



specify length) rotations as assigned by LSU School of Medicines (program name) Program Director and UMCNO.

Financial arrangements i.e. resident salary, benefits, and professional liability insurance are provided and paid by LSU School of Medicine with or without reimbursement from the Affiliating Entity pursuant to the Affiliation Agreement and Supplement(s) thereto between LSU School of Medicine and UMCNO. (Resident(s)/fellow(s)) will be under the general direction of the LSU School of Medicine House Staff Policy and Procedure Manual to include, in part, policies related to benefits and leave time.

**4. Responsibility for Teaching, Supervision, and Evaluation of Residents**

(The individual) at UMCNO as appointed by the Department of (program name) will be responsible for providing adequate supervision of the (resident(s)/fellow (s)) during the course of their educational experience while rotating at UMCNO as embodied by both LSU School of Medicine House Staff Policy and Procedure Manual, and UMCNO department' s staff policies. Residents will be expected to be supervised in all their activities commensurate with the complexity of care being given and the residents own abilities and experience.

Resident evaluations will be formal and informal. Physicians with significant contact with a LSU School of Medicine (resident or fellow) will complete an evaluation form supplied by (name of program) at the conclusion of the residents rotation at UMCNO. LSU School of Medicine residents and fellows shall complete evaluation for UMCNO rotation and the teaching faculty. Evaluations are to be sent to (Program Director).

**5. Policies and Procedures for Education that Govern Residents**

The Program Director at LSU School of Medicine is ultimately responsible for the oversight of all resident activities. The policies and procedures as specified in the Affiliation Agreement and Supplements thereto with UMCNO will govern residents.

Any exceptions to these policies will take effect only with a written agreement between the responsible officials at LSU School of Medicine and UMCNO and will be placed as an addendum to this Letter of Agreement.

\_\_\_\_\_  
Name, (program name) Program Director, date

\_\_\_\_\_  
Name and Title UMCNO, date  
Supervisor

\_\_\_\_\_  
Charles Hilton, MD, DIO  
Associate Dean for Academic Affairs  
LSU School of Medicine-New Orleans

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William J. Masterton, President & CEO UMCNO, date