CIR News
Committee of Interns and Residents
SEIUHealthcare®
March 2009

Residents on the Front Lines

INSIDE:

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Committee of Interns and Residents
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PRESIDENT'S REPORT

LUELLA TONI LEWIS, MD

Transforming What It Means to Be a Resident

What do you want to get out of being a member of CIR? It's in your hands.

I'm a firm believer that your residency is what you make of it, and this month's issue of *CIR News* tells the story of residents who are finding their own balance between work and activism, and transforming their communities, in small and large ways. It's easy to get caught up in the daily grind, so it's important to be reminded of the power you have to leave your personal mark on your residency.

You'll read in this newspaper about residents stepping up to the plate through service, advocacy and activism, and questioning long-held conventions of our medical training that get in the way of our safety and good patient care. From small projects to huge campaigns, residents are seizing opportunities to improve our hospitals and our work environment for future generations.

In New Mexico, a small group of CIR members spent the Martin Luther King Jr. Day of Service operating a free clinic at a community center for recent immigrants and the uninsured, treating a dozen patients who otherwise would have gone without care.

Then there are the Patient Care Funds (PCFs), established through bargaining contracts at many CIR hospitals. We've been able to fund some substantial long-term programs. Recent innovative projects supported by PCF money include a pharmacy voucher program for indigent patients, a center for Refugee Health and Human Rights, and a project to make radiation exam rooms child-friendly.

On a larger scale, some residents are jumping into the fray and rallying against devastating budget cuts. Physicians in Boston and San Francisco rallied this winter to defend their safety net hospitals, and residents in Queens came out in numbers to protest the imminent closure of two hospitals.

Being a resident can also be about challenging the way things are done and the conditions within our hospitals – and CIR can be your path to do just that. We are in a unique position to speak out about health care reform because we work in safety net hospitals where we see the system failing patients every day. We're also using our experiences to raise awareness of unsafe OR practices, and the need for work hours reform so residents are not in danger of injuring themselves or their patients.

By weighing in on OR safety or on the work hours recommendations released by the Institute of Medicine, we are challenging what it means to be a resident for ourselves and for those who will follow in our footsteps. We're starting a public conversation about the work culture that we inhabit, and how we can work safer and smarter.

From small projects to huge campaigns, residents are seizing opportunities to improve our hospitals and our work environment for future generations.

How will you leave your mark? Could you be the doctor giving up one holiday to help the uninsured? Might you be the resident who joins the committee for your hospital's Patient Care Fund? Or will you use the resources of CIR to help define what it means to be a resident in the 21st century? Residency is what you make of it. As a member of CIR, find your balance—make your mark!

Dr. William Schecter Leads Workshop on Preventing Sharps Injuries in the Operating Room

CIR's OR Safety Task Force put together a workshop February 19, 2009 in New York City with Dr. William Schecter, one of the leading experts in reducing occupational injuries in the operating room. Dr. Schecter is Chief of Surgery at San Francisco General Hospital and chairs the Committee on Perioperative Care of the American College of Surgeons.

Pictured, from left to right: Dr. Eric Eisemon, Maimonides Medical Center, Dr. Mohammad Sarhan, Harlem Hospital, Dr. Christina Jenkins, Westchester Medical Center, Dr. William Schecter, Dr. Matthew Harris, CIR NY Vice President, Dr. John Ingle, CIR New Mexico Vice President, Dr. L. Toni Lewis, CIR National President.

For more information on preventing needlesticks and other injuries, visit **http://safety.cirseiu.org.**

PHOTO: (BOTTOM) HEATHER APPEL/CIR; (TOP) KIM WONG/CIR

Standing Up for Our Safety-Net Hospitals

With state and local budget crises forcing cuts in health care at a time when the need is greatest because of the economy, CIR residents across the country have been fighting back by raising their voices on behalf of low-income patients and the safety-net hospitals they depend on.

Draconian state Medicaid cuts brought more than 30 CIR members from Boston Medical Center and Cambridge Hospital out on a bitter cold afternoon to protest.

> **"Budget cuts to safety-net hospitals like Cambridge and BMC leave patients without care, and it condemns many of the mentally ill to homelessness and prison."**
>
> **—Dr. Zarpash Babar**

The "Put Patients First" rally in front of the Massachusetts State House on January 29, 2009 drew more than 800 people — hospital employees, administrators, elected officials and patients. They gathered to protest clinic closures, staff cuts and the closing of important services at the two hospitals.

"At the Cambridge Health Alliance, we provide 270,000 primary care outpatient visits every year," said Dr. Zarpash Babar, PGY 3 in Internal Medicine, who spoke on behalf of CIR. "Forty-two percent of our patients speak a language other than English, and we are the largest single provider of mental health care in the state of Massachusetts."

"Budget cuts to safety-net hospitals like Cambridge and BMC leave patients without care, and it condemns many of the mentally ill to homelessness and prison," said Dr. Babar.

Protesters demanded that Governor Deval Patrick designate funds from the federal economic recovery legislation to restore the cuts to BMC and Cambridge. Last fall, the governor unilaterally cut the Medicaid program, and 70% of those cuts were aimed at the state's two most important safety-net hospitals.

Also speaking at the rally was Dr. Thea James, a former CIR leader and now an Emergency Medicine attending at Boston Medical Center. She spoke about the history and role of safety-net hospitals.

On the other coast, CIR members at San Francisco General Hospital joined a new Coalition to Save Public Health in response to Mayor Gavin Newsom's massive mid-year cuts to the Department of Public Health's budget.

Over twenty unions, social service organizations and faith based groups have come together to fight these cuts that will gut the vital services of San Francisco's neediest populations. At SFGH, the cuts are leading to the downgrading of RNs to LVNs in many parts of the hospital as well as eliminating the clerks in areas where residents engage in a daily struggle to deliver quality patient care.

Residents also mobilized online to ensure that additional federal funding for Medicaid would be included in the American Reinvestment and Recovery Act, also known as the stimulus bill. CIR members emailed their members of Congress to describe the patients they see every day and how cuts to Medicaid would hurt them precisely at the time when they needed care the most.

Their persistence was rewarded as the final version of the bill contained $87 billion in additional federal funding for Medicaid. See p. 7 for more details on stimulus funds directed towards health care.

Residents from Boston Medical Center and Cambridge Hospital rally at the Massachusetts State House against proposed cuts.

CIR Doctors Hold Community Clinic on MLK Day

New Mexico CIR members answered President-elect Obama's call to service on Martin Luther King Weekend by organizing a volunteer clinic at an Albuquerque community center.

Dr. Sheila Modi, a PGY 2 in Internal Medicine, Dr. Noah Zuker, a PGY 3 in Surgery, and Dr. Elizabeth Burpee, CIR Secretary-Treasurer, were joined by an attending physician, a CIR staff member and a community volunteer as they treated uninsured patients on Martin Luther King Day, January 19, 2009.

The community center, which is in the neighborhood known as Albuquerque's "war zone" because of its level of violence and poverty, operates a food bank and sliding-scale health clinic. Many visitors to the center are newly-arrived immigrants who don't have access to other services.

The team of volunteers saw a dozen patients and referred several people to specialty clinics. The doctors also delivered a station-wagon full of toys and clothes for the food bank.

PHOTOS: (TOP) JKIM WONG/CIR; (BOTTOM) BILL BRADLEY/CIR

Dr. Elizabeth Burpee (far right) gives back to the community as part of the National Day of Service.

CIR Fights for Residents and Patients at Caritas Hospitals

After a hard-fought battle, workers at St. John's Queens and Mary Immaculate Hospitals in Queens had to face the news that the two facilities were filing for bankruptcy and preparing to close, with almost no transition plan.

CIR represents roughly 200 residents at the hospitals, which are operated by Caritas Health Care and had been struggling financially for several years.

Residents got involved immediately in the fight to keep the hospitals open, writing to elected officials and coming out to several rallies. When it looked like there was no rescue plan in sight, the union turned its attention to helping residents through the stressful process of finding a new placement. Although the transition was unusually sudden and stressful, many housestaff expressed relief to be represented by CIR at a time like this.

"It's a tough situation for anyone," said CIR President Luella Toni Lewis. "But for me it was also personal, because I spent my own residency at Caritas in Family Medicine and Geriatrics. It was important for us to stick together through this fight and for CIR members to know the union was looking out for our best interests."

After originally learning in late January that the Caritas hospitals were facing imminent closure, CIR joined together with other hospital unions and community allies to pressure politicians to come up with a rescue plan.

In a series of rallies throughout the month at St. John's Queens, New York City Hall, Mary Immaculate and, finally, in Albany on the steps of the State House, CIR residents called on the state to stop the closure of the two hospitals, which together serve 200,000 patients a year in Queens, a severely under-bedded borough of the city.

CIR leaders made lobby visits in Albany on February 11, 2009 to several elected officials, including Gov. David Paterson. Their face-to-face work was complemented by an online campaign in which over 1,400 emails and nearly 200 faxes were sent to politicians at the state and local level, imploring that they intervene to keep the hospitals open.

Second-year Internal Medicine resident Dr. Diana Israeli expressed the sentiments of many of the physicians. "The closing of the hospital feels like a family breaking up," she said. "There are many employees who rely on the hospital. As residents, we get placed, however other employees are not so lucky. Where will the 65-year-old transporter go? Who will hire him?"

Despite the political pressure and huge public outcry, the state was unwilling to continue supporting the failing hospitals, and the hospital board moved ahead with bankruptcy proceedings that closed both hospitals on February 28.

Inside the Institute of Medic
Patient and Reside

**"THE NATION MUST TAKE A HARD LOOK AT ITS RESIDENCY PROGRAMS – INCLUD
AND ENSURE THAT THEY SERVE BOTH PATIENT AND RESIDENT**

"Resident Duty Hours: Enhancing Sleep, Supervisio

"I probably share some of the concerns that people had before the 80-hour work week in terms of continuity of care. That's always an issue because, to make sure we meet those guidelines, we already hand off the patients between day and night when people are having days off, when people are coming back . . . . But at the same time, the residents are much better able to take care of the patients when they are there because they are better rested."

—Dr. Zarpash Babar, PGY 3, Internal Medicine
Cambridge Health Alliance, MA

"In American surgery, the question [since 2003] has been 'how do we produce competent, safe surgeons in 80 hours?' While I think the spirit of the 80 hour work week is in the right direction – recognizing that a good doctor is a well-rested doctor – there has been too much emphasis on the precise number of hours rather than how those hours are spent. Programs should focus on quality instead of quantity."

—Dr. Michael Golinko, PGY 3, Surgery
Bellevue Hospital, NY

The Institute of Medicine (IOM) has released its eagerly-awaited report on resident physician work hours and patient safety in the U.S. Not since the 1910 Flexner Report has our system of training physicians come under such scrutiny, nor have the recommendations for change been more sweeping. Indeed, the 322-page IOM report sets forth a clear community standard of what constitutes acceptable, safe patient care — and it is *not* care provided by a resident who has been working for 30 consecutive hours without sleep.

Undoubtedly many of the recommendations will be difficult to implement, especially within the current system of residency training. Most certainly they will require additional resources – more funding for the current system and for the creation of an expanded health care workforce. Most definitely, change of this magnitude will take years to achieve, require considerable innovative leadership and will not be a "one size fits all" solution for the nation's teaching hospitals and medical specialties.

"We owe it to our patients and to our profession to take very seriously what the IOM report has to say," says CIR President Luella Toni Lewis, MD. "How can we, as physicians, turn our back on the evidence?"

Background

The IOM report grew out of a growing concern for patient safety among congressional leaders on the House Energy and Commerce Committee. In late March 2007, ranking committee members, including Chair John Dingell (D-MI) and ranking Republican Joe Barton, requested that the Agency for Healthcare Research and Quality (AHRQ) investigate resident work hours, after hearing of a study that "found medical errors resulting in adverse events, including death, due to sleep-deprived and over-extended medical residents and interns, substantiating previously held concerns about physician work schedules."

AHRQ turned to the Institute of Medicine to conduct the study, and by November of 2007, a 17-member-panel was convened of sleep, patient safety and organizational behavior experts, medical educators, hospital administrators, a consumer advocate and a resident physician. Over the next 12 months, the committee conducted three public hearings and evaluated the literature concerning the impact of current residents' duty hours on patient safety and on performance. On December 2, 2008, the committee released its report calling for far reaching reform, stating:

"The committee believes there is enough evidence from studies of residents and additional scientific literature on human performance and the need for sleep to recommend changes to resident training and duty hours aimed at promoting safer working conditions for residents and patients by reducing resident fatigue."

Looking Beyond Hours Limits

Most of the buzz from the IOM report has focused on the new work hours limits that it calls for, especially a maximum shift length of no more than 16 hours. If the current 30 hour shift is still preferred, the IOM says a resident must not admit patients after 16 hours and must have a 5-hour protected sleep period between 10 pm and 8 am, with the remaining hours spent only in transition and educational activities.

The current 80 hour work week limit, averaged over four weeks, is maintained in the IOM recommendations. Gone would be the current system that allows an every third night on-call schedule to be averaged over the course of a month. And the IOM recommends that residents have more time off – a mandatory five days off per month, including 24 hours off per week (no averaging) and one 48 hour period off each month. (For a complete list of all IOM hours recommendations, go to www.cirseiu.org).

"We owe it to our patients and to our profession to take very seriously what the IOM report has to say. How can we, as physicians, turn our back on the evidence?"

– Dr. L. Toni Lewis, CIR President

The IOM recommendations are a significant departure from what is now ACGME policy – and there is universal agreement that implementation will be a challenge. The IOM report takes a much broader look at residency training, recognizing that work hours should not and can not be viewed – or reduced — in a vacuum. Some of the big questions that the IOM report tackles are:

- How much clinical service is too much for a resident to safely be responsible for?

PHOTO: HEATHER APPEL/CIR

cine's Recommendations on nt Physician Safety

**ING HOURS, SCHEDULES, SUPERVISION, PATIENT CASELOADS AND HANDOVERS –
T SAFETY TODAY AND EDUCATIONAL NEEDS FOR TOMORROW."**

n and Safety," Institute of Medicine, December 2, 2008

- Are there alternative ways to assign work so that residents are not overburdened?
- Could other health care personnel be hired to reduce the workload for residents?
- If the work takes place at night, is there an educational component or is it purely service?
- Who is supervising the residents on site?
- How do we pay for significant change in the way residents are trained?
- Can the medical community alone enforce its rules or should an outside entity provide accountability?

"Thinking about how to implement the IOM recommendations is a tall order… [but] we certainly don't intend to let the IOM report gather dust on the shelf."

– Dr. Nailah Thompson, CIR Executive Vice President

WORKLOAD LIMITS: The IOM urges the ACGME to require each Residency Review Committee to determine and enforce appropriate limits on workload. Currently, only Internal Medicine has a limit on the number of admissions a resident can be expected to handle in one on-call shift.

ADEQUATE, DIRECT, ON SITE SUPERVISION: Measurable standards of supervision for each level of resident should be put in place, and 1st year residents should not be on duty without having immediate access to a supervisor.

SAFE TRANSPORTATION OPTIONS: Taxi, public transportation vouchers, etc. should immediately be provided by teaching hospitals to residents too fatigued to drive home safely.

INCREASED OVERSIGHT: Independent monitoring from the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission should be provided to ensure adherence to hours limits (current and new), in addition to increased ACGME enforcement of work hours (including unannounced visits, strengthened complaint procedures, and confidential, protected reporting of hours by teaching hospitals).

STRUCTURED, INSTITUTIONALIZED HANDOVER PROCESSES: Residents should be trained in effective handover communication and programs should schedule an overlap in time when teams transition.

FUNDING FOR IOM-RECOMMENDED CHANGES: The IOM report recognized that when, under considerable pressure, the ACGME adopted its 2003 hours limits, the new rules were destined to fail because no additional specific national funding for implementation was provided. Although some teaching hospitals and educators innovatively re-engineered how the residents' work was done and had the resources to hire additional personnel, far too many simply expected residents to do the same work in fewer hours.

Consultants working on the IOM report attempted to quantify the expense of their new recommendations and estimated that the cost of hiring staff substitutes, other health care providers or additional residents "could be approximately $1.7 billion (~0.4% of the Medicare budget)." Just bringing residency programs into compliance with the 2003 limits would require almost one-quarter of that $1.7 billion.

In order to make these funding changes, the IOM recommends that "An independent convening body should bring together all of the major funders of graduate medical education to examine current financing methodologies and develop a coordinated approach to generate needed resources."

TIMETABLE FOR CHANGE: "The committee believes that the ACGME and other organizations charged to implement aspects of the recommendations should begin their work with urgency and that action on all recommendations should be taken within 24 months."

CIR – Always Striving for Improvement

"Thinking about how to implement the IOM recommendations is a tall order," says CIR Vice-President Nailah Thompson, DO. "Changing the economics and culture of medicine is never easy, but CIR has been behind every major resident work hours advancement in the past thirty years: from the end of universal every other night call in the mid-1970s, to passage of the New York State Bell Commission regulations in the late 1980s, and the ACGME's first-ever hours limits across all specialties in 2003. We certainly don't intend to let the IOM report gather dust on the shelf."

Go to **www.cirseiu.org** for a complete breakdown of the IOM report's recommendations and CIR's response to it.

"I certainly think it's an important cultural shift that we need to make. There are multiple times when we've been on a 30-hour shift and we're reaching the edge of exhaustion. It's also important for work-life balance for residents – it would allow us to be able to lead the healthy lifestyles that we're constantly prescribing to our patients yet don't lead ourselves. Also, from a cost-benefit perspective, we could potentially reduce the cost of medical errors and complications, which would ultimately reduce the cost of medical care."

—Dr. Belinda Magallanes, PGY 3, Community and Family Medicine, San Francisco General Hospital

"Residency programs are designed differently, depending on the specialty and the size of the program, but I feel that the number of call months that we have back to back could be limited. Three call months in a row I think is enough – no one needs to have four Q4 months in a row...The surgery residents at our institution also mentioned that the report didn't make any mention of home call, and that needs to be addressed in some way. [About the five-hour nap recommendation], most of us feel it's not realistic...to have someone else take care of our patients for those five hours."

—Dr. Oni Guha, PGY 2, Pediatrics University of New Mexico

PHOTOS: (TOP) JULIA DONAHUE/CIR AND; (BOTTOM) BILL BRADLEY/CIR

Patient Care Funds Support Innovative Projects

Through Patient Care Funds, CIR members have a chance to create and fund programs based on needs they identify in their hospital and their communities. Residents in Los Angeles originated the idea when they negotiated for dedicated funding to cover patients' needs into their contract starting in 1975. Since then, housestaff around the country have followed suit, using their voice as a union to advocate not just for better compensation and working conditions, but for better care for their patients.

Here are some of the recent initiatives residents organized through their local PCFs:

Massachusetts

Residents at Boston Medical Center have $35,000 set aside annually for their Patient Care Fund. One of the programs that the PCF has supported is the Boston Center for Refugee Health and Human Rights. Through an innovative model of outpatient care, the Center provides comprehensive medical, mental health, and dental care, coordinated with legal and social services to nearly 550 refugees from almost 70 countries each year.

Since the largest pockets of refugees live outside metropolitan Boston, and transportation from these suburbs to BMC is often prohibitively expensive, the CIR Patient Care Fund also provides public transportation fare cards.

Florida

CIR members used their PCF this year to help organize the first ever Great American Smokeout at Jackson Memorial Hospital in Miami. The Smokeout is an event designed to give people the resources and support they need to quit smoking.

CIR Miami Internal Medicine residents Drs. Sondra Aiken, Deepika Aneja and Damien Hansra were the key organizers of the event, which also had the support of the University of Miami, Jackson Health System, American Cancer Society, Miami-Dade AHEC, Miami VA Health System and UMAHEC. The Smokeout took place at Jackson Memorial Hospital's Alamo Park during lunch hour so that the employees, patients, and community people could attend.

Residents at the University of New Mexico used part of their Patient Care Fund to hold a Halloween party for children with diabetes.

PCF funds also helped make Radiology exam rooms more child-friendly, with pictures of forest and ocean scenes on the walls.

New Mexico

The New Mexico CIR PCF committee identified three categories of projects to fund.

"The first was to purchase equipment needed to provide top-notch patient care which, for whatever reason, the hospital was not going to purchase in a timely manner," said Dr. Jesse Barnes, who co-chairs the committee. PCF funds paid for several pieces of equipment, including ophthalmoscopes, vascular dopplers and ultrasound training equipment.

The committee then supported individual resident projects addressing patient care needs, in partnership with community organizations. Grants were made to distribute cable gun locks to families with small children and to provide skateboard helmets to area youth.

Residents at Jackson Memorial Hospital in Miami, FL make an impression at the Great American Smokeout.

Finally, the committee set up a pharmacy voucher project to help facilitate prompt, safe discharge for indigent patients who couldn't afford their medications or co-pays.

The funds also enabled residents to hold a Halloween party for children with diabetes, which provided diabetic candy and treats, face-painting and games to children who don't always get to enjoy the holiday with their peers.

New York

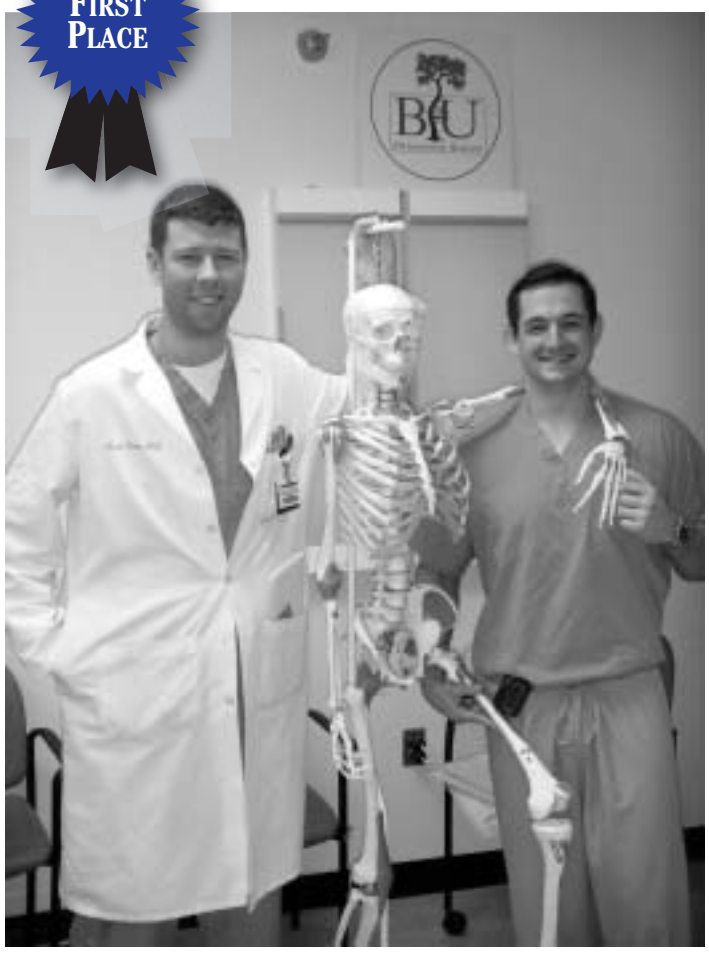
Housestaff at Maimonides Hospital in Brooklyn were inspired by stories at last year's CIR convention about PCF projects in other regions, and decided to start their own fund. However, they didn't want to wait until the next contract cycle.

The residents started exploring ways to create the fund on their own, "so if it was going well, it would be much easier to negotiate into the next contract," said Dr. Hari Rajasekhar, a Pediatrics resident. Residents contribute, on a voluntary basis, some portion of each paycheck to the fund. Once it's established, a committee will meet to review proposals and vote on how to spend the money.

The hospital agreed to match whatever the residents pay into the fund, Dr. Rajasekhar said, so in future bargaining, the main issue will be how much the hospital contributes, instead of whether or not to create a patient care fund at all.

PHOTOS: (TOP) BILL BRADLEY/CIR, (MIDDLE) MARY JANE BARRY/CIR

FIRST PLACE



Announcing the Winners of CIR's First-Ever Photo Contest

Residency is a lot of work, but it can also be filled with surprises, meaningful downtime with colleagues, and quirky stories. A picture is worth a thousand words, so we asked you to enter our first-ever photo contest and show what residency looks like through your eyes. We're proud to announce our winners, who will be featured on our CIR Facebook group and on http://www.cirseiu.org

- 1st place ($250): Dr. Jared Toman of Boston Medical Center, "CIR Department Reps Welcome the New Skeleton" (pictured)
- 2nd place ($100): Dr. Sandra Mesliniene of St. Luke's Roosevelt, "Hanging Out in the Call Room"
- 3rd place ($50): Dr. Wendy Ruggeri of Lincoln Medical Center, "Samurai Sword in Trauma"

Congratulations to our winners!

CIR Doctors Prep Med Students for Residency

Think back to the years before you graduated medical school. Did you anticipate the long hours and working conditions of residency? Did you worry that your interests in advocacy and health care reform would be pushed aside by the demands of training? Did you even know that a union for housestaff existed?

Realizing that medical students and residents share a lot of interests, CIR has dedicated a full-time staff person to working with medical students for the past three years and is increasingly engaging in joint efforts and campaigns with medical student groups.

This year, CIR has made a big impression with medical school students across the country. Working with partners like the American Student Medical Association (AMSA), the Student National Medical Association (SNMA), the National Network of Latin American Medical Students (NNLAMS), and the Students of Osteopathic Medicine Association, CIR has been a reliable presence at dozens of conferences. CIR delegate Dr. Antonio Beltran, a PGY 4 in Internal Medicine at Los Angeles County + USC, is even scheduled to deliver the Keynote Address at the national NNLAMS Conference on March 19, 2009.

CIR leaders and staff take advantage of these conferences, on-campus events, and mixers to interact with the next generation of residents, and to educate students about work hours reform, advocacy to reduce medical school debt, and efforts to tackle disparities in health care for patients from different racial and socio-economic backgrounds – an issue that housestaff working in safety-net hospitals confront every day.

Of course, medical students are also filled with questions about what residency is like on a day-to-day basis. What's the lifestyle? What programs are easier or harder to get into? How should you strategize during the match? To help answer these questions, CIR has created a Facebook group – "Med School today, Residency tomorrow!" – where residents regularly stop by and answer questions with quick videos or postings on the group wall.

"The presence of CIR residents at AMSA's events and on our campuses is powerful," said Dr. Brian Hurley, AMSA's National President. "It is inspiring to see that beginning a residency doesn't mean an end to being an activist – they are living examples that residents can balance clinical work with participation in the movement for health care reform and improved patient care."

"As an applicant in the match this year," Hurley said, "I have made it a point to interview at CIR hospital programs, so I have high hopes that I'll have the opportunity to stay involved beginning next year."

St. Barnabas Residents File Petition;
LICH Residents Win Their Vote

St. Barnabas residents deliver their petition to recognize the union to Human Resources at St. Barnabas.

PHOTO: AMANDA PLUMB/CIR

Residents at St. Barnabas Hospital in the Bronx and Long Island College Hospital (LICH) in Brooklyn are proof that in these tough economic times, it's more important than ever for housestaff to have a voice in their hospitals.

On January 13, 2009, 50 resident physicians in white coats demanded recognition as a CIR chapter at St. Barnabas Hospital. They delivered a petition to the Human Resources office containing signatures for a full 87% of the hospital's residents.

Of the 130 LICH doctors eligible to vote, 103 voted in favor, zero opposed, and five additional yes votes were challenged by hospital administration.

Housestaff at St. Barnabas decided to join a union in response to low pay, poor benefits and little time for education.

"We work a lot – we just work. Where's the time to read?" asked Dr. Chidi Ogbonna, PGY 2 in Podiatry. "For a hospital in the Bronx, we're just not getting compensated enough to where we can live comfortably, compared to our expenses. I think that a union would allow us to have a voice."

Addison Chan, PGY 3 in Emergency Medicine, said he and his colleagues were fed up after a series of incidents that created an atmosphere of disrespect and penny-pinching. One complaint was that residents were prohibited from bringing capped bottles of water into the work area, even during overnight or extended shifts.

The hospital recently notified the housestaff that all "non-union employees" would now have to pay for their health insurance, Dr. Chan said, and that made a lot of residents see that they were at a disadvantage without a union backing them up.

St. Barnabas residents are following in the footsteps of the successful campaign at Long Island College Hospital in Brooklyn. LICH residents had submitted a petition with the signatures of 90% of the 220 residents on October 16, 2008.

The National Labor Relations Board scheduled the election for LICH residents for December 10. The results were overwhelming. Of the 130 doctors eligible to vote, 103 voted in favor, zero opposed, and five additional yes votes were challenged by hospital administration. With the election behind them, LICH residents are looking towards next steps to negotiate their first contract.

What's in the Stimulus Bill for Doctors and Patients?

The American Recovery and Reinvestment Act (also known as "the stimulus bill") received a lot of press attention before it was signed into law on February 17, 2009. But many of the provisions that will have the biggest impact on resident physicians and their patients received scant mention.

Here are the highlights of the bill with regard to new health care spending:

- $75 million additional funding for the National Health Service Corps.
- $425 million to address the health care worker shortage, particularly in primary care.
- $500 million to expand community health centers.
- $1.1 billion for comparative effectiveness research to provide reliable information on the clinical effectiveness of treatments and procedures free from the influence of the pharmaceutical and medical device industries. The research programs will be conducted by the National Institutes of Health, the Department of Health and Human Services and others.
- $2 billion for funding for prevention and wellness programs, including immunization programs, reducing the incidents of health care-related infections, and the Department of Health and Human Services Wellness and Prevention Fund.
- $7.4 billion for additional medical research through the National Institutes of Health.
- $19 billion for the adoption, installation and training of Health IT systems by private practitioners and hospitals.
- $87 billion for additional federal funding for Medicaid, allowing state budgets to pay less for Medicare and balance their budgets without having to institute cuts.

The White House has launched a new Web site, http://www.recovery.gov, to track how this money is being spent and invite comments, questions and complaints.

CIR Residents Learn About Life After Residency

You survived residency, and now you suddenly have to figure out the next steps. How do you negotiate a contract? How can you manage your debt? Is it a good time to buy a home?

Residents in Northern California, Southern California, Massachusetts and New York got answers to their most pressing questions about life after residency at a recent series of Post-Residency Life Workshops. More than 150 residents attended the sessions.

The workshops covered three main topics: Negotiating an Individual Employment Contract, Trusts and Estates, and Financial Planning, with top experts in each topic presenting detailed information and real-life examples. Attorneys spent time reviewing actual sample contracts with notes about what to look for and which clauses to challenge.

Attendees listed "dealing with debt" as the scariest thing about graduating, and found the financial planning information very useful. They also appreciated the sessions on negotiating a post-residency contract, which covered common pitfalls and how to take into account factors like equity and employee vs. independent contractor status.

"It brought to the surface many important facets of post-residency life to which we residents would otherwise be oblivious," said Dr. Hossein Samadi, a Psychiatry resident at Harbor-UCLA and a CIR Delegate. "I believe the majority of my peers benefit greatly from events such as this, as they provide us with vital information that is not otherwise included in our formal curriculum."

If you were unable to attend the post-residency life workshop in your area and would like a copy of the materials and background information, please contact Mohan Kanungo at **mkanungo@cirseiu.org**.

Announcing CIR's Election Central 2009 Web site

CIR is running elections for national officers, including President, Executive Vice President, Secretary-Treasurer, and Vice President(s) for each region. You should have received, or will receive shortly, a Notice of Elections for CIR National Officers in the mail.

To keep you in the loop during this exciting process, we have created a new "Election Central" Web site – http://election.cirseiu.org. Whether you want to know more about how to become a candidate, or want to read more about the candidates for office once they've been announced, you'll want to check the site regularly.

You'll find:
- A timeline for the election process
- Information on candidate eligibility
- A rundown of the rules and regulations
- The notice of elections for national officers

And coming soon:
- Candidate petitions and other forms
- A sample ballot
- Candidate statements
- And much more!

Be sure to check out http://election.cirseiu.org

CIR 2009 CONVENTION
PHILADELPHIA, PA • MAY 15-17, 2009

All 2009-2010 Delegates and Alternate Delegates are invited to attend the annual CIR National Convention, held in Philadelphia, PA.

Join your fellow Delegates from Massachusetts, New York, New Jersey, Washington DC, Florida, Puerto Rico, California, and New Mexico to learn more about CIR and the issues facing all housestaff. You'll have the opportunity to trade ideas on important matters such as how to prepare for negotiations or implement some of the recommendations by the Institute of Medicine (see pages 4-5), and how to make your hospital a better place – for both residents and patients.

DELEGATES

Delegates' travel and hotel accommodations in Philadelphia, PA (double-room occupancy) will be paid for by CIR. For more information regarding convention travel or registration, please call CIR toll-free at 1-800-CIR-8877, contact your local organizer, or log on to **www.cirseiu.org**.

Delegates are chosen by CIR members in each hospital. Elections will be held during the months of March and April. More information will be mailed to the newly-elected Delegates and Alternate Delegates in the next few weeks.

MEMBERS

Be sure to let your Delegates know what issues you're most concerned about so they can learn more about them at the national convention. And be sure to check out www.cirseiu.org the week of May 18, 2009 for the latest news and pictures from the event.

PHOTOS: BILL BURKE/PAGE ONE PHOTOGRAPHY