**Program Letter of Agreement in (insert VUMC Program Name)**

**between**

## Vanderbilt University Medical Center (VUMC)/Participating Site

**and insert Visiting Institution Name/(Sponsoring Institution)**

*This document serves as an agreement between* ***VUMC’s*** *residency and/or fellowship program and a* ***Participating Site*** *involved in* ***House Staff*** *education.*

*For the purpose of this document, the term “House Staff” will refer to Residents, Clinical Fellows and Clinical Fellow/Instructors.*

This Program Letter of Agreement is for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in this blank please fill in either “multiple visiting residents/fellows” or “one visiting resident/fellow” and delete the text between the parenthesis) and is effective from  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (If the above blank is filled in for one visiting resident/fellow then please include in this blank the “Start and End Dates” or if the above blank is fille din for multiple visiting residents/fellows is placed in this blank type “ Effective DATE and will remain in effect for 5 years or until updated, changed, or terminated by the residency or fellowship program and the participating site.” Then delete the text between the parenthesis.)

**1. Persons Responsible for Education and Supervision**

**VUMC Program Director:** (insert Program Director Name)

**VUMC Site Director (if different):** (insert Site Director Name)

**(Visiting Institution) Program Director:** (insert Visiting Institution PD)

**List other faculty members by name or general group who will be supervising the House Staff:** (insert Names of faculty members or group responsible for supervision)

The above mentioned faculty members are responsible for the education and supervision of the **House Staff** while rotating at the **VUMC**.

**2. Responsibilities**

The faculty members at VUMC will provide supervision of House Staff in patient care activities and maintain a learning environment conducive to educating the House Staff in the ACGME Competency areas, as per the VUMC House Staff Manual policies. The faculty members must evaluate House Staff performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

***(Insert who is responsible for distribution of formal evaluations of the House Staff and how these will be distributed back to the Program Director at the Visiting Site. Include evaluation form.)***

House Staff shall be given a clear means of identifying supervising Attending physicians who share responsibility for patient care and will be provided with rapid, reliable systems for communicating with supervising Attendings at all times.

**3**. **Content and Duration of the Educational Experiences**

The content of the educational experiences has been developed according to the ACGME Program Requirements for Graduate Medical Education in the specialty/subspecialty, and include the following goals and objectives:

(***insert goals and objectives here)***

In cooperation with the **program director**, the **site director** and the members of the faculty at VUMC are responsible for the day-to-day activities of the House Staff to ensure the outlined goals and objectives are met during the course of the educational experiences at the participating site.

The duration(s) of the assignment(s) to the participating site is (are):

**(insert dates or length of assignment here)**

**4. Policies and Procedures that Govern Resident Education**

House Staff will be under the general direction of the Participating Institution’s policies and procedures (<https://www.vumc.org/gme/sites/default/files/public_files/HS-Manual-FINAL.pdf> )

# VISITING PLA SIGNATURE PAGE

# VUMC

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| Program Director: **TYPE NAME HERE**Program: **TYPE PROGRAM NAME HERE** |  | Date: |

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| Program Site Director: **TYPE NAME HERE**Program: **TYPE PROGRAM NAME HERE** |  | Date: |

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| Kyla Terhune, MD, MBA, FACSVice President for Educational AffairsACGME/NRMP Designated Institutional Official |  | Date: |

# VISITING INSTITUTION

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| Visiting Program Director: **TYPE NAME HERE**  |  | Date: |