

**VANDERBILT UNIVERSITY MEDICAL CENTER  
HOUSE STAFF AGREEMENT 2018-2019**

**In accepting this appointment, I hereby agree to:**

- 1) Satisfy the conditions of employment as contained in the House Staff Manual (<http://www.mc.vanderbilt.edu/documents/gme/files/HManual.pdf>).
- 2) Abide by the applicable Medical Staff Bylaws, Rules and Regulations, House Staff Manual, and Vanderbilt University and Vanderbilt University Medical Center (VUMC) policies and procedures, including but not restricted to policies on Privacy, HIV exposure and the Alcohol and Drug Use Policy.
- 3) Abide by the VUMC Graduate Medical Education Committee policy on duty hours.
- 4) Honestly and accurately report all duty hours, including any hours spent in internal or external moonlighting.
- 5) Demonstrate an understanding and acceptance of my personal role in a) the safety and welfare of patients entrusted to my care; b) the provision of patient- and family-centered care; c) responsibility for my personal fitness for duty; d) management of my time before, during, and after clinical assignments; e) recognition of possible impairment, including illness and fatigue, in myself and my peers, and seeking assistance from the appropriate resources; f) monitoring of my patient care performance improvement indicators; and g) honest and accurate reporting of patient outcomes and clinical experience data.
- 6) Attend to lifelong learning through continuing my personal program of self-study and professional growth, with guidance from the faculty and teaching staff.
- 7) Participate in quality patient care, commensurate with the responsibility delegated to me by virtue of my level in the clinical training program.
- 8) Participate fully in the educational activities of my clinical training program.
- 9) Participate in official VUMC programs and activities involving the medical staff, including institutional committees and councils, to the extent requested.
- 10) Rotate, when required to do so by my program, to the designated affiliated hospitals, and to adhere to the established procedures, policies, and regulations of these affiliated institutions.
- 11) To accept or participate in extracurricular employment (internal or external moonlighting) only as is consistent with the policies of VUMC and with the specific written approval of my Chief of Service and the ACGME/NRMP Designated Institutional Official.
- 12) Render to my patients safe, efficient and the most cost-effective medical care possible.
- 13) I understand that I am not entitled to be paid by VUMC in the event the military, the NIH or other third party compensates me for my post graduate clinical training. In the event I am compensated by VUMC, I agree to repay all over-payments.
- 14) I understand that this constitutes an annual appointment only, and that renewal with progression to the next level, renewal with non-promotion, or non-renewal will depend upon whether or not I have met or exceeded the requirements of my clinical training program.

**I understand that Vanderbilt University Medical Center will provide:**

- 1) An environment in which I may continue my medical education and develop the knowledge and skills essential for medical practice.
- 2) A culture of professionalism that supports patient safety and personal responsibility and whose faculty members demonstrate an understanding and acceptance of their personal roles in a) the safety and welfare of patients entrusted to my care; b) the provision of patient- and family-centered care; c) fitness for duty; d) management of my time before, during, and after clinical assignments; e) recognition of possible impairment, including illness and fatigue, in myself and my peers, and appropriate intervention; f) monitoring of my patient care performance improvement indicators; and g) honest and accurate reporting of patient outcomes and clinical experience data.
- 3) The availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.
- 4) A review of my performance by my clinical service, by which I am informed of my progress at least semi-annually.
- 5) A salary commensurate with my level of responsibility as indicated on the accompanying letter which is made a part hereof.
- 6) Three weeks vacation per year.
- 7) Leave for which I may qualify (sick leave, FMLA, personal, etc.) as defined in applicable provisions of the House Staff Manual. Please reference the House Staff Manual for how leave and other absences may affect the fulfillment of Board requirements.
- 8) Grievance process for non-academic issues including claims of discrimination, harassment, and/or retaliation in accordance with the applicable provisions of the House Staff Manual and/or VUMC policy.
- 9) Appeals process, as described in the House Staff Manual, for Corrective Action measures or if I am terminated prior to the termination date of this agreement.
- 10) Occurrence based professional liability coverage for claims occurring as a result of my official duties as a resident.
- 11) Health insurance, disability insurance, and life insurance.
- 12) Medical and psychological support services, including but not limited to an exercise facility; evaluation and treatment of work related and non-work related illnesses and injuries; and counseling for those experiencing emotional, marital, or substance abuse problems.
- 13) A physician impairment/substance abuse program as described in the House Staff Manual and Hospital Policy 30-08.
- 14) Uniforms and laundry of uniforms.
- 15) On-call in-house meals at VUMC.

- 16) On-call in-house sleeping quarters at VUMC and adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.
  - 17) Adequate notice, and assistance in relocation, should my training program be downsized, modified, or cease to exist.
  - 18) Accommodations for residents with disabilities as required by the Americans with Disabilities Act and in accordance with Institutional Policy.
  - 19) I understand that the institution will make available to me the procedures contained in the Disciplinary Guidelines for Graduate Medical Education and VUMC House Staff Manual where applicable. I accept the appointment as offered under the terms and conditions as described herein (<http://www.mc.vanderbilt.edu/documents/gme/files/HManual.pdf>).
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**Third-party Compensation/Financial Support**

Are you now, or will you during the current year, be on active duty and/or receive financial support from the military, the NIH or other third party? If yes, please provide a copy of your military, NIH or other applicable agreement.

Yes     No

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Signature

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Date

SAMPLE