

2.B.6.

Resident Agreement Letter

RESIDENT AGREEMENT LETTER

DATE:

PROGRAM:

POST-GRADUATE YEAR LEVEL: G

PERIOD OF APPOINTMENT: TO

THE CURRENT STIPEND AT THIS LEVEL: \$0

This includes the stipend for your orientation period.

By accepting this offer, you will become an employee of The Capital Area Health Consortium and receive an appointment with The University of Connecticut School of Medicine. Your employment with The Capital Area Health Consortium does not alter your relationship with the residency program and is expressly contingent upon your participation in good standing in the program. All of the University of Connecticut School of Medicine policies, privileges, and responsibilities outlined in the accompanying material are in force; and all decisions about the academic aspects of your program will be governed by your program director. This appointment is contingent upon your fulfilling all training requirements, whether it is medical school or residency.

Appointments to subsequent PGY years, if relevant, will be made approximately 8 months past the start date of this appointment. Re-appointment and/or promotion will be based on performance evaluations in the six ACGME competencies and other program-specific areas. If expected re-appointment/promotion does not occur, this may be grieved according to the Policy on Appeals in the Housestaff Manual.

By signing and returning the final page of this Agreement, you agree to become an employee of the Capital Area Health Consortium, agree to abide by the conditions set forth in this Agreement, and agree to complete the full term of appointment as designated above. You also attest to abide by the policies on evaluation and promotion, due process, leave, delinquent charts and all policies pertaining to your training and employment as outlined in this Agreement and expanded upon in the Housestaff Policy Book disc distributed at the orientation session prior to the start of your training.

1) Program Responsibilities

The program has a responsibility to:

- Meet its educational goals as they are described in its program description and on the forms that it submits to the Residency Review Committee. The goals and the outline of usual resident assignments for each year, which may involve activities in several hospitals, are available in the department office. The department may find it necessary to modify resident assignments as required by available personnel, educational resources, institutional patient-care responsibilities, and the career goals and academic progress of each resident.
- Provide timely evaluations to residents about their performance in all aspects of the program
- Monitor adherence to duty hour standards
- Monitor stress, fatigue in residents and provide information on support services
- Provide information about specialty board certification

2) Resident and Program Responsibilities

By accepting a position in a residency training program at the University of Connecticut School of Medicine, each resident acknowledges personal responsibility for understanding and accepting the requirements of the discipline in which they are training. Every residency and fellowship training program under the sponsorship of the University of

Connecticut School of Medicine is accredited by the ACGME (Accreditation Council for Graduate Medical Education) and the discipline specific RRC (Residency Review Committee) or similar organizations. Each residency program is responsible for designing a curriculum in which residents who perform satisfactorily will be able to meet board certification requirements for their discipline. Residency program directors must certify to the discipline specific board that each individual resident has or has not met all requirements.

Per the ADA (Americans with Disability Act) regulations, residents must be able to perform satisfactorily, with or without reasonable accommodations, in all required components of their program.

The residency program accreditation standards and the board certification standards for all programs are available from several sources. The ACGME has a website at www.acgme.org which contains both program accreditation standards and board certification requirements. Additionally, the individual residency offices have copies of the program accreditation standards and board certification requirements. Residents may also contact the Graduate Medical Education Office at 679-2147 to request copies of these materials.

The resident physician will be expected to fulfill all assigned responsibilities, and to meet the qualifications for resident eligibility outlined in the *Essentials of Accredited Residencies in Graduate Medical Education in the AMA Graduate Medical Education Directory*.

3) Resident Responsibilities

Accordingly, the resident is expected to:

- A) Develop a personal program of self-study and professional growth with guidance from the teaching staff.
- B) Participate in safe, effective, and compassionate patient care, commensurate with his/her level of advancement and competence, under the general supervision of appropriately privileged attending teaching staff.
- C) Participate fully in the educational activities of his or her program and, as required, assume responsibility for teaching and supervising other residents and students.
- D) Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the institution.
- E) Participate in institutional committees and councils, especially those that relate to patient care review activities.
- F) Develop an understanding of ethical, socio-economic and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
- G) The resident is expected to become familiar with and comply with all policies set forth in the Housestaff Policy Book disc (distributed at the orientation session prior to the start of your training), including but not limited to:
 - 1. "Duty Hours"
 - 2. "Moonlighting"
 - 3. "Policy on Residents Evaluation, Promotion and Dismissal"
 - 4. "Policy on Resident Appeals"
 - 5. "Policy on the Impaired Resident"
 - 6. "Policy on Delinquent Medical Records"
- H) The resident physicians expected to be of good moral and ethical character, to be mentally and emotionally stable, to maintain appearance and demeanor that is not disturbing to patients, to work cooperatively with others and to perform in professional affairs in a manner satisfactory to the Program Director.

- I) The resident shall abide by all the rules and regulations and by-laws of the programs, clinical departments and institutions to which he or she is assigned.

4) Benefits (to begin first day of contract)

Health Insurance/support services:

- Medical Insurance at no cost to resident and discounted price for adding family
 - Life insurance - no cost to resident
 - Disability - at not cost to resident
 - Counseling services - at no cost to resident, including assistance for substance abuse
- Additional detailed information about benefits on support services (e.g., counseling, medical and psychological support services) can be found in the Housestaff Policy Book.

Paid Vacation and Educational Leave: Residents are entitled to 15 paid vacation days per academic year * (3weeks based on a 5 day work week). Education leave is granted at the discretion of the Program Director/ Department. Please note that any resident or employee may be required to use vacation time if he or she is suspended from employment or the program.

Paid Sick Leave: Paid medical leave is 15 working days per academic year for the resident's own illness. Depending on the education requirements of an individual program, residents may be allowed additional paid leave with the approval of the program director. Leave cannot be carried over into a new academic year. In the event of serious injury or prolonged illness additional paid leave may be granted.

Paid Medical Leave: Limited medical leaves of absence with pay is available to eligible employees and residents who are temporarily unable to work due to a serious health condition or disability.

Unpaid Medical Leave: Eligible residents and employees may request medical leave only after having completed one year of service. Exceptions to the service requirement will be considered to accommodate disabilities. If a resident or employee fails to report to work promptly at the end of the medical leave and has failed to contact the Program Director, CAHC will assume that the resident or employee has resigned.

Pregnancy-Related Leave: Residents may use available sick/vacation time for paid pregnancy leave with any remaining unpaid leave approved by the program director.

Child-Rearing Leave: Paid leave can only come from vacation time as sick-time is only for one's own illness. Additional unpaid leave is available for up to 12 weeks in one year or possible 16 weeks in a two-years. (See section on Family Leave in the Housestaff Policy Book).

Depending upon the requirements of your program and your development, extended leave of absences may necessitate additional time in a program in order to fulfill program specific requirements. Should the resident be required to extend his/her program because of unpaid family leave, salary support and benefits will remain in effect during the additional time required to complete the training program.

5) Professional Liability Coverage

Resident Physicians are covered while they are carrying out assigned duties as part of the training program, including protection for claims filed after completion of the program for acts within the program. Professional activities outside the program are not covered.

6) Professional Activities/Moonlighting

Practice Privileges: With the written permission of the program director, and with no other pertinent restrictions, a resident may engage in professional activities in off-duty hours to the extent that such activities do not interfere with their health or performance. It is the responsibility of the physician to obtain licensure, liability

coverage, and narcotics registration for use in activities not related to his/her residency program. The resident may not hold practice (admitting privileges) in any hospital during the course of the residency, nor may the resident charge or receive fees for professional services rendered as part of the residency program.

7) Evaluation of Resident, Residency Program

As the position of resident involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities, the competence of the resident is evaluated on a regular basis. The program maintains a confidential record of the evaluations. Evaluation of the progress of individual residents will be conducted according to the University of Connecticut School of Medicine "Policy on Housestaff Evaluation, Promotion and Dismissal" in the Housestaff Policy Book distributed to all residents. In addition, residents are expected to participate in the evaluation of their residency program. This includes the submission of a written evaluation of each clinical rotation and the key teaching faculty on each rotation following completion of each rotation.

In the event of any action against a resident related to academic or any other deficiencies which could jeopardize normal progress towards completion of a residency program, due process rights are protected under the "University of Connecticut School of Medicine Policy on Resident Appeals" in the Housestaff Policy Book distributed to all residents.

8) Pre-employment Physical/Fit to Work status

All residents are required to provide adequate documentation and obtain a pre-employment physical exam to ascertain immunity to communicable diseases in accordance with the University policy and State Law- Public Act 89-90. The required immunizations must be maintained and updated as needed during the entire period of residency training.

9) Annual Certification in Universal Precautions

Residents must complete annual certification on Blood-borne Pathogens and TB skin testing. This will be required to begin training or within one month of the Agreement start date to continue training and payroll status. Residents will be provided with locations, contact persons and information on how to comply.

We are pleased that you will be joining us for your residency training program and look forward to working with you during your time here. For your convenience, please use the enclosed addressed envelope when **returning this page of the agreement letter**. A second copy has been enclosed for you. Thank you.

Sincerely,

Kiki Nissen, MD, FACP
Associate Dean for Graduate Medical Education

I hereby certify all information provided by me in my application for a position in a residency training program and provided by me in the course of applying for a position in a residency training program at the University of Connecticut School of Medicine 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 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 Agreement and termination from employment.

I accept the offer to become an employee of the Capital Area Health Consortium and the appointment as a resident with the University of Connecticut School of Medicine. I agree to abide by the policies as outlined in this Agreement and understand that this means I agree to the more detailed description of these policies found in the Housestaff Policy Book.

DATE:

PROGRAM:

APPT DATES:

TO LEVEL: G

SALARY: \$0

2/2008