


Hosting Visiting Residents from Other Institutions

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Hosting Visiting Residents from Other Institutions

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Objective:

Create a uniform process when hosting residents from other institutions for a rotation experience.

Methodology:

- Secure program approval for rotation
- Collect and review credentialing information (*see *Visiting Resident Worksheet*)
- Execute PLA / Institutional Agreement to comply with accreditation and CMS requirements (*using a standard document expedites the legal process *see agreement*)
- Secure access privileges (ID, computer, meals, housing, dictation)
- Present informative orientation that establishes vital resources and contact points (site supervisor, patient safety and ethics literature, critical locators)
- Liaison with internal departments to provide pertinent information

Visiting Resident Worksheet

Lehigh Valley Health Network
Graduate Medical Education
2010-2011 Visiting Resident / Fellowship Rotation Worksheet

Worksheet must be completed in full and submitted at least 45 days in advance of rotation.
One worksheet per resident, per rotation.

All Areas Must Be Completed

Last Name		Required Attachments
First Name		Copy of SIGNED PA Training License
Middle Initial		JPG photo for Resident ID Badge (email please)
Credentials (MD/DO)		Current Curriculum Vitae (all line notes - medical school to present)
Gender (male/female)		Letter of Malpractice coverage
PGY Level		Statement of Good Standing from Program Director
Home Hospital (Sponsoring Inst)		Current Copies of BLS/ACLS certs
Residency Program (Specialty)		Copy of ECFMG Certificate (IMG only)
Exact Rotation START DATE		Note: All rotations are required to attend orientation and computer training before reporting for clinical training activities.
Exact Rotation END DATE		An arrival email will be sent to visiting rotator with orientation schedule and reporting location.
Rotation Request (LVH Dept.)		Note to coordinators: Please forward a copy of your resident's schedule and completed rotation evaluation to GME Coordinator - address below. This is necessary for GME auditing.
Date of Birth		
Social Security Number		
Medical School		
Medical School Graduation Date (month/DAY/year)	Provide EXACT date, not month/year	
Program Coordinator - Name		
Coordinator Phone		
Coordinator Email		
Resident Cell Phone		
Resident PRIMARY Email		
PA Training License Number		
DVA Number (if applicable)		
NPI Number		
USMLE ID Number (8 digit)		

If resident was enrolled in any other post graduate medical education training between medical school and current program, please complete the following:

Institution	PGY Level	Training Program	Start/End Dates

Forward information to: Kimberly Cornwell - GME Specialist, Division of Education - Office of GME
1247 South Cedar Crest Blvd, Suite 302, Allentown, PA 18103
Email: kim.cornwell@lvh.com Phone: 610-402-2570 Fax: 610-402-2203

Questions:

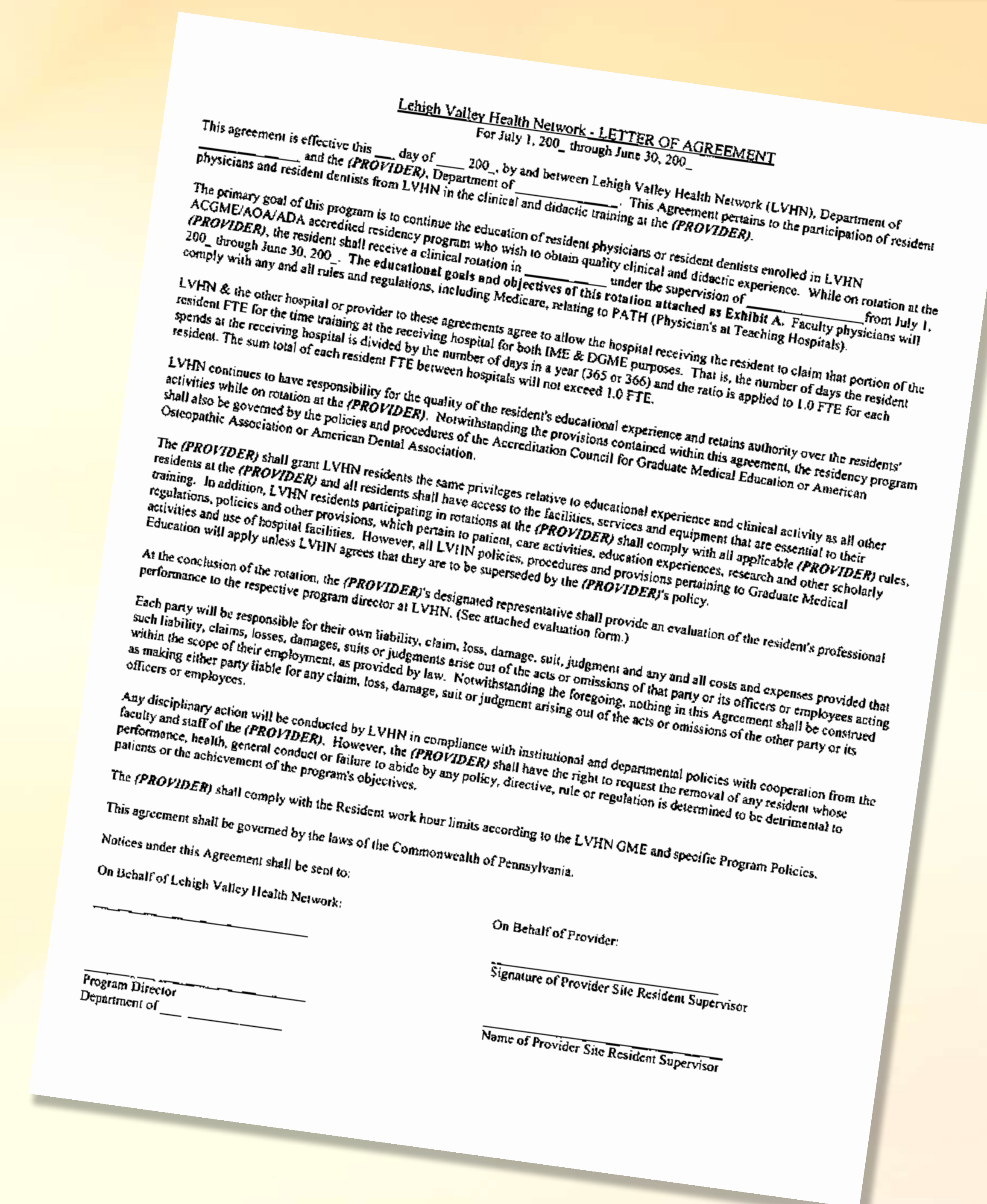
LVHN/GME use only: User ID No. _____ Housing Assignment _____ On-call Schedule _____ Eval _____

Results:

- Paperwork is verified and properly coordinated throughout institution
- Internal departments have universal contact for any visiting resident concerns
- Residents are properly oriented, computer trained, and receive pertinent documentation
- Residents feel welcomed and integrated into a team environment
- Follow-up at end of rotation with confirmation and evaluation of time spent at institution

Summary:

Providing rotational experiences for residents of other institutions provides opportunities for physician recruiting, enhances the teaching environment, assists in balance of service needs, and can add to reimbursement dollars. With proper attention and good organization, hosting visiting residents can be considered a value added component of medical education and quality patient care.



Agreement