of leave.

Qualifying Reasons for CTFMLA, CTPFML, and FMLA

Resident’s/Fellow’s may apply for a family and medical leave under the CTFMLA, CTPFML, and FMLA for the following reasons:

1. The birth of a son or daughter of the employee, or to bond with a newborn or newly placed child via adoption or foster care, including the time needed to process adoption or foster care placement;
2. Under the FMLA, to care for a parent, spouse, or child who is under 18 with a serious health condition, or under 18 with a disability;
3. Under the CTFMLA, to care for a family member of the employee if the family member has a serious health condition.
 - Family member is defined as a parent, spouse, son or daughter of any age, sibling, grandparent, grandchild, or an individual related to the employee by blood or affinity whose close association to the employee shows to be the equivalent of those family relationships.
 - Related by affinity means any person with whom the employee has a significant personal bond that is like one of the family relationships noted above, regardless of biological or legal relationship.

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4. To care for the employee's own serious health condition, which under the CTFMLA, CTPFML includes the employee serving as an organ or bone marrow donor and incapacity due to pregnancy.
5. Under the CTFMLA, CTPFML if the employee is experiencing family violence, the employee may apply to take up to 12 days of leave.
6. For any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty or has been notified of an impending call or order to active duty in the armed forces and to care for a military family member who experienced a serious injury or illness.
7. 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.

Please see ([Medical Leave Policy](#)), ([Other Non-Medical Leave](#)) and ([Military Leave Policy](#)) for specific requirements governing eligibility.

Procedures

All requests for leave should be directed to the CAHC by emailing cahcgroupp@uchc.edu. CAHC will provide the resident/fellow with all necessary forms requiring completion.

Eligibility for Paid Leave (CTPFML)

CT Paid Family and Medical Leaves of Absence (CTPFML) is available to eligible residents/fellows (those who are currently employed or have been employed by CAHC within the last 12 weeks and have earned wages of at least \$2,325 in the highest earning quarter of the first four of the five most recently completed quarters) who require time off from work duties to fulfill covered family and medical events provided for in the CTFMLA, which are outlined above and described more fully below in the Medical and Non-Medical Leave policies. For military service personnel or spouses of military service personnel in the military or military reserves (see [Military Leave Policy](#)). All decisions regarding paid leave are in accordance with CAHC's private plan.

Use of Accrued Time

For **Medical Leaves**, vacation and sick time are required to be used and for **Family Leaves**, vacation time is required to be used prior to receiving any paid leave benefits under CAHC's private plan (while reserving 2 weeks of vacation time for future use if available at the time of leave).

To the extent applicable, any CT Family and Medical Leave, Federal Family and Medical Leave, CT Paid Leave, and GME Leave will run concurrently.

Revised, 5/22, 1/23, 8/23, 10/23
Created 12/21

MEDICAL LEAVE

Residents/Fellows who have been employed for 3 months or more and require time off from their work duties to care for their own serious health condition (emergent or non-emergent) as defined under Connecticut law are eligible for CT Family and Medical Leave (CTFMLA) and those employed for 12 months or more are eligible for Federal Family and Medical Leave (FMLA). Both of these leaves are unpaid (see [CT Family and Medical Leave of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#), and [CT Paid Family and Medical Leaves of Absence \(CTPFML\) Policies](#)).

Paid Medical Leave

Residents/Fellows are eligible for paid GME leave and CT Paid Family and Medical Leave (CTPFML) benefits administered by CAHC's private plan once eligibility requirements are met (see [GME One-Time Leave Policy](#), [CT Family and Medical Leave of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#), and [CT Paid Family and Medical Leaves of Absence \(CTPFML\) Policies](#)).

Medical leave eligibility requires a treating health provider's certification verifying the need for medical leave and its beginning and expected end dates. Residents/fellows are required to use their available vacation time and sick time for both GME and CTPFML prior to receiving any paid leave benefits under CAHC's private plan. Employees can reserve two weeks of vacation time for future use if available at the time of the leave). Three weeks of vacation and three weeks of sick time is available to residents/fellows on the first day of employment. A fourth week of vacation may be granted at a Program Director's discretion (see [Vacation Leave](#)).

GME Leave

GME leave time is available on the first day of employment. Residents/fellows who require time off to care for their own serious health condition as defined under Connecticut law are eligible for GME leave benefits for up to 6 weeks of pay at 100% of salary once during residency/fellowship. If additional medical leave time is required after GME leave is exhausted but before eligible for CTPFML, leave will be unpaid (see [GME One-Time Leave Bank Policy](#)).

CTPMFL Leave

CTPMFL leave time is available after 3 months of employment in most cases. Residents/fellows who require time off to care for their own serious health condition as defined under Connecticut law are eligible for CTPMFL paid benefits after meeting eligibility requirements. For medical leaves, CAHC's private plan pays 100% of salary. Maternity leaves extending past the treating health provider's statement will be considered family leave and paid at the State's benefit rate, which is capped at 60 times the minimum wage rate for the remaining period of absence (not to exceed 12 weeks or 84 days in a twelve-month period). A resident/fellow may elect to use their reserved vacation time to supplement the State's rate cap and receive additional pay if a request is submitted to CAHC in writing. Leaves in most cases, that extend past 12 weeks, will be unpaid and will be classified as "other leave" (see [CT Family and Medical Leave of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#), and [CT Paid Family and Medical Leaves of Absence \(CTPFML\) Policies](#)).

To the extent applicable, any medical leave, GME leave, CT Family Medical Leave, Federal Family and Medical Leave, and CT Paid Leave will run concurrently.

Maternity Leave

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Maternity Leaves are considered Medical Leaves and are available to all eligible residents/fellows who are unable to work due to pregnancy related conditions. Employees eligible for CT Paid Leave are eligible for an additional 2 weeks of leave and paid leave benefits, up to a total of 14 weeks or 98 days, if incapacitated by pregnancy and supported by a treating health provider's certification. All available leaves will run concurrently.

The resident/fellow may be eligible for [Long Term Disability \(LTD\)](#) benefits for medical/maternity leaves if requiring absence of 90 days or more. The Capital Area Health Consortium can provide information regarding this process. CAHC and the Program Director should be notified as soon as possible if there is a chance the resident/fellow might apply for such benefits.

A treating health provider's certification verifying the need for medical/maternity leave and its beginning and expected end dates must be submitted to the Capital Area Health Consortium with the required leave forms. Residents/fellows should provide at least 30 days advance notice of the need for leave, when the leave is foreseeable. When not foreseeable, a resident/fellow must notify CAHC as soon as practicable, and certainly within two (2) business days of learning of the need for leave, except in extraordinary circumstances. Notice of the need for leave should be provided to cahcgroup@uchc.edu. It is critical and required that the resident/fellow also notify their Program Director as soon as it is known that the resident/fellow needs a leave of absence.

When possible, the resident/fellow is required to provide their Program Director and the Capital Area Health Consortium with at least two weeks' advanced notice of the date the resident/fellow intends to return to training. When a resident/fellow returns from leave, the Program Director in consultation with the GME Office will determine the resident/fellow's status in the program specifically as it relates to an extension of training and whether the resident/fellow may return to their previous level of training (see [Contract Extension Due to Leave Guidelines Policy](#)).

A return-to-work note from the resident/fellow's health provider stating that they can resume work duties is required for all medical leave absences and must be submitted to CAHC before return to work. A return-to-work note is not a substitute for a provider's certification of a medical time extension. If the return date is later than the previous certification, a new certification is required stating a specific need for the extended absence. A return-to-work note is not required for maternity leaves that have been extended for bonding purposes. If a resident/fellow fails to report to work promptly at the end of the medical/maternity leave, their appointment with the UConn SOM and their employment with CAHC may be terminated.

If a resident/fellow is unable to return to training after 12 weeks of medical leave (14 weeks if incapacitated by pregnancy), they must contact CAHC, their Program Director, and the Office of Graduate Medical Education as soon as possible.

The status of a resident/fellow who is unable to return to training after 12 weeks of medical leave (14 weeks if incapacitated by pregnancy), leave will be determined by the Program Director in consultation with the GME Office. The position of the resident/fellow may or may not be held.

Taking any leave may extend the time necessary to complete the program requirements for graduation as well as Board eligibility (see [Contract Extension Due to Leave Guidelines 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 4/19, 10/20, 5/21, 12/21, 5/22, 1/23, 8/23, 10/23

Reviewed 3/21

OTHER NON-MEDICAL LEAVE

Family Leaves Including Parental Leave

Residents/Fellows who have been employed for 3 months or more and need to care for a family member with a serious health condition, bond with a newborn child or one that has joined the family through adoption or foster care, for exigent circumstances, or for family violence as defined under Connecticut law are eligible for CT Family and Medical Leave (CTFMLA) and those employed for 12 months or more are eligible for Federal Family and Medical Leave (FMLA). Both of these leaves are unpaid (see [CT Family and Medical Leaves of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leaves of Absence \(CTPFML\) Policy](#)).

Paid Family Leave

Residents/fellows are eligible for paid GME leave and CT Paid Family Medical Leave (CTFML) benefits administered by CAHC's private plan once eligibility requirements are met (see [GME One-Time Leave Policy](#), [CT Family and Medical Leaves of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leaves of Absence \(CTPFML\) Policy](#)).

Family leave eligibility requires leave paperwork verifying the need for leave and its beginning and expected end dates. Residents/fellows are required to use their available vacation time for both GME and CTPFML prior to receiving any paid leave benefits under CAHC's private plan (while reserving two weeks of vacation time for future use if available at the time of the leave). Three weeks of vacation time is available to residents/fellows on the first day of employment. A fourth week of vacation may be granted at a Program Director's discretion (see [Vacation Leave](#)).

GME Leave

GME leave time is available on the first day of employment. Residents/fellows who require time off for family leave as defined under Connecticut law are eligible for GME leave benefits for up to 6 weeks of pay at 100% of salary once during residency. If additional medical leave time is required after GME leave is exhausted but before eligibility criteria are met for CTPFML, leave will be unpaid (see [GME One-Time Leave Bank Policy](#)).

CTPMFL Leave

CTPMFL leave time is available after 3 months of employment in most cases. Residents/fellows who require time off for family leaves as defined under Connecticut law are eligible for CTPMFL paid benefits after meeting eligibility requirements. For family leaves, CAHC's private plan pays at the State's benefit rate, which is 60 times the minimum wage rate for the remaining period of absence (not to exceed 12 weeks or 84 days in a twelve-month period). A resident/fellow may elect to use reserved vacation time to supplement the State's rate cap and receive additional pay if a request is submitted to CAHC in writing. Leaves in most cases, that extend past 12 weeks will be unpaid and will be classified as "Other Leave" (see [CT Family and Medical Leave of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leaves of Absence \(CTPFML Policy\)](#)).

To the extent applicable, any family/parental leave, GME leave, CT Family and Medical Leave, Federal Family and Medical Leave, and CT Paid Leave will run concurrently.

The resident/fellow needing family/parental leave must submit the required paperwork to the Capital Area Health Consortium. A resident/fellow must provide their Program Director as much notice of the

Residents/Fellows Policies and Procedures Manual

need for a family/parental leave as is practicable under the circumstances. A resident/fellow should provide at least 30 days advance notice of the need for leave, when the leave is foreseeable. When not foreseeable, a resident/fellow must notify CAHC as soon as practicable, and certainly within two (2) business days of learning of the need for leave, except in extraordinary circumstances. Notice of the need for leave should be provided to cahcgroup@uchc.edu.

When possible, the resident/fellow is required to provide their Program Director and the Capital Area Health Consortium with at least two weeks' advance notice of the date the resident/fellow intends to return to training. When a resident/fellow returns from family/parental leave, 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 an extension of training and whether the resident/fellow may return to their previous level of training (see [Contract Extension Due to Leave Guidelines Policy](#)).

If a resident/fellow fails to report to work promptly at the end of the family/parental leave, their appointment with the UConn SOM and their employment with the CAHC may be terminated.

If a resident/fellow is unable to return to training after 12 weeks of family/parental leave, they must contact CAHC, their Program Director, and the Office of Graduate Medical Education as soon as possible.

The status of a resident/fellow unable to return to training after 12 weeks of family/parental leave will be determined by the Program Director in consultation with the GME Office. The position of the resident/fellow may or may not be held.

Taking any leave may extend the time necessary to complete the program requirements for graduation as well as Board eligibility (see [Contract Extension Due to Leave Guidelines 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 4/19, 10/20, 5/21, 11/21, 12/21, 2/22, 5/22, 1/23, 8/23, 10/23
Reviewed 3/21

MILITARY LEAVE

Military Leaves are available to residents/fellows who have been employed for 3 months or more and require time off to address qualifying exigency, to care for a military family member who is injured during active duty, or to care for a veteran with a serious illness as defined under Connecticut law. Residents and fellows eligible for military leave are eligible for CT Family and Medical Leave and may also be eligible for Federal Family and Medical Leave. Residents/Fellows may also be eligible for GME leave (see [GME One-Time Leave Policy](#)) and CT Paid Leave benefits administered by CAHC's private plan (see [CT Family and Medical Leaves of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leaves of Absence \(CTPFML\) Policy](#)). Available leaves will run concurrently. Military leave eligibility requires leave paperwork verifying the need for leave and its beginning and expected end dates. Residents/Fellows are required to use their available vacation time prior to receiving any paid leave benefits under CAHC's private plan. Employees can reserve two weeks of vacation time for future use if available at the time of leave.

Once available vacation and GME leave time is exhausted, a resident/fellow may be eligible to receive CT Paid Leave benefits administered by CAHC's private plan. This leave falls under family leave and will be paid in accordance with the State's benefit rate after GME leave time is exhausted, which is capped at 60 times the minimum wage rate for the remaining period of absence (not to exceed 12 weeks or 84 days in a twelve-month period). A resident/fellow may elect to use the reserved vacation time to supplement the State's rate cap and receive full pay if a request is submitted to CAHC in writing. Military leaves extending past 12 weeks will be unpaid.

Residents/fellows who have been employed for less than 3 months and who are in need of a military caregiver leave or to attend to specific issues associated with a qualifying exigency, to care for a military family member who is injured during active duty, or to care for a veteran with a serious illness are eligible for GME leave and must comply with the requirements of the GME One-Time Leave Bank Policy (see [GME One-Time Leave Bank Policy](#)). Three weeks of vacation is available to residents/fellows on the first day of employment, and must be used during the GME leave. Employees can reserve two weeks of vacation time for future use if available at the time of leave. Residents/fellows may also be eligible for CT Paid Leave benefits administered by CAHC's private plan (see [CT Family and Medical Leaves of Absence \(CTFMLA\)](#), [Federal Family and Medical Leave \(FMLA\)](#) and [CT Paid Family and Medical Leaves of Absence \(CTPFML\) Policy](#)). Additional military caregiver leave taken after the GME leave is exhausted will be unpaid unless CT Paid Leave eligibility requirements are met.

Residents/fellows must submit the necessary paperwork (including a treating physician certification in the case of a leave to care for a current member of the armed forces who suffered a serious injury or illness in the line of duty, or a veteran with a serious illness) to support their leave request and return to the Capital Area Health Consortium.

When possible, the resident/fellow is required to provide their Program Director and the Capital Area Health Consortium with at least two weeks advance notice of the date the resident/fellow intends to return to training. When a resident/fellow returns from military leave, 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 their previous level of training (see [Contract Extension Due to Leave Guidelines Policy](#)).

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To the extent applicable, any family/military leave, GME leave, CT Family and Medical Leave, Federal Family and Medical Leave and CT Paid Leave will run concurrently.

If a resident/fellow fails to report to work promptly at the end of the military leave, their appointment with the UConn SOM and their employment with the CAHC may be terminated.

If a resident/fellow is unable to return to training after 26 weeks of military family leave, they must contact CAHC, their Program Director and the Office of Graduate Medical Education as soon as possible.

The status of a resident/fellow who is unable to return to training after 26 weeks of military leave will be determined by the Program Director in consultation with the GME Office. The position of the resident/fellow may or may not be held.

Taking any leave may extend the time necessary to complete the program requirements for graduation as well as Board eligibility (see [Contract Extension Due to Leave Guidelines 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.

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 a 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 extend the time necessary to complete the program requirements for graduation as well as for Board eligibility (see [Contract Extension Due to Leave Guidelines 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 and all leaves must be approved by the Program Director.

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 may be considered terminated.

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

A resident/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 sick time and vacation time and/or if an extension is needed will be at the discretion of the Program Director with consultation with the GME Office.

Reviewed 3/16, 5/17, 4/19, 3/21, 9/21, 2/23, 10/23

BEREAVEMENT LEAVE

In the event of a family member's death, a resident/fellow, may take bereavement leave of up to three consecutive workdays with pay. Immediate family is defined as parents, parents-in-law, siblings, spouse/domestic partner, children, grandparents, grandchildren, or an individual related to the employee by blood or affinity and whose close association to the employee shows to be the equivalent of those family relationships. Qualified bereavement leave does not reduce vacation time or sick days. Bereavement leave must be approved by the Program Director.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may extend time necessary to complete the program requirements for graduation as well as for Board eligibility (see [Contract Extension Due to Leave Guidelines 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 12/21, 1/23, 10/23

Reviewed 3/16, 3/17, 4/17, 5/17, 4/19, 3/21

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 sick or vacation time.

A personal leave request must be approved by the Program Director. Unlike other leaves, which are required by law (family and medical, jury duty, military) a personal leave is at 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. The Program Director will be responsible for informing the GME Office and the Capital Area Health Consortium if a personal leave request has been approved.

A resident/fellow who requests and is granted an unpaid personal leave must contact the Capital Area Health Consortium regarding pay and benefits while on personal leave. The resident/fellow 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. After 30 days, there is an option for continuation of coverage through COBRA. The Capital Area Health Consortium will provide the cost of coverage to the resident/fellow.

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 may be considered terminated.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may extend time necessary to complete the program requirements for graduation as well as for Board eligibility (see Contract Extension Due to Leave Guidelines 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, 4/19, 10/20, 3/21, 12/21, 5/23
Reviewed 2/23

CONTRACT EXTENSION DUE TO LEAVE GUIDELINES

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/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. 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 Office may take into consideration the spectrum of specialty board requirements, RC 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, 4/19, 3/21, 2/23

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-compete arrangement or other restrictive covenant with any resident/fellow.

Reviewed 3/15, 5/17, 4/19, 3/21, 2/23

CLOSURES AND REDUCTIONS IN PROGRAMS AND PROGRAM SIZE

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 HuskyCT.

Reviewed 3/16, 5/17, 3/21, 2/23

**EXTRAORDINARY CIRCUMSTANCES GUIDELINES
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 closure, a natural disaster, or a catastrophic loss of funding.

If the Extraordinary Circumstances policy is invoked, the Designated Institutional Official (DIO), or designee(s), on behalf of the affected Sponsoring Institution will:

- Provide a plan describing the continuation of residents'/fellows' educational experiences and any major changes to the Sponsoring Institution and its programs
- Arrange timely reassignment of residents and fellows, including their temporary or permanent transfers to other ACGME-accredited programs as needed to ensure they can continue their education
- Ensure that residents and fellows are prospectively informed of the estimated duration of any temporary transfer to another ACGME-accredited program
- Ensure that residents/fellows continually receive timely information regarding reassignments, transfer arrangements, and/or major changes to the Sponsoring Institution or its programs

Residents/fellows are required to keep open channels of communication by phone or email during an extraordinary circumstance and particularly during an extreme emergency or disaster in order to keep informed of current and updated information.

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, 4/19, 3/21
Revised 2/23

SECTION VI: GENERAL INFORMATION AND SUPPORT SERVICES

REPORTING CONCERNS

The University of Connecticut (UConn) School of Medicine (SOM) is committed to fostering an environment where residents and fellows feel comfortable raising concerns. To that end, multiple avenues to report concerns are available.

Faculty

Residents/fellows may report any concerns they have about their training program to any one or to all of the following individuals: the Program Director, a core faculty member, 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.

GME Hotline:

Residents/fellows may report any concerns they have about their training program through the GME Hotline phone number or through the GME Hotline email. Faculty and staff who work with residents/fellows may also use the GME Hotline to report concerns.

- GME Hotline phone number: 860-679-4353
- GME Hotline email: gmehotline@uchc.edu

Reporting of concerns through the Hotline phone number may remain 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 unless an email address is used which does not reveal the identity of the sender.

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.

Office of University Compliance:

Residents/fellows may report concerns to the University of Connecticut's Office of University Compliance REPORTLINE. The REPORTLINE is supported by a third-party vendor and staffed by professionals. It serves as an **anonymous** resource for residents/fellows to report concerns by phone or by an online webform.

- (REPORTLINE phone number: 1-888-685-2637)
- (REPORTLINE online form: <https://compliance.uconn.edu/reporting-concerns/reporting-overview/>)

Office of Institutional Equity (OIE):

The Office of Institutional Equity (OIE) receives reports concerning alleged Prohibited Conduct pursuant to the [Policy Against Discrimination, Harassment and Related Interpersonal Violence](#). Residents/fellows may use the OIE's online form to report concerns regarding Prohibited Conduct under the Policy, whether the report is regarding an individual's own concerns, or a report is being made pursuant to the responsible employee reporting responsibilities set forth in the Policy, including those specific to student disclosures of sexual assault, intimate partner violence and stalking.

- OIE Reporting Form: <https://equity.uconn.edu/reporting-form/>

Revised 8/17, 4/19, 1/21, 3/21

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 member. 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/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 international away elective will be covered if incurred at the UConn Health travel clinic. The resident/fellow 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.

**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, 4/19, 3/21, 2/23

MEDICAL TREATMENT/PRESCRIPTION WRITING

Residents/fellows may provide treatment for patients they are caring for on their assigned rotations, both inpatient and outpatient. Such treatment may include but is not limited to providing direct clinical care, writing prescriptions, ordering tests, or making referrals.

Connecticut requires several numbers before these privileges are available. Please refer to [National Provider Identifier \(NPI\) Number](#), [Connecticut Controlled Substance Number](#), [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 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 action.

Revised 3/16, 5/17, 4/19, 3/21
Reviewed 2/23

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, they should contact the GME Office.

Revised 3/21

Reviewed 3/15, 5/17, 4/19, 2/23

JURY DUTY

Participation in jury duty is a civic responsibility. If a resident/fellow gets called for jury duty, they 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 and CAHC promptly 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 Guidelines 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, 4/19, 3/21, 2/23

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.

Operator Phone Numbers

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

Security/Public Safety Office Phone Numbers

UConn Health	(860) 679-2121
Hartford Hospital	(860) 545-2147
St. Francis Hospital & Medical Center	(860) 714-4492
Hospital of Central Connecticut - New Britain Campus	(860) 224-5107
Connecticut Children's Medical Center	(860) 545-2147
Veteran's Administration - Newington	(860) 666-6951

Revised 2/23

Reviewed 3/15, 5/17, 4/19, 3/21

BEEPERS

Residents/fellows may be provided a beeper during their appointment period. Beepers must be returned upon completion of training. If a resident/fellow is remaining at 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.

SECURE ELECTRONIC MESSAGING

TigerConnect and Voalte are systems that have been provided to residents/fellows in order to ensure a secure, HIPAA-compliant means of communication about patient care. TigerConnect or Voalte can be accessed through an app at the App Store (Apple) or Google Play (Android). Additional information is available in the “GME Updates for Residents and Fellows” organization on HuskyCT.

MEAL ALLOWANCE

A meal allowance of \$10 per shift is added to the resident’s/fellow’s stipend for each shift they are 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.

Revised 3/16, 5/17, 11/17, 2/23
Reviewed 4/19, 3/21

HOLIDAY GUIDELINES

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

Reviewed 4/19, 3/21, 1/23

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 snowstorm, 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 needed 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, they should contact their supervisor immediately.

Revised 3/15, 5/17
Reviewed 4/19, 3/21, 2/23

NEEDLESTICKS & OTHER OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Residents/fellows who experience a needlestick or occupational exposure to bloodborne pathogens are required to follow the guidelines listed below:

- ☐ Wear procedure work related injury “purple card” on their badges at all times.
- ☐ Immediately present “purple card” at point of care.
- ☐ Notify their supervisor of an accident or injury occurring while on the job.
- ☐ Keep their supervisor informed of their 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.
- ☐ 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
Reviewed 4/19, 3/21, 2/23