



Graduate Medical Education  
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Capital Area Health Consortium  
270 FARMINGTON AVENUE, SUITE 352  
FARMINGTON, CT 06032-1994  
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## APPOINTMENT LETTER/CONTRACT

**Program:**

**Post-Graduate Year Level:**

**Duration of Appointment:**

**Current Salary at this Level:**

This includes the amount for the 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 (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 Policy for Medical Residents and Fellows and Code of Conduct Violations/Non-Academic Deficiencies Policy for Medical Residents and Fellows 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 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
- ☐ Abide by accreditation standards. Most residency/fellowship programs under UConn SOM are accredited by the ACGME and the discipline specific RRC or similar organizations. Non-ACGME accredited programs are required to meet similar standards, policies, and procedures as the accredited programs. Residents/fellows in all programs are required to abide by all policies and procedures in the Manual

- ☐ Design a curriculum in which residents/fellows who perform satisfactorily will be able to meet board certification requirements for their discipline if applicable
- ☐ 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 hours worked for both payroll processing and 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; Academic Deficiencies Review Procedures; 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 he or she is assigned including standards required to maintain accreditation by relevant accrediting, certifying, or licensing organizations, attaining and maintaining authorization to work in the United States, and a valid training permit in the State of Connecticut throughout the duration of this appointment
- ☐ Become familiar with, comply with, and be subject to all site policies, rules and regulations; state, federal and local laws; and standards required to maintain accreditation by relevant accrediting, certifying, or licensing organizations, including attaining and maintaining authorization to work in the United States and a valid training permit in the State of Connecticut throughout the duration of this appointment
- ☐ Consent to and pass a pre-employment criminal background check and a pre-employment drug screening test

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 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 your family 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)
  - Four weeks' vacation (one week equals five days + two weekend days)
  - Ten 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 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. The required immunizations 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.



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## 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 additional shifts I will receive additional compensation proportionate to the number of shifts covered up to \$30,000.

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.

**APPT DATES:**  
**SALARY:**

**Date**  
**PROGRAM:**  
**LEVEL:**