



**CAMBRIDGE HEALTH ALLIANCE**

**POLICIES ON RESIDENCY TRAINING PROGRAMS  
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**Final Administrative Approval:** Graduate Medical Education Committee

**Date Effective:** July 1, 2007-June 30, 2009

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## POLICIES ON RESIDENCY TRAINING PROGRAMS

### COMPENSATION

All residents will be provided fair compensation according to terms agreed to by the CIR or their sponsoring institution.

The House Officers shall be compensated according to the following schedule.

Increases:	Effective 7/1/07	3.5%
	Effective 7/1/08	3.5%

<u>EFFECTIVE</u>	<u>7/1/07</u>	<u>7/1/08</u>
PGY 1	49,904	51,650
PGY 2	51,909	53,726
PGY 3	53,929	55,816
PGY 4	57,533	59,546
PGY 5	61,837	64,001
PGY 6	66,142	68,457
PGY 7	70,447	72,913

A. Level Definitions: Each House Officer shall receive a salary commensurate with his/her PGY level. PGY level is defined as post-graduate year of approved training within the same specialty, i.e. medicine, psychiatry, surgery.

This section is not intended to enlarge or limit current practice with respect to the crediting of past training as defined above.

B. Paychecks: House Officers receiving a Commission paycheck shall be paid weekly. The Commission may change this payment schedule to every two weeks. The annual salary of all House Officers shall be paid based on the Commission's current practice, which is a year is to be divided into 52 weeks. However, any new employee must receive their first check within three weeks of first date of employment.

C. Retroactive Salary/Allowances: All retroactive salary and allowance increases due to House Officers under the terms of this Agreement shall be paid to each House Officer no later than one month after the CIR ratifies this Agreement.

D. Professional Education Stipend: A nontaxable, reimbursable professional education stipend shall be paid annually to each House Officer in the amount of \$1900 in 2007-08 and thereafter. This stipend may be used to defray the costs of conferences, textbooks, journals, board fees, or other such items as approved by the relevant Program Director. House Officers are responsible for turning in all necessary receipts to their department in order to be reimbursed. Any House Officer who has not turned in receipt for the total amount of the annual stipend by May 1<sup>st</sup> of that year shall receive a payment (taxable) equal to the difference between the total annual stipend and the total reimbursable expenses claimed and documented by said House Officer.

E. Holiday Pay: The Commission will pay 1/5 of a week's pay in additional compensation for eight (8) hours worked on any eligible holiday, including work performed while on an outside rotation. House Officers required to work at least four (4) hours but less than eight (8) hours on any eligible holiday shall receive 1/10 of a week's pay in additional.

Eligible holidays shall be: (Holiday year runs from June 1 through May 31)

Eleven regular holidays, which may be taken on:

New Year's Day	Martin Luther King Day
President's Day	Memorial Day
Patriot's Day	Independence Day
Labor Day	Columbus Day
Thanksgiving	Day before Christmas
Christmas Day	

Holiday pay to be paid in the same pay cycle as worked.

F. PGY Level Designations: No House Officer shall be paid at a level higher than PGY VII (except as stipulated in "Level Definitions" above), without special exception granted by the Training Director, approval by the Chairman of the Department, Vice President of Human Resources and the Chief Executive Officer. The Union will be given thirty days notice and opportunity to comment prior to implementation of such higher wage.

G. Orientation Pay: All incoming House Officers required to attend Orientation prior to July 1 of each year shall be compensated at the appropriate PGY level, as set out in Section 1 of this article.

H. Family Medicine Resident Allowance: The Family Medicine Chief Residents shall receive a stipend in the amount of \$1300.00, paid in quarterly installments of \$325.00.

## **HEALTH BENEFITS**

- A. Coverage Options: The CPHC agrees to offer members of the CIR full and comprehensive health insurance for inpatient and outpatient care, including the following coverage options: Blue Choice, Network Blue, Network Blue NE, Blue Cross CHA Option, Harvard Pilgrim, Harvard Pilgrim CHA Option, Neighborhood Health Plan, Tufts Health Plan, Tufts Health Plan CHA Option, Major Medical, and other health maintenance organizations as provided by the CPHC. If benefits are to be paid by an outside funding source, the benefits shall be equal to the terms of this Agreement.
- B. The CPHC agrees to pay 90% of the CHA Option and 85% of any other health insurance plan offered by the CPHC. To the extent allowed by law, the employee contributions shall be paid by the employee on a pre-tax basis. Health insurance coverage shall commence on the date that the House Officer comes on the payroll.
- C. Part-Time House Officers: In order for House Officers to be eligible for health insurance, such House Officer must work a minimum of twenty (20) hours per week, as set out in Massachusetts General Laws Chapter 32B.
- D. Other Coverage Option: Employees eligible for Commission Health insurance, who have alternative health insurance coverage, provided by a source other than the Commission, and who elect not to enroll in the Commission health insurance shall be entitled to \$62.50 per month payment in lieu of health insurance for each month they do not take Commission insurance. The Commission must inform each House Officer annually in writing of this benefit and the proper procedure by which it is secured. Should the House Officer lose the alternative insurance w/out fault of his/her own, the House Officer may then enroll in the Commission health insurance program without waiting periods or preexisting condition restrictions. The employee may also enroll in the Commission health insurance program without restrictions at the time of open enrollment. Payment in lieu of insurance ends when the employee enrolls in Commission provided insurance or when eligibility for Commission provided insurance ends.
- E. Pre-Tax Contribution/Pre-Tax Flexible Spending Account: The CPHC will make available a pre-tax flexible spending account for dependent care and nonreimbursable medical expenses.
- F. Domestic Partners: The provisions of the City of Cambridge domestic partners ordinance will be applied.

## **WORKING CONDITIONS**

A. Sleeping Areas: House Officers shall be provided with adequate 24 hour/7days a week dedicated sleeping areas located in the main hospital building, including a bed for each House Officer on-call, with no more than one person per room on any night. Each room shall have an adequate supply of sheets, pillows, pillowcases, blankets and towels provided, as well as bedside lights, desk and chair, and a working telephone. On call rooms shall be adequately ventilated, heated in the winter and air conditioned in the summer.

1. Medical service shall be provided with five (5) rooms.
2. Psychiatry service shall be provided with one (1) such room.
3. Podiatry service shall be provided with one (1) such room.
4. Family Medicine shall be provided with one (1) such room at Cambridge Hospital, and two (2) such rooms at Whidden Hospital.

All on-call suites shall have a lounge/conference room space with two computers, a printer, and clean and well-stocked shower facilities with at least one bathroom/shower for every three (3) to four (4) House Officers. One bathroom/shower must be handicap accessible. A kitchen area with refrigerator, sink and microwave shall also be provided for each on-call suite. All call suites shall be adequately insulated to prevent noise disruption from patient care areas overnight, and shall be available 24 hours a day/ 7 days a week. All facilities shall be maintained with adequate housekeeping and clean linens.

B. Text Pagers: Text pagers shall be provided to all housestaff participating in ongoing care of patients, subject to the recommendation and approval of the respective Chief of Service. Family Medicine residents shall be given Treos instead of text pagers.

C. Medical Textbooks: Medical Textbooks will be made available on-site for use at Cambridge Hospital, Somerville Hospital, Central Street Health Center or any other primary training site.

D. Learning Center: There shall be a medical library equipped with current texts, journals and on-line educational materials, accessible to House Officers 24 hours a day/7 days a week at Cambridge Hospital, Somerville Hospital, Central Street Health Center, Malden, Whidden Hospital or any other primary training site. The electronic resources shall be made accessible via remote log-in via the internet.

E. Scavenging Systems/Operating Rooms: An adequate scavenging system shall be maintained in each operating room. The adequacy of such system shall be determined by the annual monitoring of anesthetic gases under the direction of the Chief of the Department of Anesthesiology and Respiratory Care, and the results thereof, will be made available to the CIR.

F. Locker Space: Locked, secure space shall be provided for House Officers at all Cambridge Health facilities where they are routinely assigned.

G. Telephone Messages: There shall be a mechanism whereby telephone messages shall be communicated or held for all House Officers.

H. Bike Rack: There shall be a covered, secure bike rack with sufficient space, provided at Cambridge Hospital, Somerville Hospital, Central Street Health Center or any other primary training site.

I. Crash Carts: Cahill 3 and Cahill 4 shall each be provided with a fully equipped “crash cart” to be located on each of their respective floors. In addition, a fully equipped and functional EKG machine shall be located on Cahill 3 and Cahill 4.

J. Telephones/Outside Lines: Telephones with outside lines shall be available in all psychiatric House Officers’ OPD offices and in OPD interview rooms used by House Officers on a regular basis in all CHA facilities where House Officers routinely are assigned.

K. Security Coverage: The Commission shall provide adequate security coverage for House Officers using the psychiatric OPD building, regular patrols of the OPD building and the installation of panic buttons in all Psychiatric Out-Patient Interview rooms.

L. Work Space:

A. Fellows in Child & Adolescent Psychiatry

1. Outpatient Office Space/Furnishings – ACGME program requirements state “Ample office space with readily accessible play materials must be available for each resident” Adequate furnishings for this space shall be defined as having at least three chairs, a table, a desk with drawers that lock for private patient information, a doll house, a uniform set of toys provided by the Division of Child & Adolescent Psychiatry. In addition:
  - a) Ample office space shall be defined as six (6) therapy offices reserved for the exclusive use of the fellows each day between the hours of 12:00 pm and 9:00 pm or as determined by the child and adolescent fellows at the beginning of the training year.
  - b) Scheduling of these therapy offices for these defined hours shall be determined and managed by the Residency Training Program in order to minimize scheduling conflicts produced

by any of the required changes to fellows' schedules throughout the year. Given the importance of providing patients with a maximum level of consistency, the Residency Training Program shall make every effort to schedule fellows in the same office. There will be a trial period of one (1) year to evaluate this system of office allocation and if the utilization rate falls below the current standard, the parties will meet to modify the system.

- c) When CHA converts to an electronic medical records system, each office space shall be equipped with a computer so that charting can be completed in a timely fashion after each visit.
2. Fellows Office--There shall be one (1) secured office in the Macht Building devoted to providing a workspace and storage office for the fellows only. This space shall have at least five (5) workstations, telephone lines, and computer terminals, and enough locked storage space for each fellow's patient-sensitive paperwork and personal effects.
  3. Inpatient Space--While rotating through the two inpatient units, the Child Assessment Unit and the Somerville Hospital Adolescent Inpatient Program, every effort shall be made to provide some consistent workspace for the fellow, as well as some locked storage space.
  4. In order to comply with ACGME requirements for basic teaching aids, the residency training program shall create a space with a two way mirror in whatever site the fellows are assigned for the bulk of their outpatient requirement.

B. Adult Psychiatry

1. Adequate work space and furnishings shall be provided for the residents.
  - a) A minimum of six (6) offices at the Central Street building and six (6) offices at the Macht building shall be reserved for use exclusively by residents. Psychiatry residents shall manage scheduling the use of these offices by residents, independent from the reservation process used for other office space. If resident room scheduling comes into conflict with the new centralized scheduling system, resident representatives will meet with appropriate CHA administrators to resolve this conflict. Each office includes a

desk, two chairs, a clock, and, a computer connected to the hospital computer network, once the electronic medical records system has been put in place.

- b) A minimum of one desk, desk chair, and at least one file drawer and locker space per resident shall be provided in a secure area where records as well as personal items may be safely stored, as space allows. A phone and a computer connected to the hospital network shall also be provided.
- c) Room assessment and allocation at the Central Street building shall be evaluated by the Outpatient Coordinator and a resident representative, selected by the incoming PGY 3 residents, prior to the commencement of the third year to ensure the adequacy of office space for each House Officer, given that the number may change from year to year. Adequacy shall also be evaluated on an on-going basis by the Outpatient Coordinator and the resident representative in order to provide assigned and secure office space for each resident, with limited change. At no time shall the number of offices reserved for resident use fall to below six (6) at each location.

C. Medicine Chief Residents

The Medicine Chief Residents shall be assigned an office in the inpatient facility. The office shall be equipped with two (2) desks and chairs, two (2) computers, and two (2) file cabinets, and shall be large enough to hold meetings of up to five (5) people.

D. Podiatry

The Podiatric House Officers shall be assigned an office large enough to hold six (6) people. This space shall include desk space, at least six (6) chairs, at least five (5) file cabinets, an X-Ray view box, a dry erase board, a TV/VCR, at least four (4) telephone lines, and at least four (4) network computers. Additionally, the Hospital shall provide space for a call room in the event that a House Officer stays overnight in the hospital.

E. Family Medicine

- 1. Adequate work space and furnishings shall be provided for the residents at all primary training locations:

- a) Residents shall be provided with priority use of a conference room within the on-call suite at Whidden Hospital. Other departments may have use of the room, but must clear room use in advance with the Whidden Hospital site administrator or his/her designee.
- b) Residents shall be provided with two locked rooms at the Malden worksite. The rooms shall have at least a total of one (1) desk with chair, one (1) computer and one (1) locked cabinet for each resident, with one printer station per room.

M. IV or Technician Coverage: The Commission will provide IV & Phlebotomy coverage for Cambridge and Somerville and Whidden Hospitals 24 hours a day/7 days a week.

N. Scrubs and White Coats: All Medicine, Family Medicine and Podiatry House Officers while on-call shall have the right to obtain scrubs. Effective June 23, 2007, the Commission shall provide interns and residents in Medicine, Dental, Family Medicine and Podiatry with two (2) white coats with their name embroidered on each coat. Laundry service shall be provided by the Commission at no cost to the House Officer. If a name-embroidered coat is lost and a House Officer wishes to replace it, he/she shall do so at his/her own expense. The Commission will continue to provide, at no charge, white coats without names.

O. On-Call Meals: The Commission shall order and stock on a weekly basis a refrigerator (designated for House Officer use only) with a variety of nutritious, fresh, and microwave foods to satisfy the religious and dietary needs of the housestaff on call dinner. House Officers are responsible for providing the Commission with a list of such foods to be ordered. House Officers assigned to home call, including house officers covering Whidden Hospital, shall also receive this on-call breakfast and dinner benefit when called in.

The Joint Labor-Management Committee shall determine the yearly on-call dinner food budget, but in no case should this be less than \$1,400, divided as follows: \$1100.00 per month for Cambridge Hospital, and \$300 per month for Whidden Memorial. The Union and the Alliance shall meet to reevaluate the allocation of these funds between the two facilities in January of 2009, in time to be reallocated as necessary for the following fiscal year.

Should the Commission neglect or be unable to place a weekly order, House Officers on-call shall be reimbursed for dinner ordered in to the Hospital, up to a maximum of \$8.00 per house officer per night, until such time as the refrigerator is re-stocked. The parties shall determine the process by which this reimbursement takes place.

P. Change of Training Sites: The Commission shall notify CIR at least sixty (60) days before any proposed change in training sites outside the geographic proximity of currently utilized venues (including Whidden Hospital), and must demonstrate the educational benefit for the proposed change.

Q. Notice and Training for New Unit/s: The Commission shall provide at least one (1) month notice to House Officers of any new units within CHA that will be staffed by house officers and shall provide all House Officers with sufficient training in the new system before it is implemented. This includes sufficient notification of upcoming training session, as well as the release from coverage for clinical responsibilities during those times. For the purposes of this section, a new unit is defined as one that has previously not existed.

### ***DUTY HOURS***

- a. Each ACGME-accredited program must establish formal written policies governing resident duty hours that support the physical and emotional well-being of the resident, promote an educational environment, and promote patient safety.
- b. These formal policies must apply to all participating institutions used by the residents.
- c. The policies must address the following required elements:
  - Educational needs of the resident must not be compromised by excessive reliance on residents to fulfill institutional service obligations
  - Programs and CHA must monitor duty hours and call schedules, and adjustments made as necessary to address excessive service demands and/or resident fatigue.
  - Duty hours must reflect the fact that continuing patient care responsibilities are not automatically discharged at specific times; therefore, programs must provide appropriate back-up support when residents are engaged in especially difficult or prolonged patient care responsibilities.
  - Duty hours and on-call time periods must be in compliance with ACGME Institutional and Program Requirements, as well as with the CIR Agreement.
- d. The GMEC shall regularly monitor resident duty hours for compliance with CHA policies and the Institutional and Program Requirements, using at a minimum the following procedures:
  - Annual report from program directors, including data from surveying of residents
  - Direct query of residents from each program at the time of the program's Internal Review.
- e. The GMEC shall ensure that faculty and residents are educated to recognize signs of fatigue and to adopt and apply policies to prevent and counteract the potential negative effects.

- f. Programs that wish to request an exception in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours must submit a request to the GMEC for review and endorsement, prior to submission to the program's Residency Review Committee. The GMEC shall review such requests based on the following criteria:
- Analysis of potential impact on patient safety
  - Soundness of educational rationale - necessity for educational reasons should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested
  - Specification of the assignments and level(s) of training to which the proposal applies
  - Specific information regarding the program's moonlighting policies for the periods in question
  - Specific information regarding the resident call schedules during the times specified for the exception
  - Plan for monitoring and reevaluation
  - Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation
  - Requests may be considered only at those times when CHA has a Favorable Status from its most recent review by the ACGME Institutional Review Committee and when the program is accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action.

### ***PROFESSIONAL ACTIVITIES OUTSIDE THE EDUCATIONAL PROGRAM***

Residency is a full-time responsibility. Activities outside the educational program must not interfere with the resident's performance in the educational process. Accordingly, the CHA has established the following policy on moonlighting:

- a. Residents are strongly discouraged from moonlighting during the R-1 year.
- b. Recognizing the financial constraints on some of our residents, moonlighting is permitted during the R-2, R-3 and 4 years.
- c. Moonlighting that occurs within the residency program and/or CHA must be counted toward the 80-hour weekly limit on duty hours.
- d. The program director must document in writing prospectively that s/he has granted permission for the resident to moonlight, and must include this information as part of the resident's folder.
- e. Moonlighting must not interfere with the resident's ability to provide patient care and should not interfere with the resident's ability to participate in the educational opportunities of the training program.
- f. If a resident experiences educational difficulty necessitating additional support or remediation, the program director may strongly discourage the resident from moonlighting. The resident's performance will be monitored

for the effect of moonlighting activities. Moonlighting may be disallowed if adverse effects are documented.

- g. Residents who wish to moonlight are encouraged to take advantage of the opportunity to do so in the Cambridge Hospital Emergency Department, Somerville Hospital, Youville Hospital, or other affiliated institutions where they would work in a familiar environment supervised by attendings on our staff.
- h. Residents must never be required to engage in moonlighting.
- i. All residents engaged in moonlighting outside the Cambridge Health Alliance (or within the Cambridge Health Alliance, but not subject to the usual supervision provided to residents) must be licensed for unsupervised medical practice in the state where the moonlighting occurs.
- j. It is the responsibility of the entity hiring the resident to moonlight to determine whether such licensure is in place, adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

### ***LIABILITY INSURANCE***

- A. Chapter 258 Coverage: All members of the CIR shall be deemed Commission employees for all purposes including while on outside rotation. They shall be entitled to all coverage provided by Chapter 258, the “Governmental Tort Claims Act.”
- B. All residents rotating from sponsoring institutions will be covered by liability insurance as specified in the institutional agreement.

### ***DISABILITY, DENTAL AND OPTICAL INSURANCE***

Disability, Dental and Optical Insurance: The Commission shall annually contribute the sum of \$638.00 per House Officer for the purchase of short and long term disability, dental and optical insurance coverage provided by the House Staff Benefits Plan of the Committee of Interns and Residents. Should the aggregate cost of these benefits increase over the life of the contract, the Commission shall, upon demonstration of that increase, pay the additional cost, not to exceed a total cost of \$756.00 per House Officer per year. Such review of cost increases shall take place in May of 2009. See Side Letter #1.

### ***LEAVE OF ABSENCE***

- A. Residents will be provided the opportunity to take leave of absence for up to 12 months with the approval of the Program Director. Residents who take an approved leave of absence must still satisfy the criteria for completion of a residency program unless specifically exempted by the Program Director.

B. Family and Medical Leave Employees [referred to herein as House Officers] are eligible for the Family and Medical Leave Act, depending upon the situation of the House Officer. This policy identifies the Family and Medical Leave situations that qualify a House Officer of the Cambridge Public Health Commission for an approved Family and Medical Leave. The policy is intended to comply with the requirements of the Family and Medical Leave Act of 1993. The Employer may require the use of applicable accrued benefit time while an employee is on FMLA.

Unpaid leaves of absence shall be granted to House Officers in accordance with the Family and Medical Leave Act (FMLA). An eligible House Officer may take FMLA leave in the event of an FMLA qualifying event for up to twelve (12) weeks in any twelve (12) month period. The twelve (12) month period is the calendar year or rolling year as determined by CHA policies. The CHA shall give the Union sixty (60) days notice in the event CHA changes to either a rolling or a calendar year.

FMLA qualifying events are:

- a) A serious health condition of the House Officer that prevents the employee from performing his or her job;
- b) A serious health condition of the House Officer's spouse, child or parent for which the House Officer is needed to provide care;
- c) The birth of a child or placement of a child for adoption or foster care with the House Officer.

Although FMLA Leave is unpaid leave, a House Officer can be required by the employer to use any applicable accrued benefit time during FMLA leave in the event the House Officer has a serious health condition. If a House Officer requires more than twelve (12) weeks of FMLA leave, the House Officer may request may request an extension of the leave in accordance with the section on medical leave. In no case shall leave be granted for a period of more than six (6) months.

During a medical leave of absence the Commission will continue to pay for the cost of the disabled House Officer's insurance in accordance with contribution rates defined in this Agreement, dental and visual and disability insurance.

In cases where a House Officer has advance knowledge of a temporary and partial disability, said House Officer is encouraged to notify his/her department at the earliest possible date. Where a House Officer so requests, the Chief of Service and the affected House Officer shall work out an arrangement that will protect the House Officer's health while taking into account the House Officer's accreditation requirements. These arrangements will be made in accordance with departmental policy jointly developed in negotiations with the union. Such a plan requires an explicit written statement to include: the length of time allowed, the House Officer's right to return, credit for time completed, projected minimum/maximum requirements for board eligibility, and whether there will be any required make up

time, including number of nights on call. Such a plan must be agreed to at least 2 months in advance of the expected date on which maternity leave is to begin.

C. Maternity Leave

a) A leave of absence without pay will be granted for a period of up to six (6) months on or about the date of delivery or adoption. Upon the expiration of said leave, the employee shall be reinstated to her former position and department. Failure to return to work upon expiration of said leave will result in termination unless the employee had received a written extension thereto prior to the expiration date.

b) The leave policy described above shall also be extended to a House Officer who assumes primary care of a newborn or adopted child in his or her immediate household.

c) Disabilities connected with childbirth and pregnancy must receive treatment at least as favorable as that accorded to other disabilities.

d) While each particular department and each House Officer is different and therefore specific rules for every situation cannot be developed the following options must be considered in developing a mutually acceptable program for an individual House Officer who is temporarily and partially disabled.

- (1) Rescheduling of less taxing rotations or electives
- (2) Relief from some night call by, for example, hiring moonlighters using the sick call pay pool.
- (3) Use of paid sick leave.
- (4) Relief from exposures to and guidance concerning certain radiation, chemicals, diseases and hazards.
- (5) Flexible rescheduling of vacation time.
- (6) Part-time residencies and extended leaves of absence, at the request of the affected House Officer.
- (7) Time must be allowed for medically indicated doctor's visits.

D. Return To Work Notification: Employees returning from any of the leave times specified above shall notify their Department when they intend to return to work at least two (2) weeks prior thereto.

E. Parental Leave: House Officers are entitled up to fourteen (14) days parental leave in order to attend the birth, adoption, or care of a child in the employee's immediate household. These days shall be deducted from the employee's unused sick leave.

F. Child Care Resource: The Commission shall provide a child care resource and referral program through the Child Care Resource Center or any other appropriate Child Care Agency for employees.

G. Accreditation Requirements: House Officers returning from family or maternity leave may be required to complete missed rotations in order to become board eligible. Should a department require a House Officer to complete missed rotations, the Commission shall compensate the House Officer at his/her current PGY level and provide malpractice coverage and all other applicable benefits. Said House Officer's schedule will be arranged to complete accreditation requirements as quickly as possible.

H. Bereavement Leave:

a) 3 Day Allowances: Employees will be granted leave of absence with pay for not more than three (3) days on account of the death of a father, mother, brother, sister, husband, wife, child, son-in-law, daughter-in-law, or parent-in-law, whether such relative was a member of the employee's household or not. Pay for absence not to exceed three (3) calendar days will be also allowed on account of the death of any other relative who was a permanent member of the employee's household or of any other person with whom said employee made his/her home.

b) 1 Day Allowances: Employees as defined in Section 1, also will be paid full salary for absence not to exceed one (1) day to attend the funeral of a first cousin, grandparent, grandchild, brother-in-law, sister-in-law, aunt, uncle, nephew or niece, and spouse's grandparent, brother-in-law or sister-in-law.

If additional time off is needed for either section a) or b) of this article, the House Officer may make use of his/her accrued sick leave, subject to the approval of the program director.

I. Personal Days: Each House Officer shall be entitled to two (2) personal days per year, paid by applying a portion of his/her sick time benefit, as described in Article XX (Sick Leave). Personal days do not accrue from year to year and are subject to the approval of the program director. The House Officer shall make every effort to schedule the taking of a personal day at least three (3) weeks prior to the day requested and in no case will such personal day

a) occur during the weeks June 15 – July 15,

- b) be requested for a day that the house officer is on-call or listed as emergency coverage.

J. Emergency Staffing Situations:

- Any absence that is anticipated to be or reaches two weeks in duration rises to the level of a serious understaffing situation. It is defined to include, but not be limited to, absence due to prolonged illness, disability, pregnancy, approved leaves of absence, emergency absence, removal from the payroll and or resignation (defined to include situations in which a person accepts appointment and fails to arrive).
- Such a serious understaffing situation necessitates another means of coverage than that set out above and must be devised in consultation with the union. Coverage options shall include hiring temporary staff, housestaff moonlighters and increased attending coverage.
- House Officers who are ill are encouraged to seek appropriate medical attention. The sick Intern will notify the appropriate Program Director or his/her designee as soon as it is evident that s/he will not be able to report to work. The Chief resident and the appropriate Program Director, in accordance with departmental policy jointly agreed to in negotiations with the union, will determine which intern services shall be covered and will recruit the designated on-call intern to work. The intern providing night time emergency absence coverage shall not be required to perform his/her next day's scheduled duties; nor shall any House Officer be required to simultaneously work for the sick House Office and perform previously scheduled duties. Interns providing emergency absence coverage will be compensated. Sick interns and residents will not be penalized for reporting sick.