

**Educational Affiliation Between  
Franklin Square Hospital, Department of Medicine  
And  
Affiliate Institution \_\_\_\_\_, Department of \_\_\_\_\_  
(or name of private physician where resident is rotating)**

**Elective Rotation**

1. **Sponsoring Institution:** Franklin Square Hospital Center  
**Affiliate Institution:** *Name and address* \_\_\_\_\_ *(or Name and address of private physician)*
2. **Sponsoring Institution Program:** Department of  
**Affiliate Institution Liaison Director:** \_\_\_\_\_  
*(individual at Affiliate Institution responsible for resident education and supervision while rotating to this institution)*
3. **Educational Goals and Objectives:** *(Articulate here or attach existing goals and objectives from your program curriculum.)*
4. **Period of Assignment:** \_\_\_\_\_ residents in their \_\_\_\_\_ year of training will rotate for a \_\_\_\_\_ month **elective** period.
5. **Rotating Resident's Name and Dates of Rotation:**
6. **Term of Agreement:** *( Indicate Academic Year, i.e., July 1, 2008 – June 30, 2009)*
7. **Financial Support and Benefits:**  
The sponsoring institution will continue to provide salary, health, and welfare benefits to the resident/fellow during the rotation. The sponsoring institution will provide professional liability coverage in amounts not less than 1 million dollars per incident and 3 million dollars annual aggregate for services rendered by the resident/fellow at the affiliate institution during the rotation.
8. **Institutional responsibility for teaching, supervision, and evaluation of residents:** The liaison director is responsible for ensuring appropriate training and supervision of each resident rotating to their institution. All resident participation in the care of patients will occur with appropriate attending physician supervision, which will be monitored by the liaison director. Liaison Director (or designee) will complete the attached evaluation form at the end of each resident's rotation and will forward the evaluation to the Program Director.
9. **Policies and Procedures that Govern Residents:** With respect to patient care, residents shall be under the purview of the policies of the affiliate institution. Any decisions regarding evaluation, promotion, discipline, termination and fair hearing shall be held consistent with the policies and procedures of the sponsoring institution. The liaison director shall attempt to resolve disciplinary problems involving rotating residents. To the extent that the liaison director cannot resolve these problems, the liaison director will refer these problems to the Program Director for final decision. The sponsoring institution shall have ultimate responsibility for the discipline of residents and the

appeals process related to resident discipline. In such a case, the Sponsoring Institution's decision is binding upon all parties.

The affiliate institution has the right, without notice, to deny access to its facility and patients to a resident when, in the judgement of the institution, the resident poses a risk to the patients or staff, or to himself/herself, or the resident does not conform to the significant safety, health or other policies required by that institution. The liaison director shall immediately notify the Program Director who shall notify the Director of Medical Education of this action and the reasons therefore. The affiliate institution shall jointly participate with the Program Director and any other parties deemed appropriate in efforts to resolve the situation, either through remediation or reassignment of the resident, facilitation or treatment of the resident if necessary, or other measures.

**For Name of Hospital:**

\_\_\_\_\_  
Date

Program Director

\_\_\_\_\_  
Date

Department Chair

\_\_\_\_\_  
Anthony O. Sclama, M.D., MSB      Date  
Vice President for Medical Affairs

\_\_\_\_\_  
Kelly Karpovich      Date  
Director, Medical Education-MedStar

**For (Affiliate Institution):**

\_\_\_\_\_  
Date

*Insert Name*  
Liaison Director

\_\_\_\_\_  
Date

*Dept. for affiliate institution (leave blank  
if private office)*

\_\_\_\_\_  
VP 's name if applicable      Date