

## 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**  
A PASSION FOR BETTER MEDICINE.™

**Graduate Medical Education**  
20010-2011 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		<b>Required Attachments</b>
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 time noted - 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.)		<b>Note to coordinators:</b> Please forward a copy of your resident's schedule and completed rotation evaluation to GME Coordinator - address below. This is necessary for CMS 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		
DEA Number (if applicable)		
NPI Number		
USMLE ID Number (8 digits)		

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: [kimberly.cornwell@lvhn.com](mailto:kimberly.cornwell@lvhn.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

**Lehigh Valley Health Network - LETTER OF AGREEMENT**  
For July 1, 200, through June 30, 200.

This agreement is effective this \_\_\_\_\_ day of \_\_\_\_\_, 200, by and between Lehigh Valley Health Network (LVHN), Department of \_\_\_\_\_ and the (PROVIDER), Department of \_\_\_\_\_.

The primary goal of this program is to continue the education of resident physicians or resident dentists involved in LVHN (PROVIDER), the residents shall receive a clinical rotation in \_\_\_\_\_ under the supervision of \_\_\_\_\_ from July 1, 200, through June 30, 200. The educational goals and objectives of this rotation are attached as EXHIBIT A. Faculty physicians will comply with any and all rules and regulations, including Medicare, relating to PATH (Physician's at Teaching Hospitals).

LVHN & the other hospital or provider to these agreements agree to allow the hospital receiving the resident to claim that portion of the resident FTE for the time spent at the receiving hospital for both GME & DOME purposes. That is, the number of days the resident spends at the receiving hospital is divided by the number of days in a year (365 or 366) and the ratio is applied to 1.0 FTE for each resident. The sum total of each resident FTE between hospitals will not exceed 1.0 FTE.

LVHN consents to have responsibility for the quality of the resident's educational experience and retains authority over the residents' activities while on rotation at the (PROVIDER). Notwithstanding the provisions contained within this agreement, the residency program shall also be governed by the policies and procedures of the Accreditation Council for Graduate Medical Education or American Osteopathic Association or American Dental Association.

The (PROVIDER) shall grant LVHN residents the same privileges relative to educational experience and clinical activity as all other residents at the (PROVIDER) and all residents shall have access to the facilities, services and equipment that are essential to their training. In addition, LVHN residents participating in rotations at the (PROVIDER) shall comply with all applicable (PROVIDER) rules, regulations, policies and other provisions, which pertain to patient, care activities, education experiences, research and other scholarly activities and use of hospital facilities. However, all LVHN policies, procedures and provisions pertaining to Graduate Medical Education will apply unless LVHN agrees that they are to be superseded by the (PROVIDER)'s policy.

At the conclusion of the rotation, the (PROVIDER)'s designated representative shall provide an evaluation of the resident's professional performance to the respective program director at LVHN. (See attached evaluation form.)

Each party will be responsible for their own liability, claims, loss, damage, suit, judgment and any and all costs and expenses provided that such liability, claims, losses, damages, suits or judgments arise out of the acts or omissions of that party or its officers or employees acting within the scope of their employment, as provided by law. Notwithstanding the foregoing, nothing in this Agreement shall be construed as making either party liable for any claim, loss, damage, suit or judgment arising out of the acts or omissions of the other party or its officers or employees.

Any disciplinary action will be conducted by LVHN in compliance with institutional and departmental policies with cooperation from the faculty and staff of the (PROVIDER). However, the (PROVIDER) shall have the right to request the removal of any resident whose performance, health, general conduct or failure to abide by any policy, directive, rule or regulation is determined to be detrimental to patients or the achievement of the program's objectives.

The (PROVIDER) shall comply with the Resident work hour limits according to the LVHN GME and specific Program Policies.

This agreement shall be governed by the laws of the Commonwealth of Pennsylvania.

Notices under this Agreement shall be sent to:

On behalf of Lehigh Valley Health Network:

Program Director \_\_\_\_\_  
Department of \_\_\_\_\_

On behalf of Provider:

Signature of Provider Site Resident Supervisor \_\_\_\_\_  
Name of Provider Site Resident Supervisor \_\_\_\_\_