

**COLLECTIVE BARGAINING
AGREEMENT**

by and between

CHILDREN'S HOSPITAL

And

**THE COMMITTEE OF INTERNS AND RESIDENTS,
NATIONAL AFFILIATE OF THE SERVICE EMPLOYEES
INTERNATIONAL UNION (CIR/SEIU)**

Effective From November 18, 2010

To

June 30, 2013

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AGREEMENT

This Agreement, effective as of 12:01 a.m. on November 18, 2010, entered into between Children's Hospital (hereinafter referred to as "the Hospital") and the Committee of Interns and Residents, a National Affiliate of the Service Employees International Union (CIR/SEIU) (hereinafter referred to as "CIR").

Witnesseth:

PREAMBLE

WHEREAS, the Hospital provides a service vital to the health, safety, and welfare of the community;

WHEREAS, it is the intent and purpose of this Agreement to promote and improve the service provided by the Hospital as well as the interests of Pediatric Residents represented by CIR, to avoid and prevent interruption and interference with the Hospital's service, to resolve all disputes and differences between the parties promptly and peacefully, and to set forth their agreement covering rates of pay, hours of work and conditions of employment; and

WHEREAS, the Hospital and CIR desire to enter into this collective bargaining Agreement;

NOW THEREFORE, in consideration of the mutual covenants herein contained, the parties hereto agree as follows:

DEFINITIONS

When the term "business days" is used in this Agreement, it shall mean all days, excluding holidays and weekends. When the term "days" is used in this Agreement, it shall mean all days, including holidays and weekends.

I. RECOGNITION OF CIR

The Hospital recognizes CIR as the sole and exclusive collective bargaining representative of a unit of Pediatric Residents of the Hospital consisting of Pediatric Medical Residents employed by the Hospital, excluding all other employees, Pediatric Fellows, and Chief Residents. Whenever the word "Residents" is used in this Agreement, it shall be deemed to mean the Pediatric Residents in the bargaining unit covered by this Agreement as defined above.

II. CHECKOFF

Upon voluntary written authorization from a Resident on a form agreed upon by the Hospital and CIR, the Hospital agrees to deduct from each Resident's pay CIR's dues and assessments. Such dues and assessments shall be in the amount as established by CIR.

Aggregate deductions from all Residents shall be remitted by wire transfer to CIR's designated bank account and an itemized statement shall be made to CIR's treasurer by the tenth of the succeeding month after such deductions are made.

CIR agrees to indemnify and hold the Hospital harmless from any and all claims, suits, judgments, attachments, and any other liability resulting from any deduction from wages made in accordance with this provision.

III. NONDISCRIMINATION

Neither the Hospital nor CIR shall discriminate against or in favor of any Resident on account of race, color, religion, age, sex, national origin or ancestry, sexual orientation, marital status, status as a disabled or Vietnam veteran, or status as a qualified disabled individual, or any other basis prohibited by applicable local and national civil rights laws and regulations, or on the basis of CIR membership or lawful CIR activity.

IV. PLACES OF EMPLOYMENT

(A) Residents shall perform services as assigned at the Hospital, George Washington University Hospital, and Holy Cross Hospital.

The Hospital may change the locations at which Residents shall perform services as it deems appropriate. Unless due to the termination of an existing relationship on less than sixty (60) days notice, the Hospital shall notify CIR's staff representative and one elected representative by e-mail, provided CIR notifies the Hospital in writing of the names and contact information for both individuals, of any change to the places of assignment/employment at least sixty (60) days in advance of the change and will discuss with CIR's staff representative and CIR's designated representatives the effects of the change(s) on the employment and education of Residents. The Hospital will consider CIR's input in formulating and implementing the change(s).

(B) The Hospital will make reasonable efforts to see that applicable ACGME requirements are followed at all locations where Residents are regularly assigned to work.

(C) While the parties recognize that the Hospital does not control the work environment at other rotation sites, the Hospital will use reasonable, good faith efforts to see that no Resident will be required to take call at a rotation site without undergoing an appropriate orientation to all areas and systems that are related to patient care prior to the shift.

V. DEFINITION OF TRAINING PROGRAM

The Pediatric Training Program is that Program of the Hospital that meets the definition for such programs of the Accreditation Council for Graduate Medical Education and is referred to herein as "the Program" or "Training Program." The "Training Program Year" is ordinarily from July 1 through June 30. Residents in the first year of the Training Program will be referred to as "PL-1s," Residents in the second year of the Training Program will be referred to as "PL-2s," and Residents in the third year of the Training Program will be referred to as "PL-3s."

VI. REAPPOINTMENT

On or before November 15th of each year, the Hospital shall advise each Resident in writing as to whether or not he/she shall be invited to remain in the Training Program for the forthcoming year. On or before December 15th of the year, each Resident shall in writing acknowledge receipt of the foregoing notification and shall, if invited to remain in the Program, accept or reject in writing said invitation. If no notice is given to a Resident before November 15th, and if the Resident notifies the Hospital's Pediatric Residency Training Program Director ("TPD") in writing, prior to December 15th, that s/he has not received such notice, and if such notice has not been received by the Resident within five (5) business days of giving his/her written notice to the TPD, then it shall be as if s/he had been offered a position in the Program for the following year.

VII. RESIDENT RESPONSIBILITIES

CIR agrees that each Resident shall perform satisfactorily and to the best of his/her ability the customary services of residency and recognizes the Hospital's Bylaws and Rules and Regulations of the Medical and Professional Staff where applicable as binding on Residents. CIR's staff representative and one elected representative will be notified by the Hospital via e-mail, provided CIR notifies the Hospital in writing of the names and contact information for both individuals, of any proposed changes in the Bylaws and Rules and Regulations when applicable as binding on Residents. Residents agree to cooperate in maintaining the standards, including completion of medical records, necessary to maintain recognition by the Joint Commission on Accreditation of Hospitals.

The Hospital and CIR agree to comply with the requirements of the Accreditation Council for Graduate Medical Education ("ACGME"), including ACGME work hours regulations, during all assigned rotations at all assigned sites. Upon CIR's request, CIR shall meet with the TPD and Chief Residents to discuss ways to effect its members' compliance with all requirements of the Hospital's accreditation process (including JCAHO and DCRA). Areas of compliance include but are not limited to completion of annual CHEX educational module(s), timely completion of Medical Records, and participation in the Quality Assurance Program.

Resident patient loads shall be consistent with ACGME requirements. Should CIR have concerns regarding Resident patient loads, CIR shall notify the TPD. Thereafter, the Hospital shall meet with CIR within 72 hours to discuss and attempt in good faith to resolve its concerns.

CIR agrees to support and participate in patient services that contribute to Hospital revenue enhancement action programs. Residents' participation in revenue enhancement activities includes but is not limited to documenting patient care information in the medical record for the financial case management program (concurrent review), identification and documentation in the chart of issues that increase the length of stay, and routine communication with the medical review (UR) specialist. The Hospital agrees to provide training for all PL-1s and new Residents related to financial case management within 90 days of the beginning of the Training Program. Such training will be coordinated through the TPD. CIR will strive to assure resident participation.

VIII. THE CHIEF RESIDENTS

(A) At a time determined by the TPD, but no later than the second week of March of each Training Program Year, each Resident shall designate on a form supplied by the Hospital the names of up to four Residents he/she would recommend for appointment as Chief Residents for the Training Year to start fifteen months later. Residents shall not be required to sign or identify themselves on said form. These forms shall be submitted to the TPD, who shall treat them confidentially.

(B) The selection of Chief Residents shall be announced by the Hospital on or before September 15 of each Training Program Year. The Chief Residents shall ordinarily have completed 3 years' pediatric training at the time of assumption of Chief Residency. Serious consideration shall be given to the preferences indicated by the Residents, but the TPD is not obligated to select the Chief Residents from the names contained on the confidential form submitted by the Residents. If Chief Residents are not to be selected from current Residents, House Staff will be included in the process of searching for and recommending Chief Residents.

(C) Without limiting the Hospital's right to modify, add to, or eliminate responsibilities or duties, Chief Residents will be primarily responsible for tasks relating to the Residents' schedules and educational experience such as providing career development assistance, coordinating educational conferences and inviting appropriate speakers.

(D) The Hospital recognizes that one of the Chief Residents' roles is to communicate the Residents' views to the Hospital.

IX. COMMITTEES

(A) CIR recognizes that the Medical and Professional Staff and the Administration of the Hospital participate in the planning, implementation and evaluation of its Program through the Committee system. The Hospital recognizes the Residents as an integral part of the Hospital and agrees to appoint Residents designated by CIR to full voting membership on standing committees of the Hospital as follows:

Graduate Medical Education	6
Institutional Review Board	2
Committee on Medical Student Education in Pediatrics	3
Pharmacy and Therapeutics	2
Curriculum Committee	6

By August 15 of each year, CIR will provide a list of Residents to serve on all committees to the TPD. Alternate members will be designated by CIR in order to insure Resident representation; however, the number of Resident voting representatives at each meeting should be limited as set forth above.

Any ad hoc committee formed for any purpose related to the Training Program shall have similar Resident representation.

In order to improve communication of committee action to the Residents, the minutes of meetings of the above committees as well as pertinent extracts from the minutes of the Executive Committee of the Medical Staff Meetings shall be transmitted to the Residents(s) on such committees in the same manner and in the same timeframe as they are transmitted to other members of such committees. Decisions made by any committee will not be invalidated because of the absence of Resident participation. The Committee shall provide prior notification of all special meetings to Resident members of the Committee. Residents will be excused from assigned responsibilities to attend committee meetings when other staffing arrangements for patient care can be made. Coverage for Residents with committee responsibility will be provided by other Residents during committee participation. The Hospital will make every reasonable effort to facilitate Resident attendance at Committee meetings.

(B) In addition to the foregoing committees, there shall be a Pediatric Residency Curriculum Committee. This committee shall have responsibility to advise the TPD in the planning, implementation and evaluation of the curriculum for the Training Program and shall be the major forum for receiving and acting on the views of CIR with respect to curriculum, teaching conferences and structure of the Training Program. This committee shall consist of the TPD, who chairs the committee, associate program directors, Chief Residents, six voting Residents selected by CIR and at least six faculty members appointed by the TPD. Curriculum changes must be discussed with this committee prior to implementation. Resident rotations shall be decided by this committee, and its decisions are final unless appealed in writing to the Graduate Medical Education Committee, which shall have the ultimate responsibility for the curriculum and such shall periodically review and reauthorize the Pediatric Residency Program.

While the Hospital maintains the right to determine staffing levels and patient loads consistent with ACGME requirements, the Hospital will maintain the Committee on Patient Demands on Residents. The Committee will include at least two Resident representatives. The Committee will consider patient safety and resident education concerns for night, weekend, and PICU coverage in addition to the current purpose of considering patient demands on Residents, including the number of patients assigned to Residents. The Committee will meet on a quarterly basis unless otherwise agreed. The Hospital will consider the recommendations of the Committee in determining Resident patient assignments and its impact on Resident education, but will retain ultimate authority for determining Resident patient assignments as well as other matters considered by the Committee.

(C) One Resident selected by CIR shall be invited as a voting member to any liaison committee concerned with an affiliation affecting Residents.

(D) Hospital Management/CIR Liaison will be carried out through meetings of the TPD and Chairman of Pediatrics with the officers of CIR to discuss such problems as may arise. Such meetings shall be held at least quarterly at a mutually convenient time.

(E) The Hospital shall have the right to create new committees and to modify or abolish any existing committees. Any such modification or abolishment will be implemented only after the Hospital obtains input from the members of the committee. The Hospital agrees to notify CIR's staff representative and one elected representative by e-mail, provided CIR notifies the Hospital in writing of the names and contact information for both individuals, at least thirty

(30) days in advance of creating, modifying or abolishing a committee identified in this Article and, upon CIR's request, meet with CIR and discuss any such actions.

X. MANAGEMENT RIGHTS

All management functions, rights, responsibilities and authority not expressly modified or restricted by a specific provision of this Agreement are retained and vested exclusively in the Hospital.

Without in any way limiting the scope of the retention of rights set forth in the foregoing paragraph, the parties recognize that the Hospital's functions, rights, responsibilities and authority include, but are not limited to: the full control, planning, management and operation of its business and facilities; the determination and scope of its activities and/or treatments, procedures, products or services to be offered, developed, eliminated, modified or used and all methods pertaining thereto, including the location, size and number of units, departments and facilities; the determination of materials, parts, products, machinery and equipment to be acquired, utilized or discontinued and the layout and scheduling thereof; the determination of hiring and qualifications for Residents; the establishment and administration of policies, procedures and standards relating to the Training Program; the right to require Residents to submit to a medical examination by the Hospital; the establishment of quality standards and performance standards, procedures and evaluations, the right to determine, increase or decrease staffing for any unit or department; the determination of Resident schedules and the right to require Residents to work beyond regularly scheduled hours as long as this does not violate ACGME requirements; the right to utilize, assign and/or transfer Residents as necessary in the interests of operational efficiency and patient care; the right to organize, reorganize, combine or discontinue units or departments, or to transfer, contract or subcontract all or any portion of the work now or hereafter done by Residents regardless of whether it may cause a reduction in the workforce; the right to introduce new or improved procedures, methods, treatments, machinery or equipment, to make technological changes or to discontinue procedures, methods, treatments, services, machinery or equipment; the right to discipline, suspend, or discharge Residents for cause; the determination of which of its units, departments, facilities or services or any part thereof shall be opened, operated, relocated, shut down, sold, transferred or abandoned; the right to terminate, merge, consolidate, sell or otherwise transfer its business or any part thereof; the right to enter joint ventures; the determination of the duties to be assigned Residents; the right to select lead and supervisory personnel and the assignment of their work, including the right to assign temporarily to supervisors work normally performed by members of the unit covered by this Agreement; the staffing of equipment and the right to change, increase or reduce the same; the right to maintain order and efficiency and to issue, modify and enforce rules, regulations and policies governing Resident conduct and Hospital operation.

During the term of this Agreement, CIR unqualifiedly waives any right which it may have under federal law to bargain over the exercise of the rights reserved to management pursuant to this Article.

XI. PROFESSIONAL COMPETENCE

(A) Notwithstanding any other provisions of this Agreement, any dispute or grievance concerning the professional medical competence of a Resident shall be subject to and handled in accordance with the provisions of this Article. The term “professional medical competence” includes all aspects of a Resident’s performance as a physician in the Training Program, including, clinical judgments, clinical skills, humanistic quality, professional attitudes and behavior, moral and ethical behavior, medical care, and knowledge base as defined by the ACGME.

(B) Disciplinary action against a Resident involving a question of professional medical competence shall be initiated by the TPD. While generally the discipline imposed will be progressive in nature, the level of discipline imposed may be tailored to the nature and seriousness of the misconduct or omissions involved. The TPD shall ordinarily consult with Program management, which shall include the Associate Program Director, Resident advisor (unless the TPD is the Resident advisor, in which case the Resident may select a consenting Resident advisor to play this role), and/or a Chief Resident before imposing probation or suspension leading to termination of a Resident from the Program.

(C) Except as provided in subsections (B) and (D) herein, in any case in which the TPD determines that a Resident’s professional medical competence deviates from the standards required in the Training Program, she/he shall issue a written warning to the Resident setting forth the grounds thereof with a copy to CIR’s staff representative, as designated in writing in advance by CIR, via certified mail. The determination of the TPD that the Resident’s professional medical competence deviates from the standards required in the Training Program shall not be subject to appeal or review under this paragraph or any other provision of this Agreement, provided, however, that the Resident be afforded the opportunity to submit a written response to the TPD, and to personally discuss the matter with him or her.

(D) If a Resident’s conduct continues to deviate from the aforesaid standards, a second instance of deviation occurs, or the deviation is substantial, the TPD may place the Resident on probation for a specified period of time, setting forth in writing the grounds therefor, with a copy to CIR’s staff representative, as designated in writing in advance by CIR, via certified mail, or suspend the Resident with pay and with a written notification to the Resident of an intention to terminate him/her from the Program, setting forth the reasons therefor, with a copy to CIR’s staff representative, as designated in writing in advance by CIR, via certified mail. Such notification shall be provided to the Resident in person or by certified mail.

(E) If a Resident desires to contest such a probation or suspension with notification of intention to terminate, the following procedure shall be applicable:

The Resident may request a review of the probation or suspension and notification of intention to terminate by submitting a written request for such a review to the Chief Academic Officer of the Hospital within ten (10) days of the Resident’s receipt of the notification thereof from the TPD. The Chief Academic Officer shall convene a Review Panel within ten (10) days of receipt of the Resident’s request. The Review Panel shall consist of two members and a Panel Chairman appointed by the Chief Academic Officer and two members appointed by the Resident

(or CIR if the Resident chooses to have CIR represent him/her), none of whom may personally be involved in the matter. Within ten (10) days of the formation of the Review Panel, the Review Panel shall meet to review the action (“Review Meeting”) and to afford the TPD and the Resident (or his/her representative) the opportunity to make presentations. Each party has the right to obtain, upon request and prior to the Review Meeting, the documentary evidence the other party intends to present at the Review Meeting.

(F) (1) At the Review Meeting, the Resident and the TPD (or their respective representatives) shall be given the opportunity to provide oral and written presentations of evidence supporting their respective positions, present witnesses and documentary evidence, and to question the other party’s witnesses. Each party also may submit a written opening and/or closing summation.

(2) Any adverse material not provided to the Resident at the time the notice of disciplinary action is given cannot be used as a documentary exhibit at the Review Meeting, provided, however, that newly acquired information or documents supporting or supplementing the position of the Resident or the TPD related to the allegations shall be admissible at a Review Meeting as long as the other party has been advised of the information or given a copy of the document within two full business days prior to the Review Meeting. Otherwise, the Review Meeting shall be rescheduled, if either party deems this to be necessary, to enable the parties to review the newly acquired information or documents.

(G) (1) After the Review Meeting concludes, the Review Panel shall prepare a written report of its recommendations. This report shall be submitted to the Chief Academic Officer within ten (10) days of the completion of the Review Meeting, for his/her final determination, which may be to affirm, modify, or reject the action of the TPD. The decision of the Chief Academic Officer shall be submitted to the TPD and the Resident in writing, stating the basis for the decision within, where circumstances permit, ten (10) days of his/her receipt of the Review Panel’s report. Where circumstances do not permit (press of other business, out of town travel, etc.) the Chief Academic Officer to provide a response within the said ten (10) days, the Chief Academic Officer will provide his/her decision within thirty (30) days of his/her receipt of the Review Panel’s report.

(2) The decision of the Chief Academic Officer shall not be subject to further appeal or review and shall be final and binding on the Hospital, CIR and the Resident involved. If the Resident involved fails at any step to take action within the time limits set forth in this Article, the decision of the TPD shall be considered the final decision and shall be binding on the Hospital, CIR and the Resident.

(H) The Hospital will attempt to arrange the work schedules of Residents who will serve as witnesses in a Review Meeting to enable them to attend the Meeting.

(I) All time limits specified in this Article shall be deemed to be exclusive of Saturdays, Sundays and Holidays.

(J) Any of the time limits in this Article may be extended by mutual written agreement of the parties.

(K) The Resident shall have the right, at the Resident's request, to have CIR represent him/her throughout the procedures specified in this Article.

XII. GRIEVANCE PROCEDURE

Except for 1) any specific grievance or dispute solely concerning the professional medical competence of a Resident (subject to Article XI), and 2) any and all decisions of the Hospital relating to hiring of Residents or retention of the Training Program, which decisions shall be subject to the sole discretion of the Hospital, any grievance or dispute which may arise between the parties concerning the application, interpretation, performance or alleged breach of the Agreement shall be subject to the procedures of Article XII, and shall be settled in the following manner.

Step 1

CIR's staff representative, as designated in writing in advance by CIR, with or without the Resident, shall present the grievance in writing to the TPD within thirty (30) days (excluding holidays) from the date of the event giving rise to the grievance. The date of filing of the grievance shall be recorded on the grievance form. The TPD shall attempt to adjust the matter and shall respond to CIR within ten (10) business days.

Step 2

(a) If the grievance has not been settled, it shall be presented in writing by CIR's staff representative, as designated in writing in advance by CIR, to the Chief Academic Officer or his designee within ten (10) business days after the answer or failure to answer in Step 1; the grievance shall be signed by the aggrieved Resident and CIR's staff representative, as designated in writing in advance by CIR. The Chief Academic Officer, or his designee, shall respond to CIR in writing within ten (10) days. The Chief Academic Officer's or his designee's failure to respond shall be considered a denial of the grievance.

(b) The Hospital may present any grievance it has at Step 2 within thirty (30) days of the date of the grievance in writing directly to CIR's staff representative, as designated in writing in advance by CIR, shall respond in writing within ten (10) days.

All grievances shall be presented within the time limitations contained herein or they shall be considered waived and not subject to arbitration without regard for any excuse for the failure. Unless a grievance is appealed within the time limitations contained herein after each step, such a grievance shall be conclusively deemed to have been settled in accordance with such answer, which shall be final and binding upon the aggrieved Resident and Residents and CIR.

All the limits herein specified shall be deemed to be exclusive of Saturdays, Sundays and Holidays.

XIII. ARBITRATION

Any grievance covered by Article XII that has been properly processed through the grievance procedure set forth herein and has not been settled at the conclusion thereof may be

appealed to arbitration by the aggrieved party by serving written notice on the other party within thirty (30) business days after the party's answer at Step 2. If more than thirty (30) business days after the party's answer at Step 2 elapse, the right to arbitration shall be waived and the grievance shall be considered settled on the basis of the answer. No individual Resident shall have the right to invoke this arbitration procedure.

The parties agree on a list of three (3) arbitrators to hear and decide all grievances arising pursuant to this Agreement:

1. Roger P. Kaplan
2. Joseph Sharnoff
3. Andrew Strongin

One arbitrator shall be assigned to each grievance referred to arbitration in the order listed, starting from the first and proceeding to the last. Additional arbitrators may be added to, or an arbitrator deleted from, the list of arbitrators by the parties' mutual written agreement.

The jurisdiction and authority of the arbitrator of the grievance and his opinion and award shall be confined exclusively to the specific provision or provisions of this Agreement at issue between CIR and the Hospital. He/she shall have no authority to add to, alter, amend or modify any provision of this agreement, and shall have no authority to consider any matter specifically excluded or excepted from the grievance procedure. The arbitrator shall not hear or decide more than one grievance without mutual consent of the Hospital and CIR. The award in writing of the arbitrator within his/her jurisdiction and authority as specified in this Agreement shall be final and binding on the aggrieved Resident or Residents, CIR and the Hospital.

In the event the arbitrator's award either denies or sustains a grievance in its entirety, the costs of the arbitration, including the fees of the arbitrator and the cost of any transcript, but excluding attorneys' fees, will be borne by the non-prevailing party. If the award sustains the grievance in part, all costs, excluding attorney's fees, shall be borne equally by both parties.

If the discipline of a Resident by the Hospital results from conduct relating to a patient, or a patient's family member, and the patient, or a patient's family member, does not appear at any arbitration hearing arising from the discipline, the arbitrator shall not consider the failure of the patient to appear as prejudicial to the Hospital and no inference shall be drawn from this failure. For purpose of this Article, "patient" includes individuals receiving treatment as well as those seeking treatment.

XIV. SCHEDULES AND HOURS

(A) The Hospital recognizes the concern of CIR about various aspects of the Training Program including the number of Residents, schedules, and hours of work. As a consequence, the Hospital agrees that the conditions set forth below shall be applicable.

The Hospital shall determine the number of Residents in the Program but will provide CIR with at least sixty (60) days advance notice of implementation of changes to the size of the Program. During this sixty (60) day period, the Hospital shall make itself reasonably available to meet and discuss the impact of the change with the representatives selected by CIR.

Except as specified in the last paragraph of this part (A), the Hospital agrees that once a Resident is admitted to and begins the Training Program, his/her position in the Training Program will be guaranteed as long as he/she continues to perform satisfactorily and meet all the requirements of the Training Program.

In the event of a reduction in numbers of Residents or closure of the Program, the institution must allow residents in good standing already in the Program to complete their education or assist the Residents in enrolling in an ACGME accredited program in which they can continue their education.

(B) Hours and Schedules

(1) The hours worked by, and the schedules of Residents – including weekend and holiday call – shall be consistent with ACGME requirements . The Hospital shall provide coverage for graduating Residents so that they can attend their graduation ceremony. The Hospital will use its best efforts to see that Residents are not post-call on the first day of their Christmas and/or New Year’s holiday period. Effective calendar year 2011, the Hospital will use its best efforts to see that Residents are not post-call on the first day of their Thanksgiving, Christmas, and/or New Year’s holiday period.

(2) Weekend calls are defined as those calls that commence on Saturday or Sunday; provided, however, hours or shifts worked by a Resident on a Saturday or Sunday as a result of being called in on jeopardy call shall be considered a weekend call only if the shift assigned to the Resident needing coverage commenced on a Saturday or Sunday.

(3) The Hospital will strive to provide Residents with one 48 hour period free of duties in every four (4) week period for PL-1’s, PL-2’s and PL-3’s.

(4) (a) Residents within each level of the Training Program shall not be required to work on more than the following number of night or weekend/holiday calls (for a list of Holidays see Article XVII), within a Training Program year, in addition to the normal workweek, without receiving the applicable bonus payment set forth herein; provided, however, effective the Program Year commencing on July 1, 2011, weekend call of no longer than 16 hours worked by a PL-1 will count as one-half (1/2) of a weekend call.

(b) If the Hospital determines that the ACGME Duty Hour Standards require any further modifications to Resident schedules or the scheduling process, the Hospital will create a committee to consider the ACGME’s changes to the call definition. The Committee will consider and make recommendations regarding any changes which the Hospital may make as a result of the ACGME’s changes to the definition of call. The Hospital will consider any recommendations of the Committee made in a timely fashion in determining changes resulting from the modified ACGME Duty Hour Standards, but will retain ultimate authority for determining what changes are implemented; provided, however, any change that would involve a modification to this Agreement must be mutually agreed to by both parties.

LEVEL	WEEKEND/HOLIDAY	WEEKNIGHT	FREQUENCY
PL-3	21	45	every 5 th
PL-2	27	57	every 4 th
PL-1	27	57	every 4 th

Shifts worked by a Resident as a result of being called in on jeopardy call shall count toward the total number of calls. For purposes of this Agreement, “jeopardy call” is when a Resident is called in to work to replace a Resident who calls out for weekend, holiday or night shift.

(c) The Hospital will maintain a daytime jeopardy call program that the Hospital may, after receiving Resident input, change periodically based on its judgment. Unless the Hospital’s operations necessitate otherwise, the daytime jeopardy call pool will be composed of Residents who are on selective or elective with call.

(d) Any Resident on vacation or other designated leave (including Family and Medical Leave) shall not be required to take call during leave. All Residents will have one four-week period free of call per Program Year, which may be, in the Hospital’s discretion, broken into two (2) non-consecutive two (2) week periods.

(e) Emergency Room Shifts Part Of A Regularly Scheduled Week. If an Emergency Room assignment is part of a regularly scheduled week in the Emergency Room, Residents will be given call credit as follows based on a twelve (12) hour shift:

- 1 week = 1.25 weeknight calls + 0.5 weekend calls
 - 2 weeks = 2.5 weeknight calls + 1.0 weekend calls
 - 3 weeks = 3.75 weeknight calls + 1.5 weekend calls
 - 4 weeks = 5.0 weeknight calls + 2.0 weekend calls
- Shifts of different lengths will be given credits on a pro rata basis.

Weekend/Holiday call or shifts in the ER will be considered 2/3 of a weekend/holiday call. Monday through Friday call in the ER (excluding holidays) will be considered equal to 1 weeknight call (but does not apply to weekend shifts in the Emergency Room).

(f) Emergency Room Shifts Outside Of A Regularly Scheduled Week. If a Resident completes a twelve (12) hour Emergency Room shift outside of a regularly scheduled week as a result of being called in for jeopardy or during the holidays, credit will be given as follows:

- (i) Weekend/Holiday Emergency Room shifts will equal 0.5 weekend call, except an overnight PL-1 who will receive 1.0 weekend/holiday call credit.
- (ii) Weeknight Emergency Room shifts will equal 1.0 weeknight call.

(g) If any Resident works more than the foregoing number of weeknight calls during the Training Program Year, he/she shall receive a bonus payment of fifty dollars (\$50.00) per hour for each hour worked on an excess weeknight. If any Resident works more than the foregoing

number of weekend/holiday calls during the Training Program Year, he/she shall receive a bonus payment of fifty dollars (\$50.00) per hour for each hour worked on an excess weekend/holiday.

(h) The bonus payment for excess call will be made once a year effective in the 2010-2011 Program Year, within thirty (30) days of the end of the Program Year. Residents will be provided with an accounting of their calls after completion of the Program Year.

(i) CIR recognizes that patient care needs and Resident coverage requirements may force the Chief Residents to assign extra night or weekend call. In order to ensure that extra call is equitably distributed, CIR recommends that no PL-3 shall be assigned more than 10 extra calls not to include more than 5 weekend/holiday calls. Likewise, no PL-2 shall be assigned more than 8 extra calls not to include more than 4 weekend/holiday calls. In addition, no PL-1 shall be assigned more than 2 extra calls above and beyond the aforementioned call limitations. If a Resident meets the above limitations, he/she shall not be assigned further extra call and coverage shall be assigned to another Resident who has not met the call limitation.

Any Resident may volunteer to do calls exceeding the above limitations and receive the applicable bonus payment.

When such other coverage is needed, those shifts shall first be offered for voluntary coverage when such assignments are available with more than two weeks' notice. If no volunteers are found two weeks prior to the aforementioned shift, the Chief Residents shall assign coverage as equitably as possible.

(5) The TPD (or designee) shall keep accurate records of each Resident's night, weekend and holiday call work, which shall be available for review by the Resident. Residents shall be entitled to exchange schedules with each other provided proper coverage is maintained and upon advance notification; provided, however, that any such exchange shall not be considered assigned for purposes of subparagraph B(4) hereof.

(6) PL-2's and PL-3's are free to engage in other employment, as he/she chooses, as long as such activity does not interfere with his/her obligations to the Program, as determined by the TPD and Chief Residents following discussion with the Resident involved; the ultimate decisions rests with the TPD.

Residents may not moonlight on consecutive nights while assigned to daytime duties, or consecutively with overnight call for the Program. Residents must not be required to engage in moonlighting. All Residents engaged in moonlighting away from the Hospital must be licensed for unsupervised medical practice in the state where the moonlighting occurs. It is the responsibility of the institution 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 the assigned duties. The sponsoring institution must ensure that the program director acknowledges in writing that s/he is aware that the Resident is moonlighting, and that this information is made part of the Resident's folder. Residents must report all moonlighting, at the Hospital and elsewhere, to the TPD, prior to such moonlighting duty.

For the purposes of this Agreement, “moonlighting” means working as a physician outside of the Training Program.

(7) The maximum shift that a Resident may be scheduled for in the Emergency Room will be 12 hours. When a Resident is scheduled to work four (4) consecutive weeks in the Emergency Room, the Hospital will strive to schedule the Resident for one full weekend off during the four (4) week period.

(8) The TPD in conjunction with the Chief Residents shall work towards maintaining a float pool for jeopardy call sick coverage. The Hospital agrees that it will strive to minimize how often Residents on electives are pulled to fulfill service requirements, except for sick coverage.

(9) Except in the event of a mass casualty or extreme patient care demands, Residents will not be called to the Emergency Room from inpatient units without the prior approval of the TPD (or designee). All instances where Residents are called for ER duty will be reviewed by the TPD for appropriateness.

(10) If the requirements of the ACGME’s Duty Hour Standards are changed during the term of this Agreement, the Hospital will create a committee to consider the modified ACGME Duty Hour Standards. The Committee will consider and make recommendations regarding any changes which the Hospital may make as a result of the modified ACGME Duty Hour Standards. The Hospital will consider any recommendations of the Committee made in a timely fashion in determining changes resulting from the modified ACGME Duty Hour Standards, but will retain ultimate authority for determining what changes to Resident schedules and/or scheduling process will be implemented; provided, however, any change that would involve a modification to this Agreement must be mutually agreed to by both parties.

XV. SALARY AND ECONOMIC BENEFITS

(A) Effective for the Training Program Year indicated hereafter, Residents shall be paid at the following minimum annual rates:

Effective retroactive to first full pay period after July 1, 2010:

PL-1 \$53,475 (includes \$2,851 meal stipend)

PL-2 \$56,700 (includes \$2,880 meal stipend)

PL-3 \$59,965 (includes \$2,912 meal stipend)

Effective first full pay period after July 1, 2011

PL-1 \$55,079 (includes \$2,937 meal stipend)

PL-2 \$58,401 (includes \$2,966 meal stipend)

PL-3 \$61,764 (includes \$2,999 meal stipend)

Effective first full pay period after July 1, 2012

PL-1 \$56,731 (includes \$3,025 meal stipend)

PL-2 \$60,153 (includes \$3,055 meal stipend)

PL-3 \$63,617 (includes \$3,089 meal stipend)

(B) Meal Allowance: Each Resident will receive a meal allowance that varies by PL level, which is included in the total annual compensation figure listed in XV (A) above.

(C) Direct Deposit: The Hospital shall direct deposit the payroll check of any Resident upon his/her request at no charge for the term of this Agreement or any extension thereof.

(D) (1) Educational Expense Allowance: For the 2010-2011 Program Year, any of the following gross amounts (less applicable payroll deductions) that have not been already used by a Resident will be paid out to the Resident for educational/business expenses the first full pay period after the effective date of this Agreement:

\$ 850.00 for PL 1s

\$1600.00 for PL 2s

\$2900.00 for PL 3s

(2) Starting with the 2011-2012 Program Year, at the beginning of each Program Year, the Hospital will provide Residents the following gross amounts (less applicable payroll deductions) for educational/business expenses:

\$850.00 per Hospital fiscal year for PL 1s

\$1600.00 per Hospital fiscal year for PL 2s

\$2900.00 per Hospital fiscal year for PL 3s

The intent of this payment is that it be used to purchase medical textbooks, medical journal subscriptions, small medical equipment, such as otoscopes and stethoscopes, PDAs, educational software, computer hardware, medical society memberships, and for those expenses associated with medical conferences as set forth in Section XVIII(G) of this Agreement (Educational Leave).

(E) Professional Liability Coverage: The Hospital will provide professional liability protection for services performed by Residents through its self-insurance program described in Article XXI. Liability coverage includes Residents on patient transport with the Hospital's Transport Team to and from any geographic location. (Also see Side Letter 1).

(F) (1) Health Insurance: The Hospital in its sole discretion will select and provide individual comprehensive health insurance with basic hospital benefits, basic extended surgical-medical benefits, and major medical benefits through the Hospital-sponsored plan. The premium for health insurance coverage will be the same as that charged for all other Hospital employees (including Faculty members). At present, under the Bear Advantage PPO Plan, the Hospital pays 80% of the premium for individual health insurance for Residents in CIR provided the Residents pay 20% of the premium. Residents will pay the same amount for health insurance coverage as all other Hospital employees.

The Hospital may change health insurance benefits for Residents during the term of this Agreement and any extension thereof as it changes them generally for other employees. The Hospital agrees to notify CIR at least thirty (30) days in advance of implementing such changes, and, upon CIR's request, meet with CIR and discuss such changes.

The health insurance benefits available to Residents will be on the same terms and conditions as offered to all other employees of the Hospital. The Hospital may change these benefits for Residents as it changes them generally for other employees of the Hospital.

Dental and Vision Benefits: The Hospital will also offer dental and vision insurance benefits to Residents on the same terms and conditions as they are offered to all other employees of the Hospital and for so long as such benefits are offered to all other employees of the Hospital. The Hospital may change dental and vision insurance benefits for Residents as it changes them generally for other employees of the Hospital.

The Hospital and CIR agree that the Residents will at all times be offered the same health insurance and dental and vision benefits as the Hospital provides generally to other employees at the Hospital.

(2) Medical Services to Residents: The Hospital will provide medical services approved by the TPD or his designee to Residents, including flu shots, laboratory tests, x-rays, necessary drugs and any emergency medical, surgical or dental care, at no cost to the Resident. The Hospital will continue to make available laboratory tests and all vaccinations which the Hospital requires or recommends and which are available through the Hospital's Occupational Health Department at no cost to the Resident.

(3) Physical Examination of Residents: On an annual basis in each Training Program Year, each Resident shall undergo a physical examination and appropriate laboratory and x-ray examinations by the Health Officer of the Hospital. If the Resident does not wish to utilize the services of the above physician, he/she may have the above required health assessment performed by a licensed physician of his/her own choice at his/her sole expense. The results shall be submitted on the appropriate Hospital form to the Hospital's Occupational Health Department. A health assessment satisfactory to the Hospital shall be a condition of employment or continued employment. Failure to comply with the terms of this Article shall result in penalties on terms equal to other Hospital staff employees and faculty.

(G) Disability Insurance - Long-term (LTD): The Hospital will provide long term disability insurance to each Resident under the same terms and conditions as the LTD plan afforded to the full-time Children's Faculty (currently 70% of salary.) The Hospital may change this benefit as it changes it for full-time faculty.

(H) Disability and Life Insurance for Transporting Patients: The Hospital shall provide disability insurance and shall pay the prescribed death benefit described in the employee life insurance policy in the event of a serious illness or death of a Resident while transporting a patient or en route to transport a patient. (Also see Article XX(T) regarding Transporting Patients).

(I) Pension Plan: The Hospital shall provide its current 401(k) plan to all Residents under the same terms and conditions available to other non-management employees and the Hospital may change the 401(k) plan for Residents as it changes it generally for other employees of the Hospital, such that Residents will be offered the same 401(k) benefits as the Hospital offers to employees generally.

(J) Parking: The Hospital shall provide parking on P-3 to Residents on terms as favorable as the best terms afforded to Hospital staff employees and faculty as those terms may be established by the Hospital at its sole discretion from time to time. The Union will be advised of any modification in the parking rates or conditions at least thirty (30) days prior to implementation. The Hospital will make reasonable efforts to continue to arrange for complimentary parking to be provided for Residents at off-site locations (i.e. Holy Cross Hospital and George Washington University Hospital).

(K) Cab Fare Reimbursement: The Hospital shall reimburse Residents for cab fares to and from their home, in an amount not to exceed one hundred dollars (\$100.00) per Program Year, in emergency situations, and/or when the Resident believes he/she is too tired to drive home safely.

(L) Mileage Reimbursement: Subject to applicable Hospital policies and procedures, Residents shall be reimbursed for mileage at the prevailing federal Internal Revenue Service mileage rate for travel between work locations. Residents will not be reimbursed for their commute between their home and the Hospital or any other work location.

(M) Medical Board Certification Fees: The Hospital will pay all PL-3 Residents applying for medical board certification during the residency year one thousand six hundred dollars (\$1600.00) upon submission of a copy of the application.

(N) Medical Licensure and Renewal Fees: The Hospital will pay Resident's fees for one medical licensure and licensure renewal costs for such licensure while the Resident is employed at the Hospital, including fees for Step 3 of the United States Medical Licensure Examination (USMLE) if completed by January 1 of the PL-2 year, barring any emergencies or other unforeseen circumstances that prevent completion of the licensure (e.g., assignment of jeopardy). The Hospital shall also pay the federal Drug Enforcement Agency and the corresponding controlled substances license.

(O) American Academy of Pediatric Dues: The Hospital will pay each Resident's dues to the American Academy of Pediatrics for all three Program Years.

(P) PALS and NRP Courses: All Residents must complete the PALS and NRP courses before beginning their first Training Year. The Hospital will provide the PALS and NRP courses at no cost to the Resident as well as re-certification as needed throughout the employment of the Resident, provided re-certification is achieved by the start of the PL-3 year, barring any emergencies or other unforeseen circumstances that prevent completion of the course (e.g., assignment of jeopardy).

(Q) Lab Coats and Scrubs: The Hospital shall provide the following amounts per Program Year (to each Resident towards the cost of lab coats or scrubs:

\$90.00 for PL 1s
\$75.00 for PL 2s
\$75.00 for PL 3s

XVI. MINORITY RECRUITMENT PROGRAM

CIR and the Hospital agree to support the recruitment of minorities in the Program at the Hospital. To that end, the Hospital will pay the expenses of Residents, as jointly selected by the TPD and CIR, for travel and associated recruiting expenses to attend up to two recruiting events specifically geared to the recruitment of minority candidates for entry into the Training Program. This annual fund shall not exceed \$7,500 per Program Year. Registration, travel, and meal expenses for the Residents that do the recruiting; travel and meal expenses for the candidates chosen to interview at the Hospital; and recruitment advertisements, shall constitute the only allowable expenditures from this fund. Such fund shall be under the sole control of the TPD. These funds shall be available as of July 1 of each year.

XVII. HOLIDAYS AND VACATIONS

(A) The following holidays are recognized by the Hospital: New Year's Day, Martin Luther King, Jr. Day, Washington's Birthday, Memorial Day, July 4th, Labor Day, Veteran's Day, Thanksgiving Day and the day after Thanksgiving and Christmas Day. Holiday calls on the foregoing days will be equitably distributed among Residents of the same level, subject to patient care requirements. In addition, each Resident shall be allowed three (3) Personal Days of his/her own choosing to be arranged at least one week in advance and subject to the approval of the Chief Residents and coverage requirements.

(B) All Residents will have four (4) weeks' vacation each Training Program Year. A Resident shall not be assigned a shift that starts on the Saturday or Sunday prior to his/her vacation starting on a Monday.

(C) (1) For the 2010 calendar year, in addition to the time off under (A) and (B) above, Residents shall be granted 4 day leave periods either for (i) Christmas Day or (ii) New Year's Day, or (iii) an equivalent holiday leave at another time if desired by the Resident and approved by the TPD. The use of an alternative holiday day will not constitute the use of a Personal Day. Continuity of care shall be insured by the Residents and the TPD who will schedule leave equally between these periods among the Residents. For purposes of Article XIV (B)(4), work performed during either of these two periods shall be considered one weekend/holiday call and one weekday call throughout the Program. If a Resident is on call free elective during a holiday, the Hospital will make reasonable efforts for the Resident not to take call during that holiday.

If a Resident's vacation is scheduled to occur over Christmas Day or New Years Day, the Resident shall receive an alternate four day consecutive leave period, subject to the Hospital's approval.

(2) Starting with the 2011 calendar year, in addition to the time off under (A) and (B) above, Residents shall be granted 4 day leave periods either for (i) Thanksgiving Day or (ii)

Christmas Day or (iii) New Year's Day, or (iv) an equivalent holiday leave at another time if desired by the Resident and approved by the TPD. The use of an alternative holiday day will not constitute the use of a Personal Day. Continuity of care shall be insured by the Residents and the TPD who will schedule leave equally between these periods among the Residents. For purposes of Article XIV (B)(4), work performed during either of these two periods shall be considered one weekend/holiday call and one weekday call throughout the Program. If a Resident is on call free elective during a holiday, the Hospital will make reasonable efforts for the Resident not to take call during that holiday.

If a Resident's vacation is scheduled to occur over Thanksgiving Day or Christmas Day or New Years Day, the Resident shall receive an alternate four day consecutive leave period, subject to the Hospital's approval.

(D) It is understood that the granting of time off for holidays and vacations shall be subject to the patient care responsibilities and the schedule demands of the Hospital; however, every effort shall be made to schedule vacations and holidays in accordance with the preference of the individual Resident.

(E) The TPD or a Chief Resident will, upon request, provide a Resident summoned to jury duty with a letter requesting that the jury duty be rescheduled. Residents on jury duty will be scheduled off for the duration of jury duty and will be required to make up only the number of days necessary to satisfy Program requirements.

XVIII. LEAVES

(A) Sick Leave

Each Resident shall be entitled to twelve (12) days of sick leave per Training Year which may be used as accrued. Unused sick leave shall be carried forward into successive Training Years but will not be paid out at conclusion of the Resident's participation in the Program.

Such leave shall be for illness or physical disability of the Resident and shall be with pay. Charges against accumulated sick leave will commence the first day of illness.

The Resident shall notify the TPD or the Chief Residents immediately of any illness and shall provide physician records to document illness lasting more than three (3) days.

(B) Coverage for Residents Becoming Sick during Daytime

If a Resident becomes ill during the day, the Resident remaining on duty will perform his/her functions.

(C) Coverage of Sick Residents during Nights or Weekends

If a Resident is ill on a night or weekend he/she is scheduled to be on call, then:

(1) (a) The ill Resident will use sick leave and will not be expected to make up night duty or weekend duty. However, sick leave hours shall not count toward the

accumulation of bonus payment as described in Article XIV(B)(4). Residents are not required to make up call missed on sick leave unless they miss more than three calls; exceptions may be granted by the TPD.

(b) The Resident(s) who perform(s) the night or weekend call duty for the ill Resident will be credited for that call for potential subsequent reimbursement as described in Section XIV(B)(4) of this Agreement.

(2) The Resident(s) to replace the ill Resident will be designated by the Chief Resident, who shall apply the following principles in making such designation:

(a) A record will be kept of all Residents who provide illness substitute coverage;

(b) A sick call back-up schedule shall be utilized to provide coverage, or Residents may volunteer to cover;

(c) In an emergency, if no Resident is available, the Chief Residents will provide coverage on a rotating basis.

(3) Residents will not cover residents on rotation from other hospitals, except in the Pediatric Intensive Care Unit (PICU).

(D) Bereavement Leave

Any Resident shall be allowed a maximum of three (3) days of leave with pay for a death in his/her immediate family -- spouse, child, parent, sibling, grandparent or spouse's parent with the option of two (2) additional days of leave without pay at the discretion of the TPD.

(E) Leave of Absence

The TPD may grant a leave of absence without pay and academic credit when in his/her opinion such a grant is justified and would not be detrimental to the Training Program and when there is reasonable expectation that the recipient will return to his/her position before the completion of the Training Year. A leave of absence request must be submitted in writing to the TPD stating the reason(s) for such leave. In the event that the leave of absence extends to the end of the Training Year, a formal reapplication into the Training Program for the next Training Year must be made, and the application will be considered without prejudice in the usual manner. The reapplication requirement may be waived at the discretion of the TPD.

(F) Family and Medical Leave

The Hospital will provide each Resident with the benefits of the District of Columbia Family and Medical Leave Act and the Federal Family and Medical Leave Act, and any additional such leave benefits to which the Resident may be entitled pursuant to Hospital Policies and Procedures, as may be revised from time to time. Any Resident taking a family or medical leave for the birth, adoption, or placement of a child shall be entitled to receive two (2) weeks of paid administrative leave as part of his or her family or medical leave period.

Any Resident who takes a period of family or medical leave will be reinstated in the Training Program without loss of academic credit previously accrued; however, the plan for the Resident to make up the leave time taken will be determined by the TPD, in accordance with American Board of Pediatrics requirements.

Benefits under the D.C. Family and Medical Leave Act and the Federal Family and Medical Leave Act will be available to all Residents, without regard to length of time in the Program.

(G) Educational Leave

Expenses incurred in connection with education leave shall be reimbursed and/or advanced in accordance with Article XV, Section D of this Agreement (Salary and Benefits – Educational Expenses).

Each Resident shall be entitled to seven (7) days of paid leave per Training Program Year in order to attend medical conferences or meetings. Any request for such leave shall be submitted thirty (30) days in advance and in writing to the TPD (or designee) for approval, who shall grant such leave when consistent with the staffing requirements of the Hospital and the objectives of the Training Program.

All expenses and costs incurred by a Resident in connection with such leave shall be the sole responsibility of the Resident.

(H) Extended absence.

In the event that a Resident leaves the Training Program for more than six (6) weeks, a concerted effort will be made by the TPD to fill the vacancy thus created.

XIX. NO STRIKES OR LOCKOUTS

(A) For the duration of this Agreement and any extension thereof, CIR, its officers, agents, representatives and members shall not in any way, directly or indirectly authorize, cause, participate in, encourage, condone or ratify any strike, sympathy strike, sit-down, sit-in, slow-down, cessation or stoppage of work, boycott, picketing or other interference with or interruption of work at the Hospital or other sites where Residents perform work in connection with their employment with the Hospital. Engaging in such activity shall constitute cause for suspension or discharge under this Agreement.

(B) In addition to any other liability, remedy or right provided by applicable law or statute, should such a strike, sympathy strike, sit-down, sit-in, slow-down, cessation or stoppage of work, boycott, picketing or other interference with or interruption of the operations of the Hospital occur, CIR within twenty-four (24) hours of a request by the Hospital shall: (1) publicly disavow such action by the Resident(s); (2) advise the Hospital in writing that such action by Resident(s) had not been called or sanctioned by CIR; (3) notify Resident(s) of its disapproval of such action and instruct such Resident(s) to cease such action and return to work immediately; and (4) post notices on a bulletin board advising that it disapproves of such action.

(C) The Hospital agrees that there shall be no liability on the part of CIR for an unauthorized violation of paragraph (A) hereof by a Resident or Residents, provided that CIR complies with the request of the Hospital as provided under paragraph (B) hereof.

(D) In consideration of this no-strike pledge by CIR, for the duration of this Agreement and any extension thereof, the Hospital shall not lock out its Residents.

(E) In the event of an alleged violation of this Article, the aggrieved party shall not be required to resort to the grievance or arbitration procedures of this Agreement. The aggrieved party may, at its option, institute court proceedings or institute special arbitration proceedings regarding such violation by facsimile notice thereof to the other party (in the case of CIR to the President, and in the case of the Hospital to the Chief Executive Officer) and to the American Arbitration Association which shall, immediately upon receipt of such facsimile notice, appoint an arbitrator to hear the matter. The arbitrator shall hold a hearing within twenty-four (24) hours after his/her appointment, upon facsimile notice to the Hospital and CIR. The fee and other expenses of the arbitrator in connection with this arbitration proceeding shall be shared equally by the Hospital and CIR. The arbitrator shall have jurisdiction to issue only a cease and desist order with respect to such violation. No opinion shall be required by the arbitrator but only a written order which shall be issued at the hearing. Such order shall be final and binding on the Hospital and CIR and may be immediately confirmed and specifically enforced by a court of competent jurisdiction upon the motion, application or petition of the aggrieved party.

(F) Nothing in this provision shall be construed to prevent an individual member from expressing his/her personal opinion on any third-party strike or third-party job action.

XX. MISCELLANEOUS

(A) Agreement vs. Applicable Law: If any term or provision of this Agreement is at any time during the life of this Agreement found to be in conflict with any applicable law, such term or provision shall continue in effect only to the extent permitted by such law. If any term or provision of this Agreement is or becomes invalid or unenforceable, such invalidity or unenforceability shall not affect or impair any other term or provision of this Agreement.

(B) Badges: Within ninety (90) days of this Agreement's effective date, Resident badges shall allow access to rooms where blood drawing equipment and prescription pads are ordinarily stored.

(C) Childcare Center: If and when the Hospital provides childcare services and a center, CIR members will have access to a percentage of slots in the day care center proportionate with their ratio to the overall staff population. Such slots shall be available on the most favorable terms and conditions under which they will be offered to Faculty and employees.

(D) Contact Information: It shall be the responsibility of every Resident to keep the Hospital informed of his or her current address, telephone number and e-mail address. Hospital notification to a Resident shall be deemed sufficient if made personally, by written memorandum, or by registered or certified mail or telegram addressed to the Resident's last known address as shown on his or her personnel record maintained by the Hospital.

(E) Day Care Committee: In the event that the Hospital forms one or more committees to formally evaluate the feasibility of either direct on-site day care or contracting with nearby day care providers, CIR will be given at least one membership slot on each such committee.

(F) Electives Requirement: Residents are ensured at least five months of electives during the three-year Training Program, at least three of which shall be separate from subspecialty selectives.

(G) Forms - Physician Component: Residents will be expected to complete the physician component of forms and labels for diagnostic studies, lab work and radiographic procedures.

(H) Interns Retreat: The Hospital shall hold an annual Interns Retreat. The Retreat shall be at least forty-eight (48) hours. The Hospital shall fund the Retreat in an amount equal to \$400 per PL-1 Resident as of July 1 of each year. A committee of Residents established by and including the TPD shall plan and implement the Retreat with the advice of the Residents.

(I) Labor/Management Meetings: The Hospital or CIR's staff representative, as designated in writing in advance by CIR, may request meetings to discuss the status of contract provisions.

(J) Library: The Hospital library shall be available for use by Residents at all times. Overnight check-out privileges shall be available on all volumes and bound journals which must be returned by 8:30 a.m. the following day; provided that in the event this privilege is abused by a Resident, his/her privilege may be terminated. The Hospital will provide nighttime access to a photocopy machine.

(K) Lockers: Each Resident on call will have access to a locker in the Call Room Suite.

(L) Medical Records Completion: Residents will be expected to comply with Hospital standards in regard to the timely completion of medical records. Failure to abide by these requirements shall be grounds for progressive disciplinary action. The Hospital and CIR agree to work together to develop appropriate incentives to encourage full compliance in this area.

(M) On-Call Rooms, Lounge, and Night Team Educational Center

(1) On-Call Rooms: The Hospital will continue to provide adequate, clean on-call rooms with lockable wardrobes, reading lights, alarm clocks, pillows, pillow cases and other clean linen, and extra blankets specifically for the use of Residents on duty. There shall be a call room for all pediatric Residents on call. These call rooms shall be dedicated to use by pediatric Residents and pediatric medical students.

Computers in On-Call Rooms: The Hospital will continue to provide fully operational computers for Residents' use in all Pediatric Resident Call rooms. The computers will have the same Hospital provided and sponsored software that is available on computers in

the Resident's Lounge and the office of the Chief Residents, including Internet and intranet access. The Hospital will make career development tools available to the Residents.

(2) Lounge: The Hospital will also continue to provide and maintain a Residents' lounge supplied with a coffee maker, kitchen, office, educational supplies and equipment (including refrigerator and microwave in the Resident's break room), and adequate lockers/locker rooms. Assignment of such rooms or plans to renovate, change or relocate such rooms and their equipment shall be reviewed in advance by CIR and the TPD and shall be subject to the concurrence of the TPD.

Computers in the Residents' Lounge: The Hospital will provide a total of four (4) computers for the Residents' lounge.

(3) Night Team Educational Center: No later than July 1, 2011, the Hospital will provide a Night Team Educational Center in close proximity to the East Tower for use by the Residents.

(N) Oscopes and Ophthalmoscopes: The Hospital will maintain one functional portable otoscope and ophthalmoscope per treatment room in the East Tower.

(O) PL-2 and PL-3 Day Off: The Hospital will provide one (1) full day off per Program Year for all PL-2's as a group and one (1) full day off per Program Year for all PL-3's as a group for the purpose of allowing the Residents in these respective levels to participate in a group activity on the day off. Where a Resident is otherwise scheduled to work on the chosen day, the Hospital will use its best efforts to arrange for coverage so that the Resident will be able to attend the group activity. In the event that a PL-2 or PL-3 is post-call on their respective days off, their call shall end no later than 8:00 a.m.

(P) Political Education Fund ("PEF")

(1) A Resident may consent in writing to the authorization of the deduction of a political education fee from his/her salary and to the designation of the Union as the recipient thereof. Such consent shall be voluntary and in a form acceptable to the Hospital and shall bear the signature of the employee. An employee may withdraw his/her political education fund fee authorization by giving at least sixty (60) days notice in writing to the Hospital.

(2) No later than thirty (30) days after submission of the written authorization of deduction, the Hospital shall begin deducting such political fund fee from the pay of Residents who request such deduction and shall transmit deductions to the treasurer of the Union. The Hospital shall incur no liability to the Union should it fail to take deductions within the thirty (30) days.

(3) The Hospital and CIR agree that one quarter of one percent (0.25%) of all amounts deducted from payroll is a reasonable amount to cover the Hospital's costs of administering payroll deductions. Accordingly, the parties agree that the Hospital will retain one quarter of one percent (0.25%) of all amounts deducted pursuant to the PEF payroll deduction provision set forth in this Article to reimburse the Hospital for its reasonable cost of administering payroll deductions for the PEF.

(4) The Union shall indemnify and hold the Hospital harmless from any lawsuits, claims, etc. made against the Hospital relating to or arising from any actions the Hospital takes to comply with this subparagraph.

SERVICES

(Q) Administrative Support Services: The Hospital shall provide administrative support services with primary responsibility of one individual for House Staff matters.

(R) Information Systems Contact:

(1) Within ninety (90) days of the effective date of this Agreement, the Hospital will conduct a focus group among Residents in which the Residents may identify their information technology concerns and priorities.

(2) In addition, a senior member of the Hospital's Information Technology Systems staff will attend the Residents' Administrative Meetings as requested.

(3) CIR may appoint up to three Residents for membership on the Hospital's Clinical Oversight Committee, or any subsequent committee performing the same function.

(S) Ancillary Services: The Hospital shall have in place a program for the placement of IVs 24 hours a day, seven days a week. It is the Hospital's goal that Residents will not be primarily responsible for placement of IVs. However, it is recognized that proficiency of placement of IVs is an objective of Pediatric Residency training and Residents must have sufficient opportunities to develop this skill consistent with ACGME requirements.

The Hospital shall maintain, in its reasonable judgment, appropriate levels of other ancillary staffing and services so that Residents shall not be required to perform non-physician duties (e.g., IV therapy, blood draws, patient transports, etc.) on a regular or recurrent basis.

Patient Care Coordinators: The Hospital will continue to employ two full-time Patient Care Coordinators during the term of this Agreement. The Hospital will make best efforts to immediately fill either position should it become vacant. The function of the patient care coordinators shall be to assist the patient care coordination of Pediatric Resident patients, including scheduling and facilitating consults, laboratory, radiological and other studies and procedures and scheduling follow-up medical appointments. The Hospital will periodically obtain input from the Residents regarding the duties performed by the patient care coordinators.

Phlebotomy Services: The Hospital will maintain a program for the provision of phlebotomy services which will be primarily responsible for providing urgent and routine phlebotomy services. It is the Hospital's goal that Residents will not be primarily responsible for providing routine phlebotomy services. However, it is recognized that proficiency in the performance of phlebotomy services is an objective of Pediatric Residency Training and Residents must perform this service as needed based on patient care needs or as necessary to develop the skill consistent with ACGME requirements.

(T) Transporting Patients By Air: No Resident shall be required to transport patients by ambulance, jet, or helicopter unless he/she volunteers to do so.

XXI. PROFESSIONAL AND LIABILITY INSURANCE

(A) The Hospital agrees to insure and reserves the right to defend, insure and pay any and all claims arising only from the Resident's authorized professional services and duties while serving at the Hospital or at one of its satellite locations. The Hospital agrees to insure and reserves the right to defend against claims or actions brought against the Resident while performing authorized professional services at the George Washington University Medical Center, Holy Cross Hospital or any other authorized location related to the Holy Cross Hospital rotation as part of the Program. The coverage provided by the Hospital does not cover the Residents' volunteer activities or moonlighting activities, unless the activities are authorized in writing by the President of the Hospital or his/her designee as authorized professional services. The Hospital further agrees to insure and reserves the right to defend against claims or actions brought against the Resident while performing authorized professional services at locations other than the Hospital, one of its satellites or one of the other authorized locations set forth in the second sentence of this paragraph only when there has been a written approval for the insurance coverage by the President of the Hospital or his/her designee.

Authorized professional services performed by the Resident include membership on any committee of the Children's National Medical Center system including all committees of the Hospital Medical Staff and Boards of Directors and any acts or actions of the committee members within the scope of the committees' functions and purposes.

(B) Any other activities or services are specifically excluded from the insurance coverage provided by the Hospital unless specifically authorized herein. The foregoing shall pertain, notwithstanding the fact that the activities or services may involve a Hospital patient. In particular, a Resident will not be provided insurance coverage in connection with services as an expert witness in any matter unless authorized, in writing, by the President or his designee.

(C) The source of these funds is, to the extent permitted by the laws and regulations of the District of Columbia, the Hospital's Self-Insurance Trust administered by State Street Bank, or such other administrator as the Hospital may choose.

(D) Excess commercial coverage purchased by the Hospital may be available to the Resident and the Hospital under certain circumstances. The Hospital will make available to the Resident upon request information about the extent of excess commercial coverage. Reporting requirements are as described below under the self-insurance program.

The insurance protection available to the Resident and the Hospital under the Hospital's self-insurance program is on a claims made, pre-funded tail basis as follows:*

\$3 million per occurrence; \$10 million per aggregate.

**The insurance available to the Resident and the Hospital under the self-insurance program is subject to change, according to market conditions.*

(E) The Hospital agrees to defend, insure and pay any and all claims arising from the Resident's gratuitous Good Samaritan Acts. Good Samaritan Acts are defined herein as physician acts rendered to persons at the scene of an accident, without compensation, when the physician in good faith believes the administering of medical care is the only alternative to probable death or serious physical damage to the injured person. Accidents include incidents of choking, cardiac arrest and similar emergencies.

The Hospital shall have the right and sole authority to select and hire an attorney to defend the Resident and to make such investigation, negotiation, and to enter into a settlement of any claim or suit as may be deemed expedient by the Hospital.

If the Hospital and the attorney providing a defense to the Hospital perceive a conflict of interest in representing both the Hospital and the Resident, the Resident shall be informed as soon as is reasonable. In that event, another attorney will be selected for the Resident by the Hospital to be paid for by the Hospital through the Self Insurance Trust. If the Resident wishes to select his/her own attorney, then he/she shall be responsible for paying the costs of the attorney.

(F) The Resident agrees to notify the Hospital's Risk Management Office of any claims in accordance with applicable Hospital policy, which may be changed from time to time as it is changed for other Hospital employees. The Resident further agrees to follow and abide by any and all requirements of the risk management policies, procedures and educational programs adopted by the Hospital or the CNMC system and to cooperate with the Hospital in the defense of any claims, suits or causes of action in which the Resident may be named or involved. Failure to cooperate or abide by such policies, procedures or programs may result in loss of insurance coverage. The terms of this Paragraph shall survive the termination or expiration of this Agreement.

(G) The Hospital's self-insurance coverage afforded to the Resident by the above language shall be EXCESS insurance over any valid and collectible insurance policy owned by the Resident or purchased on behalf of the Resident.

(H) The Hospital further agrees to indemnify the Resident and his or her heirs for any judgments and settlements rendered against him or her within the terms of the above self-insurance agreement which exceed the limits of the Self-Insurance Trust and Resident's insurance coverage from all sources.

XXII. DURATION OF AGREEMENT

This Agreement shall be effective as of November 18, 2010 and shall remain in full force and effect through the 30th day of June 2013. This Agreement shall automatically be renewed from year to year thereafter unless either party shall notify the other in writing not less than ninety (90) days prior to the termination date, or any subsequent anniversary, of its desire to modify or terminate this Agreement.

XXIII. EVALUATIONS AND PERSONNEL FILES

Section 1.

(A) Each Resident shall have access to his/her official personnel file in the Human Resources Department and the Training Program Office and the right to receive a copy of any documents therein, excluding only recommendations received in connection with the hiring of the Resident on the express condition of confidentiality.

(B) Residents shall complete all evaluations within one month of completing each rotation or be subject to loss of credit for the rotation, provided that they receive or have access to the appropriate evaluation at least one week prior to the end of the rotation. Residents will not be held ultimately responsible for the failure of attendings or other supervisors to evaluate Residents.

(C) A Supervising attending physician shall provide verbal evaluation to a Resident the attending is supervising approximately halfway through the rotation period and, absent extenuating circumstances, shall complete a written/electronic evaluation of the Resident within forty-five (45) days of the completion of the rotation. The Resident must review and acknowledge receipt of the evaluation.

Section 2.

The Resident shall have the right to respond to any evaluatory statement or adverse document (including incident reports) placed in his/her official personnel files in the Human Resources Department and the Training Program Office. Such response shall be attached to the evaluatory statement or adverse document.

The Resident shall have the right to a review of any unfavorable evaluatory statements in accordance with the Hospital's procedures.

Section 3.

The Hospital will notify the Resident in a timely fashion if any adverse material is placed in his/her official personnel file.

Section 4.

Upon receipt of written authorization by a Resident, the Resident's authorized representative may receive copies of the official personnel file in the Human Resources Department and the Training Program Office, subject to the exclusion expressed in Section 1.

XXIV. CHEMICAL SUBSTANCE-RELATED IMPAIRMENT

Section 1.

The parties recognize that health-care workers adversely affected by chemical substances represent a threat to the health and safety of not only themselves, but other staff members and

patients. Accordingly, measures taken to deal with the problem posed by health care workers adversely affected by chemical substances should provide protection for health care workers as well as promote the safe delivery of health care. An objective of such measures is to present the Resident with an opportunity for rehabilitation.

Section 2.

(A) Where the Hospital has a reasonable belief and/or objective observations that a Resident is adversely affected by a chemical substance, the Hospital shall have the right to test for the presence of chemical substances.

(B) Where a Resident is found to be affected by the use of chemical substances, the Hospital shall have the right to impose discipline, up to and including termination, and/or take other appropriate measures, including monitoring, retesting or referral for counseling and/or treatment.

(C) If a Resident refuses to submit to chemical substance testing at the time the Hospital requests (which request will be made within twenty-four (24) hours of the Hospital having a reasonable belief and/or objective observations), or refuses a subsequent referral to the Medical Society of the District of Columbia's Impaired Physician Program (hereafter "MSDC Program"), the Resident shall be subject to disciplinary action, up to and including immediate termination.

(D) If the MSDC Program notifies the Hospital that the Resident is not in compliance with an established treatment plan, the terms of Section 2(c) will apply.

(E) In the event the MSDC Program finds that a Resident is not impaired, he/she will be allowed to continue working without limitation.

(F) If the Hospital doubts the conclusion of the MSDC that a Resident is not impaired, the Hospital may request that a further evaluation be performed by an independent physician specializing in the diagnosis and treatment of substance abuse problems, to be chosen at the sole discretion of the Hospital. The costs for such evaluation will be borne entirely by the Hospital. In the event that this evaluation produces a different conclusion than that reached by the MSDC, the matter will then be referred to the Chief Academic Officer for resolution. In such resolution, the Chief Academic Officer will be guided by the principles, terms and conditions of Article XXIV.

Section 3.

(A) The Hospital will maintain a policy and procedure to assist Chief Residents and/or the TPD in making the initial determination that a Resident's job performance may be adversely affected by chemical substances and that testing should be conducted. The Hospital shall provide a copy of such guidelines (and any modifications thereto) to the Union thirty (30) days prior to implementation, and upon the Union's request, the parties will meet and confer about the guidelines. The Hospital shall make the Chief Residents and the TPD aware of the policy and procedure.

(B) The TPD or his designee shall consult with the Department of Human Resources prior to requiring testing. If a decision is made that the drug testing is an appropriate action, the Resident will be informed that the Hospital wishes to test for drug and/or alcohol usage. The Resident will further be informed that refusal to consent to screening may result in disciplinary action, including discharge.

(C) If the Resident consents, the Occupational Health Department will be contacted to obtain specimen(s) for screening at a state-licensed or approved laboratory. The Resident will be informed of the name and address of the laboratory that will conduct the testing.

(D) The chain of custody of the specimen(s) taken will be overseen by the Occupational Health Department.

(E) After the specimen(s) is taken, the Resident will be suspended pending completion of the drug screening process.

(F) If there is a positive result of the test, a confirming test will be done.

(G) If the specimen(s) tests positive on the confirming test, the Resident will be provided with a copy of the laboratory test indicating the test results. The Resident will be informed of his/her right to choose an independent state-licensed or approved laboratory in which a third test from the original specimen(s) will be completed at the Resident's cost. The Resident will further be provided written notice of the Hospital's intent to take disciplinary action, including termination or change of conditions of continued employment. If the Resident does not choose to utilize this step, or if the test result from this laboratory is positive, appropriate disciplinary action will be taken.

Section 4.

(A) Residents whose substance abuse problems are recognized, excluding dischargeable offenses, as well as those Residents voluntarily requesting assistance, will be offered the opportunity to continue their employment with Children's Hospital by entering a medically-approved rehabilitation program as recommended by the MSDC and approved by the Hospital. The Resident will be granted a leave of absence consistent with other leave of absence policies to participate in such program. Such leave of absence will be available to a Resident only one time.

(B) Upon return to work, the Resident will be required to sign a Back to Work Agreement with Children's Hospital. Residents who have entered into the Back to Work Agreement will be tested randomly as specified in their Agreement.

(C) Failure to stay in compliance with the recommendations of the MSDC, the aftercare program, or a refusal to submit to the necessary screening tests will be grounds for immediate termination.

Section 5.

Any resident who is offered and who takes leave to obtain treatment for abuse of chemical substances shall not be paid during the leave period; provided, however, that the Resident may choose to use accrued sick leave or accrued annual leave for such period of leave.

XXV. PATIENT CARE TRUST FUND

(A) Effective at the start of each Hospital fiscal year (and subject to the Hospital's normal capital budget expenditure process), the Hospital will provide funds to establish a Patient Care Trust Fund in the amount of six thousand dollars \$6,000 per year to be administered by the TPD. CIR shall present its proposal for the purchase of any equipment to the TPD for approval by May 1 of each calendar year. Should the TPD accept the proposal, the equipment shall be purchased and become the property of the Hospital. If the TPD rejects the proposed purchase, s/he shall state in writing the reasons within thirty (30) days of the receipt of the proposal. If the proposal is rejected, CIR shall submit alternative proposals to the TPD. All expenditures from this fund will meet applicable Hospital financial guidelines. The TPD will not unreasonably withhold approval.

(B) On an annual basis, CIR will be given an opportunity to provide written input on equipment needs, as part of the Hospital's capital and equipment budgeting process. CIR will receive at least thirty (30) days notice in order to be able to provide their input in a timely manner.

XXVI. EXISTING PRACTICES

The parties acknowledge that, during the negotiations that resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from collective bargaining. All of the understandings, agreements and undertakings arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. For the life of this Agreement and any extensions of it, all past practices and/or prior agreements or undertakings, whether written or oral, express or implied, are hereby canceled and shall have no further force or effect. In addition, for the life of this Agreement and any extensions of it, any matters not specifically and expressly covered by this Agreement shall remain within the sole right and discretion of the Hospital.

XXVII. HOSPITAL POLICIES

To the extent a subject or matter is not specifically covered by this Agreement, the applicable Hospital policies, including human resource department policies, shall govern. The Hospital shall have the right and authority to modify, eliminate or create new policies, including human resource department policies, to the extent their specific subject matter is not covered by this Agreement. The Hospital will provide CIR with thirty (30) days' notice of the implementation of a new policy or the elimination or modification of an existing policy, and at the request of CIR, shall meet with CIR to discuss the policies.

XXVIII. AMENDMENTS

This Agreement may not be amended, modified or supplemented at any time, except by mutual consent of the Hospital and CIR, in writing and signed by both parties. Such modifications shall be limited to the specific provision(s) involved and will not affect any other provision of this Agreement.

IN WITNESS WHEREOF, the parties have hereunto set their respective hands on the dates indicated below.

CHILDREN'S HOSPITAL

**THE COMMITTEE OF INTERNS
AND RESIDENTS, NATIONAL
AFFILIATE OF THE SERVICE
EMPLOYEES INTERNATIONAL
UNION (CIR/SEIU)**

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

**COMMITTEE OF INTERNS AND RESIDENTS, NATIONAL AFFILIATE OF
SERVICE EMPLOYEES INTERNATIONAL UNION (CIR/SEIU)**

And

CHILDREN'S HOSPITAL

- SIDE LETTERS OF AGREEMENT -

The following items were agreed to as Side Letters.

SIDE LETTER NO. 1

Ms. Vanessa Dixon
Committee of Interns and Residents/SEIU
520 Eighth Avenue
Suite 1200
New York, NY 10018

Dear Ms. Dixon:

I am writing in response to your request concerning liability coverage for Children's Hospital Residents during rotations at off-site locations. Specifically, you asked for confirmation that the Children's Hospital Residents are covered under the Children's Hospital Insurance Program for off-site educational experiences.

Indeed, the Residents are covered under our insurance program for all activities performed *within the scope of their employment* with Children's Hospital and performed at Children's Hospital, Holy Cross Hospital, or George Washington University Hospital, except as specified in Article XXI of the parties' collective bargaining agreement for the period November 18, 2010 through June 30, 2013. Activities performed by the Resident during off-site educational experiences to institutions other than those listed above are not covered by the Children's Hospital Insurance Program. Where the TPD pre-approves a Resident's rotation at an off-site location not covered by the Children's Hospital Insurance Program, the Hospital will make reasonable efforts to cause that institution to provide coverage for that Resident. The only exception to this rule is the case where an existing contract otherwise provides for insurance.

To be clear, the Children's Hospital coverage does not extend to moonlighting activities or other professional services performed outside of the scope of employment.

Please call if I can provide any additional information.

Sincerely,

Mary Anne Hilliard
Chief Risk Counsel

SIDE LETTER NO. 2

November 18, 2010

Ms. Vanessa Dixon
Committee of Interns and Residents/SEIU
520 Eighth Avenue
Suite 1200
New York, NY 10018

Re: *Children's Hospital – D.C. Accrued Sick and Safe Leave Act*

Dear Ms. Dixon:

This confirms the parties' agreement regarding the relationship between the District of Columbia Accrued Sick and Safe Leave Act of 2008 ("ASSLA") and the sick leave provisions of the collective bargaining agreement between Children's Hospital and The Committee of Interns and Residents, National Affiliate of the Service Employees International Union (CIR/SEIU) ("CIR") for the period of November 18, 2010 through and including June 30, 2013 ("CBA").

Specifically, the sick leave provisions of the CBA encompass the leave required by ASSLA and ASSLA will not be interpreted or applied to require paid leave in addition to the paid sick leave specified in the CBA except to the extent required by ASSLA. If the following is acceptable to CIR, please sign below on the space indicated to signify CIR's agreement.

Sincerely,

Jack Gottshalk

*Executive Director Employment and
Employee/Labor Relations*

Agreed and Accepted:

Vanessa Dixon

The Committee of Interns and Residents