SAMPLE RESIDENT AGREEMENT: ACADEMIC YEAR 2014-2015

PRESENCE SAINT FRANCIS HOSPITAL
GRADUATE MEDICAL EDUCATION

RESIDENT STAFF AGREEMENT

This Graduate Medical Education Resident Staff Agreement ("Agreement") is made and entered into this ________ day of ____________, 2013 ("Effective Date") by and between Presence Saint Francis Hospital, an Illinois not-for-profit corporation ("Hospital"), and _______ ________ ("Resident"). Hospital and Resident may be referred to individually as a "Party" and collectively as the "Parties".

RECITALS

WHEREAS, the Resident is a graduate medical student who has been accepted for enrollment in an advanced graduate medical training program ("Program") in the specialty of ________________ at the Hospital; and

WHEREAS, the Program allows the Residents to be directly involved in providing patient care under supervision in an institution that accepts responsibility for the quality of its education programs; and

WHEREAS, during his/her training, the Resident will, as described below, receive an annual stipend and other support, the amount of which is not related to the nature of services the Resident renders or the number of hours he/she spends in patient care; and

WHEREAS, the Parties recognize that excellence in patient care must not be compromised or jeopardized by the needs and prerogatives of the Program, nor should the educational mission be compromised by an excessive reliance on the Resident to fulfill institutional service obligations.

NOW THEREFORE, in consideration of the foregoing and of the terms, covenants, and conditions hereinafter set forth, the Parties mutually agree as follows.

I. Program Description and Term of Agreement.

A. Duration of Program/Term: This Agreement and corresponding Resident's participation in the Program shall begin on ______, and end on ______unless otherwise renewed in writing by the Parties for additional one (1) year term(s). The initial term and all renewal terms shall be the "Term" of this Agreement.

B. Field of Graduate Medical Education: _______________________

C. Level of Training: PGY-
II. **Annual Stipend.** Hospital shall pay the Resident an annual stipend of $_________ in accordance with Hospital’s usual payroll and withholding practices.

III. **Benefits.** Hospital shall provide Resident with benefits as outlined in **Exhibit A** under the terms and conditions of the Hospital’s current benefit plans and or policies. Such benefits, as well as additional benefits related specifically to the Resident enrolled in the Program, are delineated in **Exhibit A**, attached hereto, which may be amended by the Hospital from time to time. Residents are not eligible for tuition reimbursement or to participate in the Presence Health Care employee retirement income program or to receive matching contributions to the Presence Health Care 403(b) retirement savings program.

IV. **Professional Liability Insurance.** The Hospital shall provide professional liability insurance coverage for the Resident during the Term. Such coverage will provide legal defense and protection against awards from claims reported or filed during or after the completion of the Program, if, and only if, the alleged acts or omissions of the Resident occurred during the Term and are within the scope of the Program. The coverage provided will be consistent with the Hospital’s professional liability coverage provided to other employed medical and professional practitioners. An extended reporting period, i.e., tail coverage, will be provided by the Hospital as applicable. Should Resident, for any reason, and at any time during the Term of this agreement, not qualify for coverage under Hospital’s insurance program, this Agreement may be immediately terminated. During the Term of this Agreement and after this Agreement terminates, Resident agrees to comply with Hospital’s policies regarding insurance coverage and risk management, and to cooperate in the investigation of claims or incidents by Hospital, and with his/her defense in the event of litigation.

V. **Hospital Obligations.**

A. **Environment of Training.** The Hospital shall provide a suitable environment for Program training consistent with the standards promulgated from time to time by the Accreditation Council for Graduate Medical Education (“ACGME”) in the “Essentials of Accredited Residencies for Graduate Medical Education” and/or the American Osteopathic Association (“AOA”), as may be amended from time to time.

B. **Designation of Director.** The Hospital shall designate a director (“**Program Director**”) responsible for the implementation of this Agreement and for the overall supervision of the Resident.

C. **Resident Involvement.** The Hospital shall facilitate involvement of the Resident in appropriate Hospital councils or committees addressing patient care issues especially those involving patient safety and quality.

D. **Impairment and Substance Abuse Education.** The Hospital shall provide the Resident with an educational program regarding physician impairment, including
substance abuse. The Hospital shall inform the Resident of, and make available, the Hospital’s written policies for handling physician impairment, including impairment related to substance abuse.

E. **Salary and Benefits.** Hospital shall provide Resident with the salary and benefits as further described above in Articles II and III, respectively.

F. **Duty Hours.** The Hospital shall be responsible for promoting patient safety and education through appropriate Resident duty-hour assignments and faculty availability. The Hospital shall abide by all ACGME, AOA, or Council on Podiatric Medical Education (“CPME”) requirements, as applicable, regarding duty hours and the work environment for Residents.

G. **Sexual Harassment Policy.** The Hospital has established a policy not to permit or condone remarks and/or activity concerning unwelcome sexual advances, requests for sexual favors, or any other conduct of a sexual nature. The Hospital’s policy, which will be made available to the Resident, defines and prohibits sexual harassment and sets forth a protocol whereby complaints of sexual harassment and exploitation may be addressed in a manner consistent with the law and due process. Such policy on sexual harassment may be changed by the Hospital from time to time, as appropriate and consistent with applicable law.

H. **Hospital Sponsored Counseling.** The Hospital provides the Resident access to participation in Hospital sponsored counseling, medical, psychological, and other support services on a confidential basis, including matters relative to Resident impairment. These services are described in the Hospital’s Employee Assistance Policy, a copy of which will be made available to the Resident, which sets forth the various forms of employee assistance provided by the Hospital to the Resident. Such policy may be changed by the Hospital from time to time, as appropriate.

I. **No Restrictive Covenant.** A non-competition clause will not be required to be signed by the Resident in any graduate medical education program within Presence Health Care.

VI. **Resident’s Obligations.**

A. **State of Illinois Medical Licensure.** Resident shall acquire and maintain the appropriate State of Illinois Medical Licensure (at Resident’s expense) as defined by the Illinois Medical Practice Act prior to starting the Program. A Resident will not be permitted to begin the Program under any circumstances until the appropriate license has been obtained. Failure to comply with this requirement will be grounds for immediate suspension or termination of appointment. The State of Illinois grants the medical license for the length of the Program with an automatic extension of fourteen (14) days at the end of the Program for the benefit of orientating new incoming Residents.

B. **Assignments/Rotations.** Resident shall carry out assignments and rotations as
directed by the Program Director, or applicable Department Chairman, in accordance with the guidelines of the respective American Board governing the medical specialty, AOA, CPME, and the Resident Review Committee.

C. **Continuation and/or Promotion in the Program.** Continuation and/or promotion in the Program are contingent upon satisfactory academic and professional performance by the Resident, as evaluated through the Hospital’s formal evaluation procedures for the Program. In addition, each Resident shall review his/her performance with the Program Director or designee at least twice during the academic year or as otherwise dictated by specialty requirements. Any makeup time must be completed at the end of each year of the Term and/or before promotion to the next level of training. A Resident receiving an unsatisfactory evaluation may be required to repeat the rotation/assignment to obtain approval for certification by the Program Director.

D. **Quality Improvement and Risk Management Activities.** The Resident agrees to participate in and cooperate with quality, safety and risk management activities as directed by the Program Director or Hospital’s Quality, Safety and Risk Management Departments, and to provide such statistical information as may be required to fulfill the quality improvement, safety and risk management efforts of the Hospital.

E. **Compliance.**

1. **Compliance with Policies.** Resident shall comply with, be bound by and subject to the policies, rules, regulations and orders promulgated by Hospital, its Chief Executive Officer, Medical Staff and Program (“**Hospital Policies**”), and the ethics, moral principles of the Hospital. Resident shall also comply with all federal, state and local laws, rules and regulations now in force or which may hereafter be in force, which are applicable to the Hospital or the Program, as well as the standards of The Joint Commission (or other applicable accrediting organization). Resident specifically agrees to abide by the **Ethical and Religious Directives for Catholic Health Care Services**, as promulgated by the local bishop and as may be amended from time to time (“**Ethical Directives**”).

2. **Exclusions Representation.** Resident hereby represents and warrants that he/she: (i) is not a “sanctioned person” under any federal or state program or law; (ii) has not been listed in the current Cumulative Sanction List of the Office of Inspector General for the United States Department of Health and Human Services for currently sanctioned or excluded individuals or entities, (iii) has not been listed on the General Services Administration’s list of Parties Excluded from Federal Programs, (iv) has not been listed in the Specially Designated Nationals list, and (v) has not been convicted of a criminal offense related to healthcare. Resident shall advise Hospital immediately if he/she no longer complies with this paragraph. If Resident fails to comply with the terms of this provision, Hospital shall have the right to immediately terminate this Agreement without penalty.
F. **Participation in Educational Activities.** The Resident shall participate fully in the educational activities of the Program and, as required, assume responsibility for teaching and supervising other Residents and medical students.

G. **Participation in Hospital Committees.** The Resident shall participate in Hospital committees and councils as assigned, including those that relate to patient care review activities.

H. **Cost Containment.** The Resident shall apply appropriate cost containment measures in the provision of patient care.

I. **Moonlighting.** The Resident shall not engage in other medical practice privileges or other remunerative work ("Moonlighting Activities") without prior notification and permission of the Program Director. Engagement in such Moonlighting Activities may not be undertaken during the regular duty hours. Moonlighting Activities will be covered by Hospital’s professional liability insurance program, worker’s compensation insurance coverage and other benefits programs only if performed within a Presence Health Care facility. If Resident desires to engage in Moonlighting Activities he/she must be in good academic standing and obtain the Program Director’s prior written approval. The Program Director reserves the right to prohibit Moonlighting Activities if such activities may interfere with the Resident’s duties and obligations in the Program. Residents shall not be required to engage in any Moonlighting Activities. If the Resident engages in Moonlighting Activities, his/her performance will be monitored and evaluated to ensure such Moonlighting Activities do not interfere with the educational objectives and performance, as well as all duty hour regulations.

J. **Policies/Standards/Employee Physical/Drug Screening:**

1. Resident shall comply with all current Hospital Policies applicable to Hospital exempt employees, including: (1) the requirement that a Resident must complete an employee physical examination prior to beginning employment; (2) compliance with the Hospital’s Sexual Harassment Policy; and (3) compliance with the Hospital’s Parking and Dress Code Policies, all as may be amended from time to time. Resident shall be responsible for complying with the most current version of such Hospital Policies.

2. Resident shall also comply with Hospital’s policy pertaining to drug screening of employees, as such policy may be amended from time to time. Failure to pass drug screening pursuant to the provisions of the Hospital policy may result in non-hiring or termination of employment. The results of a positive drug screen will be subject to applicable legal reporting requirements, including any reporting requirements of the Illinois Department of Professional Regulation.

3. Resident shall honor and abide by all other approved, published Hospital Policies, as may be adopted or amended from time to time. Resident shall conduct
himself or herself in a professional manner consistent with the Hospital’s standards. Resident acknowledges that it is the express policy of the Hospital to prohibit discrimination on the basis of race, color, sex, religion or national origin. Resident shall not allow the Hospital to be used for the performance of abortion, euthanasia or direct surgical sterilization, nor will Resident provide any other services at the Hospital that contravene Hospital Policies, the Medical Staff Organizational Documents or the Ethical Directives.

VII. **Termination and Non-Renewal.**

A. **Termination and other Disciplinary Actions.** Falsification of any information supplied to the Hospital by the Resident as part of the entrance requirements of the Program, or knowingly giving false information or assisting others in doing so constitutes grounds for immediate dismissal of the Resident from the Program. If the Program Director determines that the Resident has materially failed to comply with any specific obligations or intent of this Agreement, he or she shall be authorized to terminate this Agreement or take such disciplinary action, including fines, as may be appropriate; provided, however, that any such termination or other disciplinary action shall be subject to the hearing and review procedure for Residents at the Hospital. Hospital may immediately suspend Resident from any patient care activity based on concerns that continued patient care activity could seriously affect immediate patient care. Such suspension shall then be addressed through the hearing and review procedure for Residents at the Hospital.

B. **Grievance Procedures.** The Hospital has established a grievance procedure whereby the Resident may resolve, in a fair and equitable manner, a dispute or disagreement with the Program Director, Associate Program Director or faculty concerning the interpretation, application or enforcement of this Agreement, or the Hospital’s established policies, rules, regulations, directories or bylaws. A description of the grievance procedure is included in the Graduate Medical Education Policies and Procedures, available at all times on the Presence Saint Francis Hospital Intranet pages. Instructions on how to access the policies and procedures on the intranet are distributed at the start of each new academic year to all residents, including Resident.

C. **Non-renewal of Agreement or Non-Promotion.** If this Agreement is not renewed or the Resident is not promoted to the next level, the Program Director will provide the Resident with a written notice of intent not to renew no later than four (4) months prior to the end of the then current term. However, if the primary reason(s) for the non-renewal occurs within the four (4) months prior to the end of the Agreement, the Program Director will provide the Resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the Agreement. Residents who receive a non-renewal or non-promote notice shall have the right to invoke the grievance procedure, as set forth in Section VII (B).
D. **Program Closure.** In the event the Program is closed or there is a reduction in the total number of Residents in the Program, the Hospital will use its best efforts to allow the Resident to complete the Program at the Hospital. In the event that continuation of the Program is untenable by the Hospital, the Hospital will utilize its best efforts to transfer the Resident to a comparable residency program.

VIII. **General Provisions.**

A. In accordance with the provisions of 42 U.S.C. Section 1395 X(v)(l)(i) and 42 C.F.R. Section 420.300 et seq., Resident agrees to make available upon the written request of the Secretary of the Department of Health and Human Services or of the Comptroller General or any of their duly authorized representatives, this Agreement and any other books, records and documents that are necessary to certify to the above named the nature and extent of costs incurred by the Hospital for services furnished by Resident for which payment may be made under Medicare, Medicaid or other reimbursement programs. The obligation of the Resident to make records shall extend for four (4) years after finishing such services pursuant to this Agreement. In the event of a request by the Secretary or Comptroller General for access, the Resident agrees to immediately notify and consult with the Hospital concerning the response that will be made to such request.

B. No provision of this Agreement shall be construed in any manner whatsoever as an assurance of or guarantee of initial appointment to Medical Staff Membership during or after termination of training under this Agreement.

C. The Hospital expressly acknowledges its obligations as a provider of health care and as an educational institution to confidentially maintain the records of the Resident. These records may be delivered to other health care treatment institutions or prospective employers only upon written request to the Hospital by the Resident in such form as designated by the Hospital. Records will be furnished to appropriate government agencies as required by law. Documents to be transmitted will be marked “Confidential.”

D. The rights and obligations of the Hospital under this Agreement shall inure to the benefit and be binding upon the successors and assigns of the Hospital. The Resident may not assign or transfer his/her rights or obligations under this Agreement, and any assignment or transfer made in violation of this provision shall be void.

E. This Agreement may only be amended by mutual agreement of the Parties hereto, and any such change shall become effective when reduced to writing and signed by the Parties.

F. The laws of the State of Illinois shall govern this Agreement, without regard to the conflict of laws provisions thereunder.
IN WITNESS WHEREOF, the Parties have executed this Agreement through their respective authorized officers, effective as of the day and year first written above.

PRESENCE SAINT FRANCIS HOSPITAL

Signature: ____________________________

Printed Name: ____________________________

Title: ____________________________

Date: ____________________________

RESIDENT

Signature: ____________________________

Printed Name: ____________________________

Date: ____________________________

PROGRAM DIRECTOR

Signature: ____________________________

Printed Name: ____________________________

Title: ____________________________

Date: ____________________________
EXHIBIT A

BENEFITS

1. **BENEFITS PROVIDED**

**Health and Dental Insurance:** The HOSPITAL will provide comprehensive health and dental insurance to the RESIDENT at no charge. Health Insurance for the RESIDENT Physician’s immediate family (spouse and children) will be provided according to HOSPITAL policy. Resident physicians who wish family coverage for medical and/or dental insurance shall pay the difference between the premium for the family plan and the premium for the individual plan. Coverage shall begin the first day of residency training.

**Short-term Disability Insurance:** The HOSPITAL will provide short-term disability insurance to the RESIDENT. To be eligible to receive short-term disability payments, the RESIDENT must be on an approved medical leave and supply a physician’s certification of his/her medical condition and any other documents required by the insurance carrier.

**Long-term Disability Insurance:** The HOSPITAL will provide long-term disability insurance to the RESIDENT. To be eligible to receive long-term disability payments, the RESIDENT must be on an approved medical leave and supply a physician’s certification of his/her medical condition and any other documents required by the insurance carrier.

**Life Insurance:** The HOSPITAL will provide life insurance coverage to the RESIDENT.

**Worker’s Compensation:** The HOSPITAL will provide Worker’s Compensation Insurance to the RESIDENT consistent with the HOSPITAL’S employee group plan.

**Vacation:** The Paid Time Off (“PTO”) plan provides RESIDENT 19 days total per annum at 100% prorated paid stipend. Paid Time Off is defined as time off for a vacation or personal reasons or an absence due to illness, injury, disability, or maternity/paternity. Paid Time Off is not cumulative from year to year and requires **PROGRAM DIRECTOR approval.** Unused Paid Time Off will not be paid at the end of the academic year. In the event that a Resident Physician should leave without completing the academic year, the PTO will be prorated to the date of departure. When it is anticipated that an extended leave is necessary for medical reasons, with the Program Director’s permission, the individual RESIDENT may use remaining PTO time, in addition to the Extended Illness Bank described herein. A four (4) day PTO deductible is required for qualifying illness prior to accessing the RESIDENT’S Extended Illness Bank.

**Note:** Vacation and Leave time policies vary from program to program and are the prerogative of the Program Director. Makeup time, repeat or training and/or fulfillment of continuity of care requirements may be required as determined by the Program Director and Specialty Board requirements. See Exhibit C.

**Extended Illness Bank:** The Extended Illness Plan provides up to 10 days (or 80 hours)
total per annum at 100% prorated paid stipend for an absence of the fifth day for a five day or more consecutive illness up to 10 days per contract year. Extended Illness hours are accrued on a pay period basis. The Extended Illness Bank is cumulative from year to year; and requires PROGRAM DIRECTOR approval, however, unused time at the end of the Residency Program is not payable to the Resident. A physician’s certification of medical condition and clearance from the Presence Health Employee Health Service may be required for return to work following an absence of more than four days due to illness, injury, or any other medical disability from work. The Extended Illness Bank shall not be carried over should the Resident become an employee of any Presence Health affiliate upon completion of residency training.

**Leave of Absence:**

a. All RESIDENTS are subject to the Hospital’s Leave of Absence Policy. The RESIDENT is eligible for coverage under the Family and Medical Leave of Absence policy (“FMLOA”), as may be amended from time to time. Other non-FMLOA leaves must be approved by the Program Director.

All leaves of absence may affect the Resident’s graduation date. Additional training time required to fulfill criteria for completion of residency is determined by the Program Director consistent with the standards of the respective accrediting and certifying bodies (including but not limited to the ABMS, ACGME, AOA, CPME, etc.) See Exhibit C for Specialty Specific Leave information.

b. The HOSPITAL, by written notice to the RESIDENT may terminate this Agreement if Resident is unable to perform the essential job duties with or without reasonable accommodation.

2. **ON-CALL ROOMS/FOOD ALLOWANCE/DRess CODE/SCRUBS:** On-call rooms and funds to purchase meals while on call, lab coats, and scrubs will be provided by the HOSPITAL. RESIDENT shall be subject to the dress code described in the Graduate Medical Education Policy and Procedures and in the dress code policy distributed by HOSPITAL to all residents.

3. **Benefits That Are Not Provided:**

**Retirement and Matching Program:** RESIDENT is not eligible to participate in the Presence Health Care employee retirement income program or to receive matching contributions to the Presence Health Care 403(b) retirement savings program.

**Tuition Reimbursement:** RESIDENT is not eligible to participate in the Presence Health Care Tuition Reimbursement Program.

**Housing:**
Personal housing must be obtained by the RESIDENT and maintained at the RESIDENT'S full expense.
IN WITNESS HEREOF, Resident hereby acknowledges receipt and acceptance of the summary of benefits and other terms set forth in this Exhibit A to the Agreement.

RESIDENT

Signature: ____________________________

Printed Name: _________________________

Date: ________________________________
EXHIBIT B
SITE SPECIFIC BENEFITS

The following benefits are specific to Presence Saint Francis Hospital:

**Medical Records:** Medical records not completed within the time specified in the Graduate Medical Education and/or Hospital Policies are considered delinquent, and the Resident will be subject to corrective and/or disciplinary action for delinquent medical records as provided therein.

**Development of Program Study:** The Resident shall: (1) develop a personal program of study and professional growth with guidance from the teaching Medical Staff and demonstrate ability to assume graded and increasing responsibility for patient care; and (2) participate in safe, effective, and compassionate patient care under supervision commensurate with the level of advancement and responsibility.

**Educational Leave:** While in good academic standing and at the sole discretion of the respective Program Director, up to five days of paid leave and reimbursement of up to $1,250 may be granted for attendance at educational meetings for residents at the PGY2 level and above (unless an educational program is specifically approved for PGY1 residents by the Program Director.) Leave time for such meeting shall not exceed five (5) days. Educational leave and reimbursement are not cumulative from year to year.

**Educational Expense:** Qualified educational expenses including books, professional memberships, software, or one electronic device may be reimbursed to the RESIDENT up to $250.00 per academic year. Education expenses are not cumulative from year to year.

**Recording of Resident for Training Purposes.** The training programs at the Hospital may occasionally record the resident’s interactions with patients. This recording will be used for educational purposes only and will be either returned to the resident at the end of their training or destroyed. By signing this agreement the Resident hereby agrees to such recording (as a condition of their being employed as a resident).

**IN WITNESS HEREOF,** Resident hereby acknowledges receipt and acceptance of the summary of benefits and other terms set forth in this Exhibit B to the Agreement.

Signature: 

Printed Name: 

Date: 

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EXHIBIT C SPECIALTY REQUIREMENTS REGARDING LEAVES

For Obstetrics and Gynecology:

Leave of Absence and Vacations

Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave—may not exceed 8 weeks in any of the first three years of residency training, or 6 weeks during the fourth year of residency. If any of these maximum per year weeks of leave are exceeded, the residency must be extended for the duration of time the individual was absent in excess of either 8 weeks in years one, two or three, or 6 weeks in the fourth year.

In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks. The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training.

Residents who have their residency extended to complete the required 48 months, may sit for the basic written examination in June if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies the ABOG that they have successfully completed their residency prior to September 30.

For more information, go to http://www.abog.org/bulletins/basic.bulletin.2012.pdf

For Internal Medicine:

Leave of Absence and Vacations

Up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Training must be extended to make up any absences exceeding one month per year of training. Vacation leave is essential and should not be forfeited or postponed in any year of training and cannot be used to reduce the total required training period. ABIM recognizes that leave policies vary from institution to institution and expects the program director to apply his/her local requirements within these guidelines to ensure trainees have completed the requisite period of training.

For more information, go to http://www.abim.org/certification/policies/general.aspx#leave
For Diagnostic Radiology:

LEAVE OF ABSENCE
Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local rules. Within the required period(s) of graduate medical education, the total such leave and vacation time may not exceed:

<table>
<thead>
<tr>
<th>6 calendar weeks (30 working days)</th>
<th>for residents in a program for one year</th>
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<tbody>
<tr>
<td>12 calendar weeks (60 working days)</td>
<td>for residents in a program for two years</td>
</tr>
<tr>
<td>18 calendar weeks (90 working days)</td>
<td>for residents in a program for three years</td>
</tr>
<tr>
<td>24 calendar weeks (120 working days)</td>
<td>for residents in a program for four years</td>
</tr>
</tbody>
</table>

If a longer leave of absence is granted, the required period of graduate medical education must be extended accordingly.

For more information, go to [http://theabr.org/ic-dr-req](http://theabr.org/ic-dr-req)

For Transitional Year:

Transitional Year residents must be mindful of the board requirements of their chosen specialty with regards to extended leaves during their transitional year and subsequent years of training. Samples of the most common specialties of transitional year residents at Presence Saint Francis Hospital are listed below. For details on any specialty board, please see the Program Director, Residency Coordinator, or Administrative Director of Medical Education at Presence Saint Francis Hospital.

Dermatology:
Candidates for certification by the American Board of Dermatology are required to have a total of four years of postgraduate training as described below.

a) The first year (PGY1) must consist of 12 months of clinical training in one of the following types of broad-based programs in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a similar program in Canada accredited by the Royal College of Physicians and Surgeons of Canada: a transitional year (formerly called flexible first postgraduate year), or a first year residency in emergency medicine, family medicine, general surgery, internal medicine, obstetrics & gynecology, or pediatrics.

For more information, go to [http://www.abderm.org/residency/guidelines.html](http://www.abderm.org/residency/guidelines.html)

Radiology:
See above
Radiation Oncology:
PGY 1

- Clinical training, accredited by ACGME, AOA, or RCPSC
- Training in any combination of these disciplines:
  - internal medicine
  - pediatrics
  - surgery or surgical specialties
  - obstetrics & gynecology
  - family practice
  - transitional or categorical radiation oncology

Specialties other than those listed, including pathology and psychiatry, do not satisfy the PGY 1 requirement of the ABR.

- Training must be completed in the United States or Canada (Requests for credit for this type of training done in other countries must be submitted to the Executive Committee.)

For more information, go to: http://www.theabr.org/ic-ro-progdir

Anesthesiology

During the Clinical Base year the physician must be enrolled and training as a resident in a transitional year or primary specialty training program in the United States or its territories that is accredited by the ACGME or approved by the American Osteopathic Association, or outside the United States and its territories in institutions affiliated with medical schools approved by the Liaison Committee on Medical Education from the date the training begins to the date it ends. Training as a fellow in a subspecialty program is not an acceptable Clinical Base experience.

Acceptable CLINICAL BASE experiences include training in internal or emergency medicine, pediatrics, surgery or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, critical care medicine or any combination of these as approved for the individual resident by the director of his or her training program in anesthesiology. The Clinical Base year must include at least ten months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most one month may involve the administration of anesthesia. At most two months of the Clinical Base year may involve training in specialties or subspecialties that do not meet the aforementioned criteria.

Effective July 1, 2008, the Clinical Base year must include at least 8 months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most one month may involve the administration of anesthesia. Other rotations completing the 12 months of broad education should be relevant to the practice of anesthesiology.
The resident must complete the Clinical Base year before beginning CA-3 year clinical rotations

For more information, go to: http://viewer.zmags.com/publication/1f27a9ed#/1f27a9ed/10

Ophthalmology

**One (1) year of internship.** All applicants, both graduates of allopathic and osteopathic medical schools, entering ophthalmology training programs must complete a post-graduate clinical year (PGY-1) in a program in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program in Canada approved by the appropriate accrediting body in Canada.

The PGY-1 must be comprised of training in which the resident is primarily responsible for patient care in fields such as emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery, or transitional year. As a minimum, six months of this year must consist of a broad experience in direct patient care. It is a requirement of the ABO that the Program Chair ascertain that an individual has completed an accredited PGY-1 in the United States or in Canada prior to the start of the ophthalmology residency.

For more information, go to: http://abop.org/board-certification/requirements/