



Date

First Name Last Name, Title

Address

City, State Zip Code

Dear Doctor [REDACTED]:

The terms and conditions of your participation in the St. Vincent's Medical Center's [REDACTED] Residency Program as a [REDACTED] Post Graduate Resident Physician, are as follows:

1. The term of the residency year is from July 1, 20xx – June 30, 20xx. You are also required to participate in an orientation session prior to the start of your residency year.
2. You will need to comply with United States law concerning authorization to work in the United States. This offer of employment is contingent on your passing all relevant examinations, obtaining the proper visa (if needed) and providing the necessary evidence of authorization to work.
3. You may take up to four weeks of vacation during the residency year, subject to the approval of the Medical Center. You are required to obtain prior approval from the program director should you desire to leave the country on vacation. If you fail to return to work within the allotted period of your vacation, you may forfeit your slot in our residency program. You are required to leave a contact phone number in case we need to reach you during your vacation. This will only be used in cases of emergency.
4. The content of the education phase of the Internal Medicine Residency Program is described in a pamphlet entitled, "St. Vincent's Medical Center's Residency Training Programs", which you have received.
5. You shall be paid a stipend of \$ [REDACTED], which includes a housing allowance. Your stipend will be paid in accordance with St. Vincent's Medical Center's normal payroll practices.
6. The employee benefits that are available at St. Vincent's Medical Center are summarized below. More detailed information about such benefits, including information about

eligibility and coverage is described in separate insurance booklets, plan descriptions, and other benefit descriptions and policies available in your orientation packet.

- a. Professional Liability Insurance consistent with that made available by Ascension Health with limits of \$1,000,000/3,000,000 with tail coverage.
- b. Comprehensive health insurance plan, which provides a wide range of hospitalization, and medical and surgical coverage, as well as, wellness and preventive care. The Medical Center pays the majority of the premium cost for both individual and family coverage. Coverage is effective on the day you begin your first residency year (if you have a Social Security Number).
- c. Uniforms and the laundering thereof.
- d. Dental plan, which covers normal procedures and some major specialized services. The Medical Center pays the majority of the premium cost for both individual and family coverage. Coverage is effective 90 days after you begin your first residency year (if you have a Social Security Number).
- e. Group Term Life Insurance coverage (in an amount equal to your annual salary) effective 90 days after you begin your first residency year (if you have a Social Security Number).
- f. Cafeteria service at employee discounted rates.
- g. Sick Leave according to Medical Center policies.
- h. Long Term Disability coverage, effective after one year of service with the opportunity to purchase immediate disability insurance through the American Medical Association.
- i. The option to purchase portable disability coverage made available to you in your orientation packet.
- j. Maternity, family, and bereavement leave in accordance with Medical Center policies.
- k. An Employee Assistance Program (EAP), which includes mental health counseling.
- l. Enrollment, after one year of service, in St. Vincent's Medical Center's Pension Plan, which provides for 100% vesting after five years of service.
- m. Enrollment, after one year of service, in St. Vincent's Medical Center's Tax Shelter Annuity Plan.
- n. Leave of Absence without pay for extraordinary problems subject to approval of Program Director and Senior Vice President of Medical Affairs. Leave of Absence, i.e. maternal, paternal, family, bereavement, and illness, above and beyond customary vacation time exceeding four weeks, will result in the need to extend the training period with pay, for satisfactory completion of program and to fulfill eligibility for Board examinations.
- o. On-call rooms will be provided, as well as, meals during night on-call duties.
- p. If at any time St. Vincent's Medical Center intends to reduce the size of a residency program or close a residency program, all residents will be informed as soon as possible. Residents already in the program will be allowed to complete their education or will be assisted in enrolling in an ACGME accredited program in which they can continue their education.

7. You will be responsible to the Residency Program Director for the performance of your duties. You agree to abide by all applicable provisions of the Medical Staff Bylaws, Rules and Regulations, Policies and Procedures of the Department, the Medical Center, the Medical Staff, the Ethical and Religious Directives for Catholic Health Care Facilities, and the St. Vincent's "House Staff Manual". All of the above are available to you in your orientation packet. You also agree to abide by all legal requirements applicable to your conduct of the practice of medicine.
8. As a Resident Physician you agree to do the following:
 - a. With guidance from the teaching staff, develop a personal program of self-study and professional growth and work toward accomplishing the goals set forth therein; participate in safe, effective and compassionate patient care under supervision and commensurate with your level of advancement and responsibility;
 - b. Participate fully in the educational activities of your self-study and residency program and, as required, assume responsibility for teaching and supervising other residents and students;
 - c. Participate in institutional programs and activities involving the medical staff;
 - d. Participate in institutional committees and councils, especially those that relate to patient care review activities;
 - e. Apply cost containment measures in the provision of patient care;
 - f. Keep charts, records, and reports up-to-date and signed at all times; and
 - g. Adhere to Accreditation Council for Graduate Medical Education's (ACGME) program and institutional requirements.
9. As a Resident Physician, you may not engage in the practice of medicine outside the educational program without prior approval of the Residency Program Director.
10. In the event you or the Medical Center has a grievance, you shall have access to the Resident Appeal Process then in effect. The current appeal process is described in Appendix I. It may be revised from time to time.
11. As a Resident Physician, you agree to comply with the Medical Center's policy concerning sexual harassment that is attached as Appendix II.
12. This agreement is for one year only. The teaching faculty and senior resident physicians at the conclusion of each rotation will evaluate your performance. These evaluations will be considered by the Residency Program Director when determining your promotion or reappointment. The Resident Physician will receive fair warning of any deficiencies or areas of concern. If the Residency Program Director recommends a probationary period, the Resident Physician will receive a written statement of the length and terms and conditions of the probationary period, the duration of which will be at least three months.

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13. In the event that the Residency Program Director does not recommend promotion or reappointment, you may seek a review through the Resident Appeal Process.
14. If you violate your obligations under this agreement, or you fail to meet the necessary standards to continue in your residency program, your residency may be terminated. You may seek a review through the Resident Appeal Process in connection with any such termination. The payment of your stipend and the provision of employee benefits will cease upon termination of your residency.
15. The foregoing constitutes the entire agreement for your employment in St. Vincent's Medical Center's Internal Medicine Residency Program. This agreement shall be governed by and enforced in accordance with the laws of the State of Connecticut. If it is agreeable to you, kindly sign where indicated below and return one copy to me. A copy is enclosed for your records.

Very truly yours,

ST. VINCENT'S MEDICAL CENTER

Susan Davis, RN, EdD
President/Chief Executive Officer

ACCEPTED AND APPROVED BY:

DATE: _____