

Medical College of Wisconsin Affiliated Hospitals

Housestaff Handbook 2016-2017

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Table of Contents

To go to a specific topic, click on the topic or its page number.

| | |
|---|----------|
| INTRODUCTION..... | 1 |
| THE MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC. | 1 |
| AMERICANS WITH DISABILITIES ACT | 1 |
| WISCONSIN CAREGIVER BACKGROUND CHECKS..... | 5 |
| DISCLOSURE OF MISCONDUCT OR CRIMINAL CONVICTION..... | 6 |
| DISCRIMINATION AND HARASSMENT | 6 |
| EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER..... | 8 |
| BENEFITS | 9 |
| Accident Insurance – Air Transport..... | 9 |
| Dental Insurance..... | 9 |
| Health Insurance..... | 10 |
| Life and Accidental Death and Dismemberment Insurance..... | 11 |
| Long-Term Disability Insurance | 11 |
| Mental Health Program..... | 11 |
| Professional Liability Insurance..... | 11 |

| | |
|---|-----------|
| Verification of Professional Liability Insurance & Claims History | 12 |
| Vision Insurance | 14 |
| Worker's Compensation Insurance | 14 |
| Working Condition Fringe Benefit | 14 |
| Veterans' Benefits & Armed Services Opportunities | 15 |
| STIPENDS..... | 15 |
| LEAVE BENEFITS | 16 |
| Holidays..... | 16 |
| Vacation | 16 |
| Educational Leave | 17 |
| Sick Leave..... | 17 |
| Leave of Absence – Effect on Advancement to the Next Level of Training and Completion of Training..... | 17 |
| Requesting a Leave of Absence | 18 |
| Computing Leave Days..... | 18 |
| FMLA Leave | 19 |
| When Taking a FMLA Leave..... | 22 |
| Non-FMLA Medical [and Family] Leave..... | 25 |
| Personal Leave..... | 26 |
| Funeral Leave | 28 |
| Jury Duty | 28 |
| Military Leave | 28 |
| LICENSURE | 29 |
| LICENSURE REQUIREMENTS FOR PHYSICIANS..... | 29 |
| Resident Educational License (REL) & Wisconsin Medical Licensure | 29 |

Licensure Requirements for Oral and Maxillofacial Surgery Residents30

MCWAH’S GRADUATE MEDICAL EDUCATION TRAINING AGREEMENT30

MCWAH INSTITUTIONAL POLICIES.....30

OCCUPATIONAL HEALTH SERVICES.....30

RISK MANAGEMENT PROGRAM.....33

GENERAL INFORMATION34

 Life Support Certification34

 Completion of Medical Records34

 Confidentiality and Privacy of Patient Information35

 Helpline36

 Hazard Communication Program.....37

 Infection Control and Safety Procedures37

 International Elective Rotations37

 Financial Aid Services Provided to Residents.....38

 MCW Identification Cards.....38

 Parking38

 Professional Organizations39

 Resident Spouse Association (RSA)39

 Stress.....39

INTRODUCTION

This Housestaff Handbook has been developed for the employed housestaff of the Medical College of Wisconsin Affiliated Hospitals, Inc. (MCWAH). It provides general information on the programs of graduate medical education, stipends and benefits, the housestaff contract, leave policies, licensure requirements in the State of Wisconsin, and other matters that affect the housestaff directly. In addition, it orients housestaff to the Medical College of Wisconsin Affiliated Hospitals and its affiliated institutions. It also considers issues that may affect housestaff, such as loan deferments, veterans' benefits and verification of employment.

MCWAH may modify its policies, practices, programs and procedures at any time, and when necessary, at MCWAH's sole discretion. This handbook is not a contract, but rather describes the guidelines considered by MCWAH in administering its policies, practices, programs and procedures. All current MCWAH policies and benefits, including the Housestaff Handbook, can be viewed online on the MCWAH/GME Intranet site on InfoScope site. It is the responsibility of the housestaff to be aware of these policies and work within the guidelines when carrying out their assigned duties.

Questions not discussed here may be addressed to the MCWAH Office at (414) 955-4575 or by emailing gme@mcw.edu.

THE MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

Information regarding MCWAH, its affiliated hospitals and its relationship with MCW may be found online at: <http://www.mcw.edu/gme.htm>.

AMERICANS WITH DISABILITIES ACT

Purpose

MCWAH is committed to treating all applicants and employees fairly and to complying with Federal and State laws that protect job applicants and employees against discrimination. MCWAH will provide reasonable accommodations for qualified applicants and employees with a disability unless doing so would cause undue hardship.

Definitions

Confidential Medical Records - All employee medical records are confidential and will be kept separate from employee personnel records. All medical records, requests for accommodation and reasonable accommodations will be kept confidential as required by law, except to the extent necessary to effectuate the reasonable accommodation. When a reasonable accommodation has been given to an employee with a disability pursuant to this policy neither the accommodation made nor the reason for the accommodation shall be discussed with coworkers or other employees.

The following exceptions may apply with regard to confidential medical records, conditions or accommodations:

- Program Directors and supervising faculty will be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations.
- Government officials investigating compliance with the ADA and/or the WFEA shall be provided relevant information on request. Results of pre-employment medical examinations will be subject to the above confidentiality provisions.

Direct Threat to Safety - A significant risk to the health or safety of the individual or others which cannot be eliminated by reasonable accommodation.

Disability - A physical or mental impairment that substantially limits a major life activity or a record of such impairment, or being regarded as having such an impairment, even if they do not. A substantial limitation is one that significantly limits or restricts a major life activity such as hearing, seeing, speaking, walking, breathing, or performing manual tasks, caring for oneself, learning or working.

Essential Job Functions - Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation. Factors to consider in determining if a function is essential include:

- whether the reason the position exists is to perform that function,
- the number of other employees available to perform the function or among whom the performance of the function can be distributed, and
- the degree of expertise or skill required to perform the function.

Evidence of essential functions may include, but is not limited to:

- the actual work experience of present or past employees in the job,
- the time spent performing a function, and
- the consequences of not requiring that an employee perform a function.

Interactive Process or Interactive Dialog - The process by which the individual requesting accommodation and the Program Director and/or MCWAH DIO & Executive Director or staff discuss physical, mental abilities and limitations as they relate to the job's essential functions and possible job accommodations.

Qualified Individual - A qualified individual is one who:

- satisfies the job requirements for educational background, employment experience, skills, licenses, and any other qualification standards that are job related; and
- is able to perform those tasks that are essential to the job, with or without reasonable accommodation.

Reasonable Accommodation - Reasonable accommodation is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities.

Undue Hardship - Undue hardship means that an accommodation would be unduly costly, extensive, substantial or disruptive, or would fundamentally alter the nature or operation of the business.

Policy

In accordance with the Americans with Disabilities Act of 1990, the Americans with Disabilities Amendment Act of 2008 and the Wisconsin Fair Employment Act, MCWAH prohibits discrimination against qualified individuals with disabilities in all employment practices including: job application procedures, hiring, firing, advancement, compensation, benefits, classification, leaves of absence, training, and other terms, conditions and privileges of employment. MCWAH is committed to providing accommodations for qualified employees and/or applicants with documented disabilities.

Procedure

Application Process

In accordance with law, all applicants for MCWAH graduate medical education training positions will not be asked 1) whether or not they are disabled, 2) about the nature or severity of a disability, or 3) to take a medical examination before they are offered a job. Applicants may be asked about their ability to perform job-related functions as long as the questions are not phrased in terms of a disability. Applicants may be asked to describe or to demonstrate how, with or without reasonable accommodation, they will perform job-related functions.

Reasonable Accommodation for Employees

An applicant or employee who believes he/she needs a reasonable accommodation to perform an essential job function of the position should make the request through his or her Program Director or directly to the MCWAH DIO & Executive Director.

When a request for accommodation is received by a Program Director, he/she should immediately contact the DIO to review the request. If the request is received by another faculty member, he/she must immediately bring it to the attention of the Program Director. The Program Director will provide the housestaff with a list of job duties associated with the housestaff's level of training.

MCWAH reserves the right to request specific information concerning the employee's ability to perform specific essential job functions, with or without reasonable accommodations, from the employee's treating provider and to seek clarification on the information provided in order to assess any accommodation requests.

MCWAH will engage in an interactive dialog with the employee concerning the accommodation request. The employee will always be the primary person consulted when determining appropriate accommodations. This means it is the employee's responsibility to provide any additional medical information or clarifications necessary in this interactive process, and to do so in a timely manner.

MCWAH reviews all requests for accommodation on a case-by-case basis. MCWAH is not obligated to provide an accommodation that causes an undue hardship.

If upon initial review of the nature of the disability and the accommodation request, MCWAH believes there may be a threat to the safety and well-being of the employee, patients or others, MCWAH may place the employee on a leave of absence until the completion of the interactive dialog process.

If an accommodation is made, the effectiveness of the accommodation will be evaluated on an ongoing basis. All accommodations granted will initially be on a temporary basis. MCWAH reserves the right to request additional information or documentation at any time concerning the employee's ongoing need for accommodation, to address any changes in the employee's condition and to assess the appropriateness of the accommodation based on business needs or operations.

WISCONSIN CAREGIVER BACKGROUND CHECKS

The State of Wisconsin requires background and criminal history checks for all persons responsible for the care, safety and security of children and adults. The Wisconsin Caregiver Background Check Law prohibits health care entities from employing individuals that have convictions of serious crimes or a history of improper behavior. An individual barred from employment may request the Wisconsin Department of Health and Human Services (DHS) for a review showing that he or she has been rehabilitated and thus allowed to work in a capacity that has access to patients. As part of the employment process, and as required under state law, a Caregiver Criminal Background check is completed for all housestaff prior to the start of training. As required by the State of Wisconsin Caregiver Background Check Law, this check will include completion of a Background Information Disclosure form, a Consumer Authorization form and a Summary of Rights information sheet. The National Sex Offender Public Registry Website (NSOPW) is also queried at this time. The results of background checks may be used in employment decisions.

MCWAH repeats the Wisconsin Caregiver Background Check every four years. MCWAH will ask housestaff who continue to be in training to complete the Background Information Disclosure form and Consumer Authorization form and will receive a Summary of Rights information sheet. MCWAH will conduct criminal background checks as required under State law.

DISCLOSURE OF MISCONDUCT OR CRIMINAL CONVICTION

Housestaff must notify his/her Program Director or the Designated Institutional Official as soon as possible, but no later than the next working day, when any of the following occurs:

1. He/she has been or is being investigated by any government agency for any act, offense, or omission, including an investigation related to the misappropriation of a client's property.
2. He/she has been convicted of any crime.
3. There is a governmental finding substantiated against him/her of abuse, neglect, or misappropriation of a client's property.
4. He/she has been denied a medical license or his/her medical license has been restricted or otherwise limited in any state.

Any violation of the above or falsification of information regarding housestaff background may subject an employee to disciplinary action up to and including discharge from employment.

DISCRIMINATION AND HARASSMENT

MCWAH is committed to promoting a productive work environment and it will not tolerate verbal or physical conduct that harasses, disrupts, or interferes with housestaff work performance or that creates an intimidating, offensive or hostile environment. MCWAH will not tolerate actions, words, jokes or comments based on an individual's sex, race, ethnicity, age, religion, color, creed, national origin, ancestry, sexual orientation, disability, marital status and arrest or conviction record or membership in any type of military force of the United States or Wisconsin or other legally protected status as required by law. As an example, sexual harassment (both overt and subtle) is a form of misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Discrimination and harassment can arise from a broad range of physical or verbal behavior (by housestaff, faculty, hospital or clinic employees, patients, students or vendors) which can include, but is not limited to, the following:

- Physical, mental or emotional abuse
- Racial, ethnic or religious insults or slurs
- Unwelcome sexual advances or touching

- Sexual comments, jokes, stories or innuendos
- Requests for sexual favors or verbal or physical conduct of an offensive nature, that is used as a condition of employment or that affects any personnel decision such as hiring, promotion, compensation or termination
- Display of sexually explicit or otherwise offensive images, posters, calendars or materials
- Computer or voice mail transmissions containing sexual content or jokes or derogatory statements regarding a particular race, ethnic group or other protected category
- Viewing sexually explicit material in a public location on campus, such as the MCW library
- Referring to another employee as a hunk, doll, babe or honey
- Making sexual gestures with hands or body movements
- Intentionally standing close or brushing up against another employee
- Inappropriately staring at another employee or touching his or her clothing, hair or body
- Whistling at another employee, cat calls
- Asking personal questions about another employee's sexual life
- Looking another employee up and down (elevator eyes)
- Requesting another employee or housestaff member to sit on your lap or sitting on his/her lap
- Stalking or intentionally following another individual or continuously pursuing another individual by phoning, paging or texting him/her.

These activities are offensive and are inappropriate in the workplace.

Discrimination and harassment are specifically prohibited by MCWAH. Any employee who engages in discrimination or harassment practices is subject to immediate discipline, up to and including discharge. This discrimination and harassment policy applies throughout the work environment, whether in a hospital or clinic, at work assignments outside the work environment, and at MCWAH-sponsored events.

Retaliation is forbidden against anyone for reporting harassment of any kind or otherwise assisting in the investigation of a harassment complaint, or filing a charge of discrimination with a government agency.

Reporting Procedure

If an employee of MCWAH believes that she or he has been subjected to conduct in violation of MCWAH's harassment policy, the employee should immediately report such incident(s) to the Program Director or the DIO & Executive Director of MCWAH.

Any supervisor who becomes aware of possible harassment should promptly advise the Program Director or DIO & Executive Director of MCWAH, who will handle the matter in a timely manner. MCWAH reserves the right to report illegal activity to the appropriate authorities.

Management of Complaints

MCWAH will investigate all complaints of discrimination and harassment promptly and if it is determined to be necessary, based on the results of the investigation, make sure the responsible person is disciplined. Disciplinary actions may include, but are not limited to, education and counseling, oral warning, written warning, suspension or termination from employment. MCWAH shall immediately notify MCW or the affiliated hospitals of housestaff complaints made against faculty or staff. All complaints will be kept confidential to the extent practicable and required by law. MCWAH employees (housestaff) can raise concerns and make reports without fear of reprisal. See the MCWAH policy *Complaints and Grievance by Housestaff Regarding the Educational or Professional Environment* on the MCWAH InfoScope site for more information.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

MCWAH believes that equal opportunity for all employees is important for the success of MCWAH.

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at MCWAH will be based on merit, qualification, and abilities. MCWAH does not discriminate in employment opportunities or practices on the basis of age, race,

color, disability, sexual orientation, creed, religion, national origin, ancestry, marital status, or membership in any type of military force of the United States or Wisconsin or other legally protected status. MCWAH will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination and access to benefits and training.

Employees with questions or concerns about any type of conduct in the workplace that may violate this policy are encouraged to bring these issues to the attention of the Program Director or DIO & Executive Director of MCWAH. Employees can raise concerns and make reports without fear of reprisal.

BENEFITS

MCWAH provides a benefit package that includes the following:

Accident Insurance – Air Transport

MCWAH provides accident insurance to housestaff who are involved in patient air transportation. Benefits are paid per the provisions of the policy.

Dental Insurance

MCWAH offers a comprehensive Dental insurance plan.

Housestaff are required to pay 50% of the dental insurance premium on a pre-tax basis. MCWAH pays the remaining 50% of the premium.

There is an open enrollment period for Dental insurance each June for July 1st. Your signed enrollment form is also an election to enroll with pre-tax deductions for your portion of the premiums. Your enrollment and election cannot be changed during the plan year (7/1-6/30) without a qualifying event as defined in the dental insurance and premium only (pre-tax) plans and the submission of a signed enrollment change form within the qualifying period (generally within 30 days). You can add, increase (single to family), add additional eligible family members to existing family coverage, change plan options, waive or reduce (family to single) your enrollment each June for July 1st during the annual open enrollment period. If you make no changes, your election automatically renews for the next plan year. Coverage

automatically ends on the last day of the month in which you graduate or otherwise terminate your employment.

See [Dental Insurance](#) on our website for current information.

The Dental Plan [Summary Plan Description](#) which includes the group plan certificate is also on our website and should always be consulted. Exact details and coverage are subject to the terms of the group policy.

Health Insurance

MCWAH offers a comprehensive Health insurance plan.

Housestaff are required to pay 20% of the health insurance premium on a pre-tax basis. MCWAH pays the remaining 80% of the premium.

There is an annual open enrollment period for Health Insurance each late May\June for July 1st. Your signed enrollment form is also an election to enroll with pre-tax deductions for your portion of the premiums. Your enrollment and election cannot be changed during the plan year (7/1-6/30) without a qualifying event (marriage, birth of a child, losing coverage through spouse, and similar) as defined in the health insurance and premium only (pre-tax) plans and the submission of a signed enrollment change form within the qualifying period (generally within 30 days). You can add, increase (single to family), add additional eligible family members to existing family coverage, waive or reduce (family to single) your enrollment each late May\June for July 1st during the annual open enrollment period. If you make no changes, your election automatically renews for the next plan year. Coverage automatically ends on the last day of the month in which you graduate or otherwise terminate your employment. See the cover to the Health insurance enrollment form and the plan certificate for additional details.

See [Health Insurance](#) on our website for current information.

The Health Plan [Summary Plan Description](#) which includes the group plan certificate is also on our website and should always be consulted. Exact details and coverage are subject to the terms of the group policy. The [Summary Plan Description](#) includes *important notices* that may be of significance to you.

Life and Accidental Death and Dismemberment Insurance

MCWAH provides group term life insurance and accidental death and dismemberment coverage. See [Life and Accidental Death and Dismemberment Insurance](#) on our website.

Long-Term Disability Insurance

MCWAH provides group term long-term disability coverage. See [Long-Term Disability Insurance](#) on our website.

Mental Health Program

MCWAH is aware of the multiple demands of residency training. In an effort to meet the unique needs of our housestaff, a Resident Mental Health Program has been designed to assist MCWAH housestaff in obtaining high quality mental health care in a confidential manner. This benefit also applies to spouses and children.

Housestaff who use the Resident Mental Health Program can receive confidential referral assistance to in-network and out-of-network providers. Some referral providers offer 3 unbilled visits per academic year (7/1-6/30 academic year). **Contact the Behavioral Health Center at (414) 955-8933 for referral assistance. For after-hours (5pm-8am) emergencies call (414) 805-6700** and ask for the Department of Psychiatry clinician on call. This clinician will be contacted by the paging operator and will get back to you as soon as possible.

See [Resident Mental Health Services](#) for additional information.

Professional Liability Insurance

MCWAH provides professional liability insurance for the housestaff it employs. Housestaff who are not licensed in Wisconsin are covered by MCWAH's corporate professional liability. Housestaff who are licensed in Wisconsin are covered by MCWAH's corporate policy, but each licensed physician has his or her individual limits. Housestaff receive a certificate of insurance for professional liability shortly after they become licensed in Wisconsin and annually thereafter. The certificate of insurance contains the policy number, the type of insurance and the coverage limits of the policy.

Housestaff should retain all certificates of insurance in a permanent file as they will be needed throughout their professional careers. MCWAH and each of its employed, licensed physicians have required limits of \$1,000,000 per occurrence/\$3,000,000 per aggregate loss per year. Professional liability insurance covers legal defense costs, jury awards or settlements, and other expenses related to malpractice claims and lawsuits.

Professional liability insurance also pays for legal costs incurred from testifying in a deposition and responding to inquiries by the Medical Examining Board.

MCWAH pays the Wisconsin Injured Patients and Families Compensation Fund (Fund) for excess professional liability insurance for losses above the primary policy limits for itself and each licensed housestaff. The Fund is administered by the Office of the Commissioner of Insurance of the State of Wisconsin.

The professional liability insurance policy that MCWAH provides covers housestaff while they perform duties within the scope of their training except when they rotate at the Milwaukee County Behavioral Health Division (BHD) or to the Zablocki Veterans Affairs Medical Center (VAMC). Housestaff rotating at BHD fall under the statutory provisions which govern liability lawsuits against Milwaukee County. Housestaff rotating at the VAMC are covered under the Federal Tort Claims Act, and the U.S. Government is responsible for malpractice liability at the VAMC.

MCWAH's malpractice insurance policy does not cover moonlighting outside of the training program. Liability insurance for external moonlighting is the individual's responsibility. See the MCWAH Moonlighting policy on the MCWAH InfoScope site for more information.

Housestaff do not incur any expense for professional liability insurance and currently do not need an extended endorsement insurance policy ("Tail") after they leave their training program.

[Verification of Professional Liability Insurance & Claims History](#)

From time to time, licensed physicians need to provide proof of insurance and have their claims history verified. A **claims history** contains all claims against the provider that have been reported to the insurance company. Physicians need proof of past malpractice insurance policies and verification of their claims history each time they apply for hospital medical staff membership and privileges or take a position with a medical group. **Primary verification** occurs when the hospital or entity receives the insurance information and claims history directly from the insurance companies. The Medical College of Wisconsin Affiliated Hospitals (MCWAH) cannot provide claims histories because it is not the insurance company and it is not self-insured.

Physicians filling out an application for a medical staff membership and privileges are expected to report the names of all insurance companies that have insured them for professional liability. Since 1997, **unlicensed housestaff** have been insured under MCWAH's professional liability policy. **Licensed housestaff** are also insured under MCWAH's policy, but they have individual limits. If housestaff have an **external moonlighting** job outside of their training programs, they must have malpractice insurance from the entity or from an insurance company for moonlighting work; **MCWAH insurance does not cover external moonlighting.**

Each year, licensed housestaff receive a Certificate of Insurance that has the policy number, type of insurance, any extended reporting endorsements (tail), effective date of the policy and the limits of insurance. **Keep all Certificates of Insurance in a permanent file.** On applications, physicians will be asked for that information.

Physicians going through medical staff credentialing must have primary verification of their insurance coverage and claims history. Housestaff will need to complete an **Authorization for the Release of Information** and send it to every insurance company or entity that has provided medical malpractice insurance. Each insurance company or entity that provided coverage will submit the insurance and claims history directly to the organization that is credentialing the physician. Occasionally, MCWAH is asked to verify employment dates. Physicians need to know the dates they were employed by MCWAH in a residency/fellowship program so they can contact the appropriate insurance company. Physicians may need to contact more than one insurance company depending on their dates of training.

Current information regarding the [Verification of Professional Liability Insurance & Claims History](#) is available on our website under "[Verification of Professional Liability Insurance & Claims History](#)". The main website link is www.mcw.edu/gme.

Vision Insurance

Vision insurance is available with no payroll deduction for the Housestaff for either single or family coverage. MCWAH pays 100% of the premium.

There is no open enrollment period for vision insurance and you can only make changes in accordance with a qualifying event as defined in the plan certificate and the submission of a signed enrollment change form within the qualifying period (generally 30 days). Coverage automatically ends on the last day of the month in which you graduate or otherwise terminate your employment.

See [Vision Insurance](#) on our website for current information.

The Vision Plan [Summary Plan Description](#) which includes the group plan certificate is also on our website and should always be consulted. Exact details and coverage are subject to the terms of the group policy.

Worker's Compensation Insurance

Housestaff, as employees of MCWAH, are protected by Worker's Compensation insurance in case of work-related injury or illness. Any incident resulting in injury or illness must be reported promptly to the Program Director and a report form must be submitted to the MCWAH Office within 24 hours of the incident. Compensation for loss of duty assignment time or for medical expenses incurred as a consequence of such incident will be provided according to Wisconsin law.

Working Condition Fringe Benefit

The Working Condition Fringe Benefit is a \$1,500 per academic year taxable payment to housestaff to help defray expenses for license fees, DEA fees, license exam fees and textbooks.

Housestaff are not required to submit receipts to claim this benefit. Housestaff that complete training mid-academic year will be paid a pro-rated amount on their last paycheck. The benefit will be paid in two \$750 installments; one on December 31 and one on June 30. The \$1,500 payment is a taxable benefit.

Compliance Requirements:

- Obtain and maintain a Wisconsin License in compliance with MCWAH policy. See MCWAH's website (www.mcw.edu\gme) for the [Licensure, Resident Educational License and DEA Number Requirements for Housestaff](#) policy.
- Licensed housestaff, with the exception of housestaff who are in specialties which do not order and administer controlled substances or who never write prescriptions, must obtain a DEA number within three months of receiving their Wisconsin license and provide a copy of the DEA certificate to the MCWAH office. See the above cited policy regarding DEA Number requirements.
- Be in compliance with hospital requirements such as annual flu shots, TB skin testing, etc.

If you are not in compliance with the policies concerning DEA numbers, licensure and required immunization, you will **not** receive some or all of the Working Condition benefit.

Veterans' Benefits & Armed Services Opportunities

Veterans who are eligible for benefits while serving as housestaff may contact the MCWAH Office to obtain application forms for such benefits. The MCWAH Office also will certify participation in a training program.

STIPENDS

The Board of Directors of MCWAH establishes stipends for housestaff. The annual stipend levels are posted on the MCWAH website under [Stipends](#) for each academic year beginning July 1st.

The stipend is deposited directly once a month, on the last day of the month, in the individual's bank account. MCWAH offers direct deposit at most banks, savings and loans, and credit unions in the greater Milwaukee area. The funds are available on payday. If the payday falls on a holiday or weekend, the funds are available the day before the holiday or weekend.

The Post Graduate year is the one appropriate for the program in which the housestaff is currently enrolled and is determined by the number of years remaining before successful completion of the program. Only pre-requisite years are included in the Post Graduate year determination. Example: An individual has completed 5 years of previous GME and enters the first year of a Cardiology program. The training year level would be PG IV if the individual successfully completed 3 years training in an Internal Medicine program as the pre-requisite for Cardiology.

When a question exists with respect to the Post Graduate year, the Program Coordinator should contact the appropriate Board or RRC to determine the amount of the individual's previous training that can be counted towards his/her MCWAH program requirements.

Changes in monthly salary levels for housestaff advancing mid-year occur on the 1st of the month. For housestaff whose advance date is prior to the 16th of the month, the change in salary will be retroactive to the 1st of the month. For those whose advance date is on or after the 16th of the month, the change in salary will be effective the first of the following month.

LEAVE BENEFITS

Holidays

Housestaff are considered to be available to be scheduled 365 days a year including all religious and secular holidays. Due to variations among programs' training and clinical requirements, requests for time off will be granted based on specific policies of each program regarding scheduling, requesting time off and vacation.

Vacation

Housestaff are allowed annual paid vacation of three weeks. Vacation time is not cumulative from year to year and unused vacation cannot be carried over to another academic year. MCWAH will not pay housestaff for unused vacation upon separation of employment or the end of Trainee's term or Agreement.

Educational Leave

Housestaff (PG II and above) are allowed up to one week of educational leave, without interruption of pay or benefits, contingent upon the approval by the Program Director. Educational leave time is not cumulative from year to year and unused educational leave cannot be carried over to another year. Unused educational leave is not paid upon separation of employment or the end of Trainee's term or Agreement.

Sick Leave

Sick leave accrues to housestaff at the rate of two weeks per year to a maximum of four weeks from previous academic years. Unused sick leave is not paid upon separation of employment or the end of Trainee's term or Agreement.

When ill, a housestaff will use their previously accrued days first, utilize the two weeks from the current academic year next, and then may borrow two weeks from the next academic year providing their training program extends throughout another academic year.

Housestaff requiring more paid leave than this may utilize vacation leave.

Leave of Absence – Effect on Advancement to the Next Level of Training and Completion of Training

Each Member Board of the American Board of Medical Specialties has policies regarding absence from training and the impact that absence may have on the Board eligibility of the candidates. Housestaff who take a leave of absence during their training should communicate with their Program Director to ensure that their total leave time does not exceed the maximum allowed by the Board. The Program Director should communicate with the Specialty Board on behalf of the housestaff if necessary for clarification.

A leave of absence may necessitate that the advancement to the next level of training be delayed. At the conclusion of the training program, the Program Director must certify that the resident/fellow has mastered each component of clinical competence and has acquired proficiency in each of the various procedural skills identified in the program's curriculum. If the trainee does not meet the requirements of the Board because of a sick leave or leave of absence, the Program Director may require the individual to extend the training beyond the usual time required to complete the program.

Requesting a Leave of Absence

Housestaff assignments are made by the Program Directors, who must verify that those assignments were met. The Program Director must be notified promptly by the housestaff in the event of absence due to illness or any other reason.

Housestaff should request a Leave of Absence (LOA) through their programs, using the standard Leave of Absence form that is readily available on MCWAH's website. Housestaff must provide the Program Director with at least 30 days advance notice of the need to take leave when the need is foreseeable. If leave is not foreseeable, notice must be given to the Program Director as soon as practicable, ordinarily within one or two business days of when the housestaff learns of the need for a leave, except in extraordinary circumstances. All Leaves of Absence must be approved by MCWAH and the Program Director. The completed form needs to be promptly forwarded to the MCWAH Office by the Program Coordinator. If additional information is needed in order to determine if the housestaff qualifies for Federal Family and Medical Leave (FMLA)/Wisconsin Family and Medical Leave (WFMLA) and/or to approve the LOA, the Program Director or Program Coordinator must contact the MCWAH Office. The MCWAH Office will follow up as needed directly with the housestaff and obtain the necessary information on a confidential basis.

The MCWAH Office does not need to be notified of an absence of seven calendar days or less if the housestaff remains on the payroll (using available sick, vacation or educational leave days; on jury duty, or similar); nor does the MCWAH Office need to be notified if the housestaff is taking scheduled vacation using their available vacation days.

MCWAH does not grant indefinite leaves of absence.

Computing Leave Days

Housestaff are considered to be available for duty on a continuous basis throughout their training period and are paid accordingly. In a 15-day pay period, housestaff are entitled to 15/365 of their annual stipend. Therefore, when counting leave days include weekends and holidays. If a housestaff member is ill on a Thursday and returns on the following Tuesday, they should be charged for 5 days of sick leave (Thursday, Friday, Saturday, Sunday and Monday). This method is used for computing all sick day accrual, vacation day accrual, and unpaid leave stipend deductions.

FMLA Leave

MCWAH will grant family and medical leaves of absence in accordance with both the Wisconsin and Federal Family and Medical Leave Acts (WFMLA\FMLA).

MCWAH has defined the Federal FMLA year as the Academic Year 7/1-6/30.
The Wisconsin WFMLA year is the Calendar Year 1/1-12/31.

If an employee qualifies for Federal Family and Medical leave (FMLA) and for leave under Wisconsin Family and Medical leave (WFMLA), leave used counts against the employee's entitlement under both laws.

Eligibility Requirements - Federal FMLA

Employees are eligible if they have worked for MCWAH for at least one year and for 1,250 hours over the previous 12 months.

Eligibility Requirements - Wisconsin WFMLA

Employees are eligible if they have worked for MCWAH at least 1,000 compensated hours in the preceding 52 weeks and for at least 52 consecutive weeks.

Basic Leave Entitlement - Federal FMLA

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for any one or a combination of the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care [within 12 months after birth or placement].
- To care for the employee's spouse, dependent child, or parent (excluding parent-in-law), who has a serious health condition; or
- For a serious health condition that renders the employee unable to perform the essential functions of the employee's job.

Basic Leave Entitlement - Wisconsin WFMLA

WFMLA requires covered employers to provide, during a 12 month calendar period:

- 6 weeks for birth or adoption of a child [must begin within 16 weeks of birth or placement].
- 2 weeks for a serious health condition of a child, spouse, domestic partner [as defined in WI Statutes 40.02(21c) or 770.01(1)] or parent (including parent-in-law) or parent of a domestic partner.
- 2 weeks for employee's own serious health condition that renders the employee unable to perform the essential functions of the employee's job.
- Employee may not take more than 8 weeks in a year for any combination of the above leave.

Military Family Leave Entitlements - Federal FMLA

Eligible employees whose spouse, son, daughter or parent is on covered active duty or called to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service-member during a single 12-month period. A covered service member is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.* Spouses are entitled to a combined total of 26 weeks of unpaid FMLA leave in a 12 month period to care for a covered service member. Leave taken for other FMLA qualifying reasons by either spouse during the same 12 month period will be combined with and exhausted against the 26 week entitlement.

See the Federal Family and Medical Leave Act for specific definitions related to the Military Family Leave entitlements outlined above.

MCWAH may require certifications for the serious injury or illness of the covered service member or for the qualifying exigency in accordance with the FMLA.

*The FMLA definitions of "serious injury or illness" for current service members and veterans are distinct from the FMLA definition of "serious health condition".

Definition of Serious Health Condition - Federal FMLA

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves:

Either

- Incapacity or treatment in connection with inpatient care, a hospice or a residential medical care facility (overnight stay in a medical care facility).

Or

- Continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

If a serious health condition is based upon:

- Three consecutive calendar days of incapacity plus two visits to a healthcare provider, the first visit must occur within 7 days of and both visits must occur within 30 days of the beginning of the period of incapacity.
- Three consecutive calendar days of incapacity plus a regimen of continuing treatment, the employee must visit a healthcare provider within 7 days of the onset of incapacity.
- Periodic visits to a healthcare provider for a chronic serious health condition, the employee must make at least two visits to a healthcare provider per year.

Definition of Serious Health Condition - Wisconsin WFMLA

A disabling physical or mental illness, injury, impairment or condition involving inpatient care in a hospital, nursing home or hospice, or out-patient care that requires continuing treatment or supervision by a health care provider.

When Taking a FMLA Leave

1. The housestaff must provide the Program Director with at least 30 days advance notice of the need to take FMLA leave when the need is foreseeable. If FMLA leave is not foreseeable, notice must be given to the Program Director as soon as practicable, ordinarily within one or two business days of when the housestaff learns of the need for a FMLA leave, except in extraordinary circumstances. The housestaff needs to request a leave of absence through the program using the standard leave of absence request form that is available from their Program Coordinator and on the MCWAH website.
2. Housestaff must provide sufficient information for MCWAH to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave.

If leave is for a housestaff's own serious health condition or that of a family member, MCWAH requires the housestaff to submit a confidential medical certification form from the housestaff's or the family member's health care provider. The required medical certification is to be submitted no later than 15 days after the date it is requested. If the housestaff cannot comply with this deadline, he/she must contact the MCWAH Office to obtain an extension prior to the date that the form is originally due. If the housestaff fails to return the completed medical certification form to the MCWAH Office and/or request an extension of time, the housestaff's request for FMLA leave can be delayed or denied. Second and third certifications, and periodic re-certification, may be required under certain circumstances.

Sufficient information shall include the housestaff is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave.

Housestaff must also inform MCWAH if the requested leave is for a reason for which FMLA leave was previously taken or certified.

3. If leave is for a housestaff's own serious health condition, a Fitness for Duty Report will be required upon the housestaff's return to work. The Fitness for Duty Report must be submitted to MCWAH, not the Program. MCWAH will inform the Program Director of any job related information or restrictions that are identified in the Fitness for Duty Report. If there is a need to clarify information regarding a housestaff's fitness for duty, MCWAH senior staff or Director of Risk Management will contact the medical provider who issued the report. If such Fitness for Duty Report is not received, the housestaff's return to work may be delayed until such certification is provided or the return to work may be denied.
4. Both Wisconsin and Federal FMLA are unpaid. The housestaff may choose to substitute accrued paid sick and vacation time for the unpaid FMLA leave time if accrued sick or vacation days are available; however, it is not required. Substitution of accrued paid sick and vacation time must be done in accordance with MCWAH's paid sick and vacation leave policies. Paid days due to substitution of accrued sick and vacation days will run concurrent with the FMLA leave and will count against the FMLA leave entitlement.
5. Health, dental and vision insurance will be provided for up to 12 weeks of FMLA leave on the same basis as was provided before the housestaff took leave. The housestaff must pay the usual employee contribution for coverage that is normally deducted from the housestaff's paycheck during any period of leave. After 12 weeks, the health, dental and vision insurance will continue through COBRA and the housestaff will be responsible for 100% of the premiums at that time.
6. While on leave, the housestaff must provide their Program Director with periodic updates regarding their intent to return to work.
7. If the circumstances of housestaff's leave change and he/she is able to return to work earlier than anticipated, he/she needs to notify their Program Director at least two work days prior to the date they intend to report for work.
8. MCWAH will inform housestaff requesting leave of their eligibility under FMLA. If eligible, the notice will specify if any additional information is required as well as the housestaff's rights and responsibilities. If the housestaff is not eligible, MCWAH will provide a reason for the ineligibility.

9. MCWAH will inform housestaff if leave will be designated as FMLA-protected and the amount of leave counted against the housestaff's FMLA leave entitlement. If MCWAH determines that the leave is not FMLA-protected, MCWAH will notify the housestaff.

Benefits and Protections – During FMLA leave, MCWAH must maintain the employee's health coverage under any group health plan on the same terms as if the housestaff had continued to work. Upon return from FMLA leave, most housestaff must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Use of Leave – Housestaff do not need to use these leave entitlements in one block. Under FMLA and WFMLA, leave due to the housestaff's or a covered family member's serious health condition can be taken intermittently or on a reduced leave schedule when medically necessary. The housestaff must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the GME training. Under FMLA, leave due to qualifying exigencies may also be taken on an intermittent basis. Leave taken under WFMLA for the birth or adoption of a child can be taken as partial absence from employment.

Notice – Any employees wishing to view their rights and entitlements under the FMLA/WFMLA may view these rights at any time on the posters contained in the Human Resource Offices of the Medical College of Wisconsin, each affiliate hospital or facility, and near the cafeteria in the Curative building. These posters are also posted on the GME website and are available at [Federal FMLA Poster](#) and at [Wisconsin FMLA Poster](#).

The Wage and Hour Division of the U.S. Department of Labor is the federal agency that regulates the federal FMLA. Federal law makes it unlawful for an employer to interfere with, restrain, or deny the exercise of any right provided under the FMLA; or to discharge or discriminate against any person for opposing any practice made unlawful by the FMLA or for the involvement in any proceeding under or relating to the FMLA. Nothing in the FMLA affects any federal or state law prohibiting discrimination, or supersedes any state or local law or collective bargaining agreement which provides greater family and medical leave rights. Employees have the right to file a complaint with the U.S. Department of Labor

("DOL") or bring a private lawsuit if they feel their rights under the FMLA have been violated. For more information, you may contact the DOL at (866) 487-9243 or www.dol.gov. That being said, it is the preference of MCWAH that its employees first bring any concerns to the attention of the Designated Institutional Official (DIO) & Executive Director of MCWAH.

Non-FMLA Medical [and Family] Leave

Housestaff who would otherwise qualify for a FMLA Leave except that they are ineligible (do not meet the eligibility requirements) or have already exhausted their FMLA and WFMLA entitlements for the applicable year, may be granted a Non-FMLA Medical Leave. This leave is not an entitlement and is not job protected. Housestaff must be on-duty prior to being given a Non-FMLA Medical leave.

The granting of a Non-FMLA Medical Leave is totally at the discretion of the Program Director and the DIO & Executive Director of MCWAH. The amount of leave time to be approved will be determined by them, not to exceed 12 weeks in an Academic year counted in the same manner as Federal FMLA leave time. The Program Director and DIO & Executive Director of MCWAH will need to consider the impact of the leave on the training program and determine if it would be disruptive to the training program, the affiliated hospitals, patient care, and the meeting of the program requirements by the other housestaff in the program.

Housestaff must provide sufficient information to MCWAH to determine if the leave qualifies as a Non-FMLA Medical leave and the anticipated timing and duration of the leave. MCWAH may request additional information before approving the leave if such additional information is necessary for MCWAH to have sufficient information.

If leave is for a housestaff's own serious health condition or that of a family member, MCWAH requires the housestaff to submit a confidential medical certification form from the housestaff's or the family member's health care provider. The required medical certification is to be submitted no later than 15 days after the date it is requested. If the housestaff cannot comply with this deadline, they must contact the MCWAH Office to obtain an extension prior to the date that the form is originally due. If the housestaff fails to return the completed medical certification form to the MCWAH Office and/or request an extension of time, the housestaff's request for Non-FMLA Medical leave can be delayed or denied.

If leave is for a housestaff's own serious health condition, a Fitness for Duty Report will be required upon the housestaff's return to work. The Fitness for Duty Report must be submitted to MCWAH, not the Program. MCWAH will inform the Program Director of any job related information and restrictions that are identified in the Fitness for Duty Report. If there is a need to clarify information regarding a housestaff's fitness for duty, MCWAH senior staff or Risk Manager will contact the medical provider who issued the report.

If such Fitness for Duty Report is not received, the housestaff's return to work may be delayed until such certification is provided or the return to work may be denied.

Housestaff must use any accrued sick days and vacation days they have available at the beginning of their Non-FMLA Medical leave and in accordance with MCWAH's paid sick and vacation leave policies. Paid days utilized from accrued sick and vacation days will run concurrent with the amount of time approved and available for the Non-FMLA Medical leave. Health, dental and vision benefits will be paid until the end of the month in which the date arrives at which the housestaff has taken a total of 12 weeks of FMLA/WFMLA and Non-FMLA Medical leave combined during the Academic year [unless a later date is mandated either by the FMLA/WFMLA requirements or the number of paid sick and vacation days being taken for a specific leave]. The housestaff must pay the usual employee contribution for insurance benefits normally deducted from the housestaff's paycheck during any period of leave. After these 12 weeks (or later date if mandated), if the housestaff is not scheduled to return during the subsequent calendar month, the health, dental, and vision insurance will continue through COBRA and the housestaff will be responsible for 100% of the premiums at that time.

While on leave, the housestaff must provide their Program Director with periodic updates regarding their intent to return to work.

If the circumstances of the housestaff's leave change and they are able to return to work earlier than anticipated, they need to notify their Program Director at least two work days prior to the date they intend to report for work. It will be up to the discretion of the Program Director and the MCWAH DIO & Executive Director whether they will be able to accommodate the early return of the housestaff and as of what date, if any, other than the scheduled return date. Any return date will be subject to the Fitness for Duty requirement.

Personal Leave

Personal Leave may not be taken for medical reasons. Personal leave should only be requested if absolutely necessary and for compelling reasons as leaves of absence have an overall disruptive impact on the training and training program. This leave is not an entitlement and is not job-protected. Housestaff must be on-duty prior to being given a personal leave.

The granting of personal leave is totally at the discretion of the Program Director and the DIO & Executive Director of MCWAH. The amount of leave time to be approved will be determined by them, not to exceed 12 weeks in an academic year counted in the same manner as Federal FMLA leave time. The DIO & Executive Director may grant an extension upon consultation with the Program Director.

The Program Director and DIO & Executive Director of MCWAH will need to consider the impact of the leave on the training program and determine that it will not be disruptive to the training program, the affiliated hospitals, patient care, and the meeting of the program requirements by the other housestaff in the program.

The MCWAH Office may require the housestaff to submit a written request with sufficient information for the Program Director and the DIO & Executive Director of MCWAH to make a determination as to whether the personal leave will be approved and for what duration.

Housestaff must use any accrued vacation days they have available at the beginning of their personal leave and in accordance with MCWAH's paid vacation leave policies. Paid days utilized from accrued vacation days will run concurrent with the amount of time approved and available for the personal leave.

While on leave, the housestaff must provide their Program Director with periodic updates regarding their intent to return to work.

Health, dental and vision benefits will be paid until the end of the month in which the last paid day is utilized. The housestaff must pay the usual employee contribution for the coverages that are normally deducted from the housestaff's paycheck during this period of leave. If the personal leave becomes unpaid after the utilization of the vacation days; and the housestaff is not scheduled to return during the subsequent calendar month, health, dental and vision insurance will continue through COBRA as of the 1st of that month and the housestaff will be responsible for 100% of the premiums at that time.

If the circumstances of the housestaff's leave change and they are able to return to work earlier than anticipated, they need to notify their Program Director at least two work days prior to the date they intend to report for work. It will be up to the discretion of the Program Director and the MCWAH DIO & Executive Director whether they will be able to accommodate the early return of the Housestaff.

Funeral Leave

Housestaff may be granted up to three days off with pay for funerals of immediate family members, defined as spouses, parents, parents of spouse, grandparents, grandparents of spouse, foster parents, children, grandchildren, foster children, brothers (and their spouses), and sisters (and their spouses). In the event of the death of a close relative, not

in the immediate family, a housestaff may be granted funeral leave at the discretion of the Program Director.

Jury Duty

While jury duty is considered a civic responsibility, there may be an occasion when housestaff may wish to request a deferral of this obligation. As a trainee in a Graduate Medical Education program, the housestaff may qualify for such a deferral.

Please discuss deferment with your Program Director. The Program Director could write a letter to the appropriate court. There is no guarantee that this approach will be successful.

If housestaff serve on jury duty, they will continue to be paid their stipend.

Military Leave

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. An individual performing military service is granted a leave of absence and is also entitled to all rights accorded other individuals on non-military leaves of absence.

(The complete USERRA can be found on the Department of Labor's website at:

<http://www.dol.gov/vets/programs/userra/main.htm>.)

Housestaff are eligible for military leave reemployment if they leave their position to perform service in the uniformed services, including active and inactive duty as well as training (see the USERRA for definition of uniformed services).

Trainees on military leave for up to five years generally are eligible for reinstatement to their training programs once active duty is completed. Trainees may resume their training at the PGY level they were in when called to duty or may be required to repeat earlier training experiences. The appropriate level of training upon return will be determined on several factors: length of leave; medical duties, if any, performed by the trainee while in military service; and curricular changes in the training program during the trainee's absence.

Housestaff should notify their Program Director and the MCWAH Office 30 days in advance of the leave if the leave is scheduled, or as soon as is practical if the leave is not scheduled. Housestaff may use accrued paid leave time while performing military duty.

LICENSURE

Licensure Requirements for Physicians

Resident Educational License (REL) & Wisconsin Medical Licensure

MCWAH's [Licensure, Resident Educational License and DEA Number Requirements](#) policy requires housestaff to acquire and maintain the proper medical licensure to fulfill the duties of their assignments. The Wisconsin Resident Educational License (REL) limits housestaff's practice of medicine and surgery to the context of their postgraduate training program only. The REL is valid for one year and must be renewed for additional one-year terms while the license holder is enrolled in a postgraduate training program.

MCWAH's current [Licensure, Resident Educational License and DEA Number Requirements](#) policy is available on the MCWAH website (www.mcw.edu/gme).

All housestaff are required to monitor the [status of their application\(s\)](#) for REL and/or Wisconsin medical license on the Wisconsin Department of Safety and Professional Services (DPS) website.

Unrestricted Wisconsin medical licenses are valid for a maximum of two years. Licenses for MD's expire on 10/31 of odd years, while licenses for DO's expire on the last day of February of even years. It is important to update the DSPS regarding any change to your personal information (e.g., name change, address change). Renewal forms must be submitted, with proper fee, **at least one month prior to the expiration date**. This will allow the DSPS the appropriate processing time. Please refer to the [DSPS website](#) for information specific to your license.

Licensure Requirements for Oral and Maxillofacial Surgery Residents

Oral surgery residents must have a dental license with 18 months of starting the training program. Please refer to the MCWAH [Licensure Requirements for Oral and Maxillofacial Surgery](#) policy on [MCWAH's intranet website](#) on Infoscope.

MCWAH'S GRADUATE MEDICAL EDUCATION TRAINING AGREEMENT

The [Graduate Medical Education Training Agreement](#) is available for review on our website.

MCWAH INSTITUTIONAL POLICIES

[MCWAH Institutional Policies](#) can be found on the MCWAH/GME Intranet page on InfoScope.

OCCUPATIONAL HEALTH SERVICES

The Occupational Health program is managed through Froedtert & MCW Occupational Health Services (MCWOHS). The Clinic is located on the 5th floor of the Froedtert Hospital Pavilion Building. Its hours are Monday – Friday, 7:30 am – 4:30 pm. Telephone number is (414) 805-7997. You may call to schedule an appointment for Hepatitis B vaccine, MMR, TB skin tests, influenza vaccine, respirator fit testing, chicken pox vaccine and serology required by the affiliated hospitals

MCWOHS will provide a repository for occupational health, training and exposure records. All records are kept in a confidential manner. There is no cost to housestaff. MCWOHS works closely with its campus partners to ensure a seamless exchange of employment-related information.

MCWAH housestaff will have the option of receiving their PPD and other tests through the affiliated hospitals or MCWOHS. MCWOHS requests a copy of your record if tests or vaccines are provided at an affiliated hospital. You may fax records to (414) 805-6698. Please contact MCWOHS to schedule an appointment at (414) 805-7997. If you have a safety concern or occupational health questions, call (414) 805-6994. OSHA blood borne pathogen compliance training will also be provided through MCWOHS or affiliate hospital site training.

Blood/Body Fluid Exposure Protocol

Individuals exposed to blood or body fluids are at risk of HIV infection. Although preventing blood exposure is the primary means of preventing occupationally acquired infections, appropriate post exposure management is an important factor for workplace safety. The use of post-exposure prophylaxis medication immediately following high-risk occupational blood/body fluid exposure has been associated with a decrease in HIV seroconversions.

During the hours of operation (Monday-Friday, 7:30 am to 4:30 pm), Froedtert & MCW Occupational/ Employee Health will evaluate exposures to blood and body fluids to determine appropriate post exposure management. If the MCW Occupational/Employee Health Clinic is unavailable or if after hours or on the weekend and at Froedtert Memorial Lutheran Hospital (FMLH) or Children's Hospital of Wisconsin (CHW), housestaff should contact the respective Administrative Representative. If at an off-site hospital, housestaff should seek out that facilities employee health clinic or emergency department.

The procedure is as follows:

- A. All individuals with a potential blood or body fluid exposure will be evaluated using Public Health Service recommendations to determine whether a significant exposure has occurred, the degree of risk associated with the exposure, and what type, if any, of postexposure prophylaxis (PEP) is appropriate.
- B. If it is determined that no significant exposure has occurred, PEP will not be offered. Exposures to other body fluids will be evaluated and treated according to accepted practices.
- C. If exposure is determined to be at-risk, the housestaff member should go to the Emergency Department and see that PEP is initiated; the following is required:

1. Laboratory testing of the exposed employee (in addition to exposure panel) to include:
 - a. CBC with differential
 - b. ALT (SGOT)
 - c. Chem Panel
 - d. Pregnancy (stat serum) if indicated

 2. All of the above tests will be ordered by either the MCWOHS staff or the Emergency Department. Confidentiality of all MCWAH housestaff exposures will be maintained.

 3. Counseling for exposed person:
 - a. Statistical exposure information
 - b. PEP medication information (risks vs. benefits) (medical information sheets)
 - c. Post-exposure transmission prevention
 - d. Assurance of confidentiality
 - e. Referral to Infectious Disease, if pregnant or otherwise indicated

 4. A medical history review will be completed.

 5. Copy of MCWAH Resident Incident Report will be sent to the MCW Occupational Health Specialist at MCWOHS, 9200 West Wisconsin Avenue, 5P, Milwaukee, Wisconsin 53226.
- D. If seen in the Emergency Department, a 2-day (or 4-day if exposure occurs on Friday) supply of prescribed PEP medications will be given to the exposed person to be taken until:
1. The exposure source is determined to be HIV negative.
 2. The exposed person is able to obtain additional meds from the MCWOHS.
- E. In the event the source is known or determined to be HIV infectious, a written prescription for the remaining 28-day course of PEP meds will be given to the exposed person by MCWOHS to be filled at the FMLH pharmacy.
- F. MCWAH will be responsible for cost of PEP medications and lab testing.

G. Follow-up visits will be scheduled with MCWOHS every 1-2 weeks during PEP therapy. These visits will include:

1. Review of Side Effects
2. Lab testing at 2 wks: CBC, Metabolic Panel. Lab testing at 4 weeks if indicated: CBC and Metabolic Panel. Lab testing at 6 wks: HIV ELISA. Lab testing at 4 months: HIV ELISA.

H. Decision to discontinue PEP prior to completion of therapy will be determined by the clinical provider in collaboration with the MCWOHS Medical Director and/or the MCW Chief of Infectious Disease when medically indicated.

RISK MANAGEMENT PROGRAM

Housestaff should be aware that MCWAH has its own Risk Management Program that is separate and distinct from MCW's Risk Management and from affiliated hospitals' Risk Management.

Education on Risk Reduction, Risk Avoidance and Patient Safety

The goal of MCWAH'S Risk Management Program is to promote safe patient care. MCWAH's Director of Risk Management meets with the housestaff to discuss risk avoidance, risk reduction and patient safety. MCWAH also offers an **Elective Rotation in Patient Safety and Quality Improvement** to help housestaff develop a strong foundation in the areas of patient safety and quality improvement.

Consultation and Reporting

MCWAH's Director of Risk Management is available to housestaff to assist them with concerns about patient safety, liability exposure and disclosure. Housestaff must contact the MCWAH Director of Risk Management at (414) 955-4847 for assistance when:

- They are involved in the care and treatment of a patient and there is an unexpected outcome, injury or death.
- They have concerns about a potential risk exposure.
- They have questions about patient safety.
- They need to report a potential claim.

- They receive a *Request for Mediation* or a *Summons and Complaint* (they are named in a lawsuit).
- They receive a subpoena.
- They receive an inquiry from the Medical Examining Board.

Claim and Lawsuit Management – MCWAH's Director of Risk Management manages the claims and lawsuits involving housestaff employed by MCWAH.

Medical Malpractice Insurance – The Director of Risk Management assures that there is adequate professional liability insurance.

Contracts – The Director of Risk Management reviews all graduate medical education agreements.

GENERAL INFORMATION

Life Support Certification

Most training programs require certification in life support prior to new housestaff orientation, i.e., Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Life Support (PALS) and/or Advanced Trauma Life Support (ATLS). Some programs require certification in multiple areas, while a few do not require any certification. Please contact your Program Coordinator to determine what your Program requires.

Completion of Medical Records

Completion of patients' medical records is a task generally assigned to the housestaff, but sometimes neglected. This problem can be particularly serious when housestaff rotate between several institutions. All records must be completed promptly and accurately to ensure compliance with hospital rules and a good letter of recommendation from the program director upon graduation.

Most of the MCWAH affiliated hospitals have computerized medical records. The housestaff must obtain the necessary training and the password prior to their rotations. **The password must never be given out to another individual.**

Housestaff should access only those records that are necessary for care of the patients they are responsible for. Failure of housestaff to complete documentation in an appropriate and timely fashion may cause the Program Director to withhold certification of satisfactory completion of the training year or of completion of the training program or to withhold approval of educational leaves and vacation. Housestaff may also be suspended without pay until they have completed this task.

Confidentiality and Privacy of Patient Information

Physicians have an ethical duty to keep patient information confidential. Additionally, the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") with its Privacy Regulations, and Wisconsin law, prohibit healthcare providers from disclosing patients' protected healthcare information, except upon written authorization by the patient or as otherwise permitted by law.

Failure to maintain patient confidentiality and privacy may result in disciplinary action up to and including barring access to patients' medical records or termination from the training program. Confidentiality and privacy rights can be breached in many ways, for example:

- Accessing patient information without a need to do so for work.
- Discussing patient information in non-private areas.
- Downloading or saving patient information, including photos or images, to an unauthorized electronic device.
- Utilizing patient information, photos or images that have not been de-identified of direct patient information (name, social security number, etc.) or indirect patient information (hospital name, date of service, diagnosis, etc.).
- Disclosing patient information, including photographs or images, through verbal, written or electronic means. This includes referring to protected healthcare information or posting and/or saving patient information on unauthorized websites, smart phones, social networking sites, blogs or twitter.
- Taking photos or images of patients without prior written authorization from the patient or his/her legal representative.

Guidelines

- Access patient information only if you need that information to do your work.
- Only electronic mobile devices that have been encrypted with the application approved by MCW may be used for work purposes.

- Share or discuss patient information only if it is necessary to do your work.
- Never share your identification number or password with anyone.
- Follow the hospital's or healthcare provider's policies on confidentiality and privacy.
- Log off your computer session when you are not by your workstation.
- Ensure confidentiality when you handle protected healthcare information.
- If you need clinical information for educational purposes, only use information that has been de-identified in compliance with the hospital's or clinic's policies.
- Never store patient information on an electronic device such as a USB drive, smart phones or disks; transfer such information to the secure shared drive of your MCW Department and delete it from the electronic device.
- When using electronic devices or social networking sites refrain from using descriptions of patients or patient related scenarios. Descriptions may violate Federal law and regulations.
- Never take photos or images of patients without prior written authorization from the patient or his legal representative.
- Never take paper copies containing PHI out a of hospital, clinic or training site. Dispose of papers containing PHI in the confidential shredding bins provided at each facility to ensure proper destruction.

Under the HIPAA Security Regulation, hospitals and other healthcare providers are required to have the capacity to determine who is accessing their patients' protected healthcare information. Housestaff should know that hospitals electronically monitor access.

Please review the [Privacy of Health Information](#) booklet developed by the Medical College of Wisconsin (MCW).

MCWAH requires that all trainees sign and return the [Air Watch Memo and Patient Privacy Information & Security Agreement Form](#).

Helpline

(414) 955-4798

MCWAH has established a voicemail helpline that housestaff can call to report their concerns because it may be difficult and uncomfortable to come forward and report issues encountered during training.

You are free to report your concerns anonymously or you may leave your name and contact information. The helpline voicemail is checked on a regular basis. The more information that is given within the message, the better concerns can be addressed. At a minimum, please report which program is involved. MCWAH will use the information received via the helpline to make improvements.

You may want to report such issues as:

- Non-compliance with duty hours
- Inappropriate behavior or intimidation by others in the work environment
- Inappropriate conduct
- Safety concerns related to patient care
- Other issues that you may not be comfortable discussing with your Program Director or the DIO and Executive Director of MCWAH.

Hazard Communication Program

Each MCWAH affiliated hospital has its own written hazard communication program. Housestaff must understand and comply with these programs. Hospitals will make information available to housestaff concerning hazardous chemicals present at the institution, the location of safety data sheets (SDS), precautionary measures housestaff should take to protect themselves, a description of the labeling system used on containers and other warning systems indicating the presence of hazardous chemicals.

Infection Control and Safety Procedures

Housestaff are expected to follow the infection control and safety practices as required by the host affiliated hospitals, the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA).

International Elective Rotations

Housestaff who elect to do an international rotation must be in good standing, be licensed in Wisconsin and have the prior approval of both the Program Director and the MCWAH Executive Director and DIO. To be approved by MCWAH the international rotation must be supported by defined goals, objectives, and physician supervision at the site of the elective rotation. See MCWAH's policy, *Offsite Elective Rotation*, on the MCWAH InfoScope site for specific requirements and expectations.

It is the responsibility of the housestaff to ascertain information regarding the status of the country where they intend to travel and other relative information regarding safety from the US Department of State website. This information may be obtained at http://travel.state.gov/travel/cis_pa_tw/cis_pa_tw_1168.html. Housestaff should check for health related advisories on the Centers for Disease Control (CDC) website at <http://wwwnc.cdc.gov/travel/> and obtain information from MCWAH on benefits and insurance related to international practice and travel.

Financial Aid Services Provided to Residents

The MCW Financial Aid Office recommends that you view the Resident/Alumni Section on their web page <http://www.mcw.edu/Medical-School/Financial-Aid1.htm> for important updates regarding loan information and debt management strategies. Another website that offers a wealth of information to residents is https://www.aamc.org/services/first/first_for_residents/.

This website includes the Medloans Organizer and Calculator as well as many Financial Aid Fact Sheets for residents. The Fact Sheets include topics like: Budgeting Tips, Easing into Residency: Transition Tips, Repayment Options, Forbearances, etc. Please contact the Financial Aid Office at (414) 955-8208 or finaid@mcw.edu for further guidance for any concerns you may have about financial planning, debt management, budgeting or if you experience any problems with your loans.

MCW Identification Cards

Although housestaff must obtain hospital ID cards, MCW ID badges are necessary only if after-hours access is needed to MCW or to the MACC Fund Building via the 3rd floor connector from CHW. Housestaff do not need an MCW ID to access library services; their hospital ID is sufficient. Housestaff who need MCW access after-hours should initiate the request through their Program Coordinator.

Parking

Each affiliated hospital provides parking for housestaff. Housestaff will be provided instructions and passes as needed by each hospital as part of orientation.

Professional Organizations

MCWAH pays membership fees to the American Medical Association, the Wisconsin Medical Society and the Milwaukee County Medical Society for housestaff who are employed by MCWAH.

Resident Spouse Association (RSA)

The Resident Spouse Association is an organization for the spouses and significant others of MCWAH housestaff to help ease the adjustment to residency life by offering many fun social [activities](#) for its members and their families. RSA strives to meet the needs of all spouses and significant others, so whether you are new to the Milwaukee area or are a native Milwaukeean, whether you have children or not, there are activities designed for you.

RSA also offers the opportunity to serve on one of its committees, join an interest group or volunteer for a fundraiser to help raise money for a charity. Please visit the [RSA website](#). For more information, contact the Resident Spouse Association group at rsa.mcwah@gmail.com.

Stress

Housestaff may experience periods of mild to profound distress at some point during their training years. Often this is a temporary response to demands of the training. Stress occurs when the individual perceives that the demands or constraints of the situation exhaust personal and other resources. To offset the imbalance, each of us relies on physiological, psychological or behavioral processes. These coping processes may be adaptive or maladaptive. Generally, an adaptive coping mechanism is one which deals with the source of stress, thereby alleviating its effects. A maladaptive response is one which ends up ignoring the effects of stress or dealing with its symptoms without treating the underlying cause.

The psychiatric sciences have provided no hard and fast rules regarding appropriate coping strategies. For example, after a difficult and frustrating day at work one might go out for a drink. If the time is spent with friends and the alcohol allows you to blow off steam talking over the day's events, it is probably adaptive in the short run.

If one drinks alone, in excess, or without discussion of the problem, alcohol is merely providing symptomatic relief. This could be maladaptive - a hangover the next day and a stress-related drinking pattern in the future.

Acute or chronic job stress which is dealt with inappropriately can potentially impair the individual in his/her professional or personal capacity. The AMA defines physician impairment as the inability to practice medicine safely due to physical or mental disability, including substance addiction. Conservative estimates suggest that 1 in 10 physicians may be impaired in their technical ability to function as a doctor. Not included in these morbidity figures are those who die prematurely; physician suicide is quite high compared to the general population. It has been estimated that for all physicians under the age of 40, suicide is 3 times as likely among female physicians and 4 times as likely among male physicians, as compared to the general age adjusted population. Excluding suicide, alcoholism and drug addiction account for the equivalent of 7 medical school classes of physicians lost per year.

Stress that is not dealt with adequately more often results in a subtler form of emotional impairment not included in the statistics: depression, chronic anger, anxiety and controlled substance abuse. These in turn may manifest themselves in marital problems, divorce, sexual dysfunction and self-destructive habits or risk-taking.

There are few adequate statistics concerning stress-related problems in housestaff. The stressors indigenous to the training have been chronicled: sleep deprivation; financial worries due to school debts; discord between academic medicine and the realities of practice, and perpetually changing workloads. Other sources of strain can include: the "crisis of competence"; the unmotivated, uncooperative or ungrateful patient; disproportionate amount of "scut work", and frustration in developing supportive and collaborative relationships.

Symptoms of Stress

How much stress is a problem? This is largely a question of self-examination. One indication is your outward behavior. Are your feelings getting in the way of performances as a physician or spouse? Has your behavior been cause for comment or concern by a friend, a colleague, or those who love you? Listed below are symptoms which may indicate that a person is having difficulty with stress. One or another in isolation may not be necessarily significant, but when patterns of problems develop in various areas and the usual methods

of coping are not successful, it's time to look for professional help. This may be an opportunity for even greater growth on your part and can lead to being a more skilled and artful physician.

The stress-related symptoms include:

Attitudinal

- Loss of positive feelings toward patients
- Cynicism regarding patients
- Stereotyping patients and co-workers
- Self-preoccupation
- Rigidity in thinking
- Inappropriate responses to patients
- Inappropriate involvement with patients

Drug and Alcohol Use

- Mention of death wish or suicidal thoughts
- Slowed behavior and attention
- Chronic exhaustion off and on work
- Risk-taking behavior
- Tearfulness
- Flat or sad affect
- Excessive agitation, edginess
- Wide swings in behavior or mood
- Self-medication with psycho-tropic drugs
- Alcohol on breath at work
- Uncontrolled drinking
- Blackout drinking
- Complaints or nervousness of spouse/partners regarding social drinking

Emotional

- Discouragement & sense of failure
- Indifference
- Suspicion
- Negativism
- Sense of futility
- Depression

Feeling immobilized
Anger and resentment

Family

Fights
Disturbed spouse
Sexual problems - impotence, extramarital affairs
Separation or divorce proceedings
Withdrawal from family members, contact with patients

Hospital Behaviors

Unexplained absences
Spending excessive time at hospital
Coming in late inappropriate to caseload or needs of peers
Decreasing quality of or interest in work
Inappropriate orders
Postponing or resisting from co-workers
Isolation and withdrawal
Increasingly going "by the book"
Inappropriate responses to telephone calls
Clock watching
Inability to concentrate or listen
Overmedicating patients for behavior control
Moroseness and increasing difficulties with other staff

Physical

Sleep disorders
Deterioration in personal hygiene or appearance
Multiple physical complaints
Accidents
Eating Disorders
Fatigue, exhaustion

Social

Withdrawal from outside activities
Isolation from peers
Interaction with police
Driving while intoxicated

Behavioral excess
Unpredictability

Response to Stress

Regardless of the training program you've chosen, stress is inevitable. Your response may be unplanned, and basically a reflection of how you subconsciously cope with many of life's stresses. Or the responses may be the result of insightful reflection on the nature of the situation and on the coping strategies you find effective. What can a resident or fellow do? It is difficult to change most of these external realities. Your primary source of control lies in educating yourself to the upcoming risks, to those variables within yourself which predispose you to risk, and how you can deal adaptively and effectively in your responses to those conditions. Even the most well-intentioned program cannot do that for you.

The decision to seek support or advice may be made confidentially. The most important thing to remember is that, if you feel "backed up against the wall", call the Behavioral Health Center (414) 955-8933. Stress relief is often brief and easy to accomplish. Often, therapy is something worth considering.

Resources

The following additional resources are available to deal with stress:

| Resources Available Within the Milwaukee Community | |
|---|----------------|
| • MCWAH Behavioral Health Center | (414) 955-8933 |
| • Milwaukee County Crisis Hot Line | (414) 257-7222 |
| • Help Line (Impact 211) | (414) 773-0211 |
| • Women's Crisis Line | (888) 542-3828 |
| • Mental Health America of Wisconsin | (414) 276-3122 |
| • Alcoholics Anonymous | (414) 771-9119 |
| • IMPACT (Milwaukee Council on Alcohol and Drug Dependence) | (414) 649-4380 |