**PLA Cover Sheet**

**This page is not part of the PLA and is for VUMC internal use only, NOT to be included with the PLA when sending to the Affiliate Institution for signature. Please note that for Clinical Fellow/Instructors, in situations where they are working as an independent clinician (credentialed as such in their core specialty), they do not need a PLA. *Do* include this page when submitting the PLA to GME for Dr. Terhune’s signature (She should be the final signature).**

**Program Name: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Type (check one): € Residency € Fellowship € Clinical Fellow/Instructor (in capacity as Clinical Fellow).**

**Affiliate Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VUMC Contract ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required) PEER ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If applicable)**

**Type of rotation this PLA covers (check one):**

**\_\_\_\_\_**Required (designated for completion by all residents/fellows as part of the program)

**\_\_\_\_\_**Elective (selected by the resident in consultation with the program director)

**If Elective, how many residents/fellows is this PLA anticipated to cover? (check one):**

**\_\_\_\_\_**Multiple

**\_\_\_\_\_**One Resident/Fellow, as far as we know (name of Resident/Fellow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLA procedure**

1. Wherever you see **blue text** in the PLA template, replace it with the correct corresponding information.
2. Print the PLA in **black and white.**
3. Obtain signatures, the last signature should be Dr. Terhune’s signature which will be obtained by the GME office (***do*** include this page when you send the PLA to the GME Office for her signature. PLA’s will not be accepted by the GME Office without the cover page.)
	* **If the PLA is part of a contract being initiated at the same time**, upload the PLA (without this page) into PEER (<https://peer.app.vumc.org/login>) to get signatures from the affiliate institution on both the PLA and contract at once. Note in the comments field that PLA is uploaded to obtain signatures. Upload this page separately and name it “PLA Cover Sheet”.
4. An electronic copy of the fully signed PLA will be uploaded to New Innovations, where you will have access to it if you have sufficient permissions for the program. (Users from other programs and residents/fellows will NOT have access to the PLA).
5. PLAs are good for 5 years from the effective date or until there is a change in the rotation information, related VUMC or GME policies or ACGME requirements, or until there is a change in the program’s PD or the Affiliate Institution’s director. New Innovations will send automatic notifications when 5 years is almost up so the PLA can be renewed, if needed.
6. All PLAs should be routed to Megan Whitey for Dr. Terhune’s signature electronically via email. Please let her know if you have any questions.

**Program Letter of Agreement**

**FOR RESIDENT/CLINICAL FELLOW EDUCATION AT AFFILIATED INSTITUTION**

**IN Program Name**

**BETWEEN**

**VANDERBILT UNIVERSITY MEDICAL CENTER**

**AND**

**Institution Name**

# INTRODUCTION

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

The Program Name Program (“PROGRAM”) sponsored by Vanderbilt University Medical Center (“VUMC”) provides a rotation at Institution Name as an Affiliate Institution (“AFFILIATE INSTITUTION”). The overall objective of this Agreement is to enhance the educational experience of house staff (individual “HOUSE STAFF” and collectively as “HOUSE STAFF”) accepted into the PROGRAM by providing a rotation for HOUSE STAFF at AFFILIATE INSTITUTION. Therefore, this Agreement represents AFFILIATE INSTITUTION’S commitment to graduate medical education in the PROGRAM and describes the overall objectives and goals of the PROGRAM at AFFILIATE INSTITUTION.

# OBJECTIVE

The objective of this Agreement is to provide HOUSE STAFF with a sound academic and clinical education. AFFILIATE INSTITUTION and VUMC will work together to ensure that the HOUSE STAFF rotation at AFFILIATE INSTITUTION is carefully planned and balanced with concerns for patient safety and well-being of the HOUSE STAFF. AFFILIATE INSTITUTION and VUMC commit that there will not be excessive reliance on HOUSE STAFF to fulfill service obligations at AFFILIATE INSTITUTION. Since didactic and clinical education must have priority in the allotment of HOUSE STAFF time and energies, the clinical and educational work hour assignments recognize that physicians and HOUSE STAFF collectively have the shared responsibility for the safety and welfare of patients.

# SPECIFIC GOALS AND OBJECTIVES TO BE

**ATTAINED BY THE HOUSE STAFF**

**Type in or Attach Goals and Objectives Here**

**ASSIGNMENT OF HOUSE STAFF and ASSIGNMENT OF RESPONSIBILITY**

HOUSE STAFF will be assigned to AFFILIATE INSTITUTION by the VUMC Program Director. HOUSE STAFF will work under the supervision of the ATTENDINGS at the AFFILIATE INSTITUTION.

Responsibility for the direction and coordination of the educational PROGRAM will be assigned to the Program Director of the PROGRAMat VUMC.

Type in Name of Individual Here (Site Director) will be responsible for oversight and evaluation of HOUSE STAFF at AFFILIATE INSTITUTION and will communicate directly with the Program Director at VUMC.

# LENGTH OF HOUSE STAFF(S) ASSIGNMENT(S)

**Type in Length of Assignment(s) Here**

# HOUSE STAFF RESPONSIBILITIES

**Please include call schedule, conference attendance expectations, etc.**

**HOUSE STAFF EVALUATIONS**

**Insert who will be responsible for distribution of formal evaluations of the House Staff and how these will be distributed back to the Program Director. Include evaluation form if available.**

**POLICIES AND PROCEDURES**

HOUSE STAFF will be subject to the policies and procedures of the House Staff Manual that apply to all VUMC HOUSE STAFF. HOUSE STAFF will also be subject to administrative Policies and Procedures in place at AFFILIATE INSTITUTION. Any conflicts between the Policies and Procedures of AFFILIATE INSTITUTION and those of VUMC will be resolved by the PROGRAM DIRECTOR and the SITE DIRECTOR at the AFFILIATE INSTITUTION, in consultation with the DIO. However, in the event of conflict between the Policies and Procedures of AFFILIATE INSTITUTION and those of VUMC cannot be resolved as outlined herein, VUMC’S Policies and Procedures shall prevail and apply.

VUMC and AFFILIATE INSTITUTION agree as follows:

1. SUPERVISION OF HOUSE STAFF:
	1. VUMC AND AFFILIATE INSTITUTION at all times will adhere to the supervision by appropriately credentialed and privileged ATTENDING PHYSICIANS at the AFFILIATE INSTITUTION and policies established under the guidelines of the AFFILIATE INSTITUTION which can be found [HERE—insert link or attach policies for AFFILIATE INSTITUTION that apply to House Staff in regards to supervision].
	2. If no policies regarding supervision of HOUSE STAFF exist at the AFFILIATE INSTITUTION, the AFFILIATE INSTITUTION agrees to follow “Guidelines for House Staff Supervision” as contained in VUMC’S House Staff Manual at <https://www.vumc.org/gme/sites/default/files/public_files/HS-Manual-FINAL.pdf> and agrees to inform supervising physicians at AFFILIATE INSTITUTION of these policies.
	3. 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 ATTENDING at all times.
	4. Schedules will be structured to provide HOUSE STAFF with appropriate supervision and consultation with the ATTENDING and to provide HOUSE STAFF with progressively increasing responsibility commensurate with their level of education, ability and experience.
2. OVERSIGHT
	1. AFFILIATE INSTITUTION will have written policies and procedures consistent with VUMC and these policies will be distributed to HOUSE STAFF and VUMC. Clinical and educational work hours will be monitored with a frequency sufficient to ensure an appropriate balance for HOUSE STAFF between education and service.
	2. AFFILIATE INSTITUTION and VUMC will provide back-up support systems when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fatigue of HOUSE STAFF which is sufficient to jeopardize patient care.

# FINANCIAL ARRANGEMENTS AND BENEFITS

Financial arrangements and benefits are defined in the Contract between AFFILIATE INSTITUTION and VUMC pertaining to the PROGRAM educational experience at AFFILIATE INSTITUTION.

# PLA SIGNATURE PAGE:

# VUMC

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

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

# *AFFILIATE INSTITUTION*

|  |  |  |
| --- | --- | --- |
| Name: **TYPE NAME HERE**Title: **TYPE TITLE HERE** |  | Date: |

# SITE DIRECTOR

|  |  |  |
| --- | --- | --- |
| Site Director Name: **TYPE NAME HERE**  |  | Date: |