

**North Shore Medical Center/Salem Hospital  
Internal Medicine Residency Agreement**

NAME:  
ECFMG#:

SS NUMBER:  
SALARY:

PGY:  
DATE:

**The North Shore Medical Center offers and the Resident accepts appointment under the following terms and conditions:**

- 1. Appointment:** Annual, \_\_\_\_\_ through \_\_\_\_\_  
This Agreement is contingent upon the issuance of a Limited/Full License from the Massachusetts Board of Registration in Medicine. Licenses must be obtained by the contract start date but no later than 31 days from that date or your contract can be terminated. If necessary, you may be required to present documentation sufficient under the Immigration Reform and Control Act, as amended, to establish your employment eligibility.

**Reappointment:** Annual, contingent upon successful completion of the training year as determined by the Program Director and Residency Advisory Committee. Trainee will receive four months written notice if contract will not be renewed unless the primary reason for non-renewal occurs within the 4 months prior to end of contract in that case the resident will receive as much notice of the intent not to renew as circumstances will reasonably allow prior to the end of the contract. In the event any disciplinary action is undertaken or the resident's employment eligibility status should be revoked or otherwise change in any way which could affect the resident's ability to remain in or complete the program, this agreement may, in the sole discretion of the Hospital, be deemed null and void without further recourse.
- 2. Meals:** Not provided. Meal Passes are Provided for Residents On-call
- 3. Salary:** Paid weekly, direct deposit available.
- 4. Living Quarters:** Not provided. On-call rooms are provided for residents required to remain in-house overnight by the training program.
- 5. Uniforms:** Two lab coats are provided to resident during each year of training. No laundry service is available.
- 6. Duty Hours:** Defined by training program in compliance with Accreditation Council for Graduate Medical Education guidelines as determined by the Residency Review Committee.
- 7. Vacation/sick/ Personal/Edu Time:** Three weeks (15 working days) vacation time, plus 3 sick days, 2 personal days, 2 educational days in the PGY I year for USMLE step 3 only, 3 educational days in the PGY II year, and 5 educational days in the PGY III year (proof of commitment to education required). Vacation time must be scheduled through and approved by the Program Director. **Vacation time will not be carried over. Unused Vacation time cannot be sold back. Due to the likelihood of visa processing delays, travel outside the U.S. is prohibited and will be deemed a voluntary termination from the Internal Medicine Residency Program unless otherwise permissible and agreed to in writing by the Program Director prior to your departure from the country.**
- 8. Licensure:** Annual fees paid for limited Massachusetts's registration only.
- 9. Professional Liability Insurance:** Provided at no cost; coverage is through Risk Management Foundation (CRICO) policy limits of \$5,000,000.00 per claim \$10,000,000.00 annual aggregate. Covers resident activities within the scope of the program.
- 10. Medical Insurance:** Choice of plans, costs shared by resident and North Shore Medical Center. Services of Employee Assistance Program for counseling/referral and Employee Health for work-related injury care is available. Dental Insurance shared cost by resident and North Shore Medical Center.
- 11. Other** Medical Flexible Spending Accounts, Dependent Care Flexible Spending Accounts, MBTA pass program, US Savings Bonds via payroll deduction, free parking, full Health Science Library, other benefits such as auto insurance discounts and corporate cellular phone programs see human resources for details.
- 12. Disability Insurance:** Short Term Disability paid by North Shore Medical Center. Long Term Disability Employer Pay All Plan from date of hire or effective date of benefit eligibility. Life Insurance one times salary term life insurance to all benefit eligible employees.
- 13. Leave:** Residents are eligible for leave under the Family/Medical Leave policy of the North Shore Medical Center after one year of service. Residents must complete a "Request for Family/Medical Leave" and obtain any necessary certification documents as required under the policy. Leaves of absence may require that a resident extend training in order to satisfy the criteria for successful completion of the training program; extension of training is at the discretion of the Program Director. Disputes in this regard will be subject to the Due Process/Grievance Policy contained in the House Staff Manual and this agreement.
- 14. Environment:** The North Shore Medical Center agrees to provide a suitable environment for educational experience in the areas of Internal Medicine as defined by the ACGME.
- 15. Resident Responsibilities and Expectations:** The resident agrees to meet the Program and Institution's employment expectations, serving the entire period specified as well as providing night and weekend on-call coverage., adhere to the programs policy on moonlighting found in House Officer Manual Consider the salary and benefits provided by the hospital to be sole compensation for the care of patients The resident will (a) Develop a personal program of learning to foster continued professional growth; (b) Participate in safe, effective and compassionate patient care under supervision commensurate with level of advancement and responsibility; (c) Participate fully in the educational and scholarly activities of the program and, as required, assume responsibility for teaching and supervising other residents and students; (d) Participate, as appropriate, in institutional programs and medical staff activities, and adhere to established practices, procedures, and policies of the institution and the program; (e) Participate, as assigned, by the program director, on institutional committees and councils whose actions affect graduate medical education and/or patient care;(f) Participate in evaluation of the quality of education provided by the program, and submit to the program director confidential written evaluations of the faculty and of the educational experience as requested;(g) Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect the practice of medicine and how to apply cost containment measures in the provision of patient care;(h) Maintain BLS and ACLS certification, and comply with institutional requirements for any health and safety training, vaccinations, and TB testing;(i) Complete all charts, records, and reports in a timely fashion;(j) Attend patient care rounds and didactic conferences as required by the program director; (k) Complete a scholarly project deemed suitable for publication by the program director(l) Maintain a procedure log as required;(m) Satisfy all United States Medical Licensing Examination requirements, all published program and/or ACGME requirements for board or other certification, and any additional requirements for obtaining a full medical license(n) Discharge the expected duties commensurate with training.
- 16. Grievance Procedure:** When issues of quality and or integrity are not resolved between a resident and the program director, the Grievance Procedure detailed in the House Officer Manual will apply.
- 17. Sexual Harassment:** North Shore Medical Center is committed to providing a work environment that is free from sexual harassment. Sexual harassment is unlawful and will not be tolerated at the North Shore Medical Center. The full text of the North Shore Medical Center policy on sexual harassment is contained in the House Officer Manual.
- 18. Closure/Reduction:** The full text of this policy is contained in the House Officer Manual.

This agreement shall only become effective upon the signatures of both the authorized representative of the North Shore Medical Center and its Program Director and shall be continued in accordance with the laws of the Commonwealth of Massachusetts.

For North Shore Medical Center: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_ Resident: \_\_\_\_\_ Date: \_\_\_\_\_