

New York Presbyterian Hospital
CLINICAL OBSERVER CHECKLIST

Below is a list of documents that **MUST** be submitted with your Observer Application

Letter from the Chairman/Chief

Completed and signed clinical observer application

Curriculum Vitae

Signed confidentiality agreement

Clinical Observership Program Policy

A government issued ID which must be verified by either an NYPH or university employee

Two letters of professional references from Director level persons at clinical observer's home institution

Security Form

For clinical observers coming from non-English speaking countries, observer must submit evidence of language competency in oral and written English (e.g., score of Test of English as a Foreign Language or another equivalent test). If neither test score is available, a telephone interview to assess English proficiency is required

A clinical observer must undergo health clearance which can be completed as follows:

If observership is less than 90 days, the applicant may complete a Health Clearance Attestation form.

If observership is greater than 90 days, the applicant is required to obtain medical clearance from the NYPH Work Force Health and Safety Department

If your observership is at the Weill Cornell Campus for an appointment call 212-746-9001, Option 5

If your observership is at the Columbia Campus for an appointment call 212-305-7590

NOTE: International practitioners must submit the above documents to International Services. Practitioners practicing within the United States must submit the above documents to the clinical Department which will in turn submit to the Medical Staff Office.

Clinical Observership Program

PROGRAM APPLICATION

(Please type or print)

Please place a checkmark (X) indicating the primary campus you prefer to spend your clinical observership experience:

_____ **Weill Cornell Medical Center**

_____ **Columbia University Medical Center**

Clinical Department to which application is being submitted: _____

I. PERSONAL AND DEMOGRAPHIC INFORMATION

Name: _____
Last First Middle

Other name(s) which you have been identified under:

_____ Effective from: ____/____/____ to: ____/____/____
(Last, First, Middle)

Gender: Male Female

Social Security Number (if applicable): _____ Date of Birth: _____

New York State License Number (if applicable): _____

Issue Date: ____/____/____ Expiration: ____/____/____

Other State License Number (if applicable) : _____ State of License: _____
Expiration __/__/__

Educational Commission for Foreign Medical Graduates (ECFMG) Number: _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Country _____

Home Phone Number: _____ Mobile : _____

Email Address: _____ Fax: _____

II. CURRENT POSITION:

Hospital/Facility: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Phone Number: () _____ Fax Number: () _____

Rank/Title: _____ Department _____

Beginning: ____/____/____ Ending: ____/____/____

If less than three years in your current position:

Former Hospital/Facility: _____

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Phone Number: () _____ Fax Number: () _____

Rank/Title: _____ Department _____

Beginning: ____/____/____ Ending: ____/____/____

III. EDUCATIONAL INFORMATION

Name of Medical School: _____

Address: _____

City: _____ State/Country: _____ Country: _____

Phone Number: () _____ FAX Number: () _____

Attended From: ____/____/____ To: ____/____/____

IV. USMLE TEST SCORES (FOR APPLICANTS OF NON-ENGLISH SPEAKING COUNTRIES)

Proficiency of the English language is required for all physician observers at NewYork-Presbyterian Hospital (NYPH). While NYPH does not require language testing for Observers, the Office of International and Corporate Health (at its own discretion) reserves the right to seek additional proof of English Language proficiency

USMLE I _____ USMLE II (CK) _____ USMLE II (CS) _____ USMLE III _____

Do you speak English? Fluent _____ Good _____ Average _____ Poor _____

Do you read/write English? Fluent _____ Good _____ Average _____ Poor _____

VIII. PROFESSIONAL REFERENCES

NYPH Peer Reference Letter which is found in your packet should be sent to two individuals who have knowledge of your current clinical abilities, work ethics, health status and can / will provide specific written comments on these matters upon request from NewYork-Presbyterian Hospital. The named individuals must have acquired the requisite knowledge through recent observation of your professional practice over a reasonable period of time, and at least one must have had organizational or supervisory responsibility for your professional performance. None of the individuals should be related to you by family or current or impending professional partnership. (Suggested sources: Chief of Training Program, Department Chairperson or practitioners in the same specialty).

Reference Letter # 1

Name of Person Completing Letter: _____ Title: _____

Reference Letter # 2

Name of Person Completing Letter: _____ Title: _____

IX. QUALITY FOCUSED QUESTIONS:

HEALTH STATUS:

Do you currently have any mental or physical condition that would:

1. Compromise your ability to perform any essential functions of your responsibilities? Yes No
2. Adversely affect your ability to perform the essential functions required by the clinical observership you are requesting? Yes No
3. Are you habituated or addicted to depressants, stimulants, narcotics, alcohol or drugs or any substances which may alter your behavior? Yes No

If the answer to any of the foregoing questions is YES, please provide a full explanation on a separate sheet and attach.

PROFESSIONAL CONDUCT:

1. Have you ever been found guilty of professional misconduct as defined by the laws of New York State or the state or country where you reside or any other jurisdiction? Yes No
2. Are any professional misconduct proceedings pending against you in any state or jurisdiction?..... Yes No
3. Have proceedings ever been instituted against you or are there currently pending any proceedings by any state or country to have your license to practice suspended, revoked, terminated, limited, denied, not renewed or subject to probationary status either voluntarily or involuntarily? Yes No
4. Have proceedings ever been instituted against you or are there currently pending any proceedings by any state or country to have your controlled substance authorization/license, denied, revoked, not renewed, reduced, suspended or otherwise limited either voluntarily or involuntarily? Yes No
5. Have you ever had a hospital, health care facility or other health care organization invoke probation, issue a reprimand, impose proctoring (other than proctoring when privileges are initially granted), require a second opinion or initiate an investigation of your professional conduct or competency? Yes No

6. Have you ever had a sanction of any kind imposed by any health care organization, health care institution, licensing authority or other governmental entity, or voluntarily or involuntarily resigned under threat of the same? Yes No
7. Have you ever been convicted of any crime related to your clinical, medical, dental or professional practice? Yes No
8. Do you have any felony, grand jury indictment or other criminal charges pending?..... Yes No
9. Have you ever been convicted of, found guilty of or pled no contest to a felony, grand jury indictment or crime, other than a minor traffic violation? Yes No
10. Have you ever been denied membership in or voluntarily or involuntarily been terminated by any professional organization? Yes No
11. Have you ever had any sanctions or disciplinary actions executed against you by a Professional Standards Review Organization (PSRO), utilization or quality control Peer Review Organization (PRO) or any professional organization? Yes No
12. Have you ever been found guilty of violations of Patients' Rights? Yes No

X. CONFIDENTIALITY AGREEMENT

As a clinical observer at NewYork-Presbyterian Hospital (Hospital), I understand that I may have access to confidential information which may include, but is not limited to, information relating to:

- patients (such as records, conversations, admission information, patient financial information), including specially protected HIV related information.
- employees, affiliates, other practitioners (such as strategic plans, internal reports, memos, peer review information, communications, proprietary computer programs, source code, proprietary technology), and
- third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology).

Accordingly, as a condition of, and in consideration of my access to confidential information and my participation in the clinical observership program, I promise that:

I will use confidential information only as needed by me to perform my legitimate duties as a clinical observer. This means, among other things, that:

- I will not access confidential information that I have no legitimate need to know;
- I will not in any way divulge, copy release, sell, loan, revise, alter, or destroy any confidential information, except as properly authorized within the scope of my professional activities as a clinical observer affiliated with NewYork-Presbyterian Hospital;
- I will not misuse confidential information or, by failing to safeguard confidential information, allow unauthorized persons to obtain or access confidential information;
- I will safeguard and will not disclose any authorization given to me that allows me to access information;
- I accept responsibility for all activities undertaken using my authorization information;

- I will report to the Medical Staff Office or the Graduate Staff Office, as applicable, any suspicion or knowledge that my authorization or any confidential information has been misused or disclosed without the Hospital's authorization;
- I understand that reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities;
- I understand that my obligations under this Agreement will remain in effect at all times during my participation as a clinical observer and continue after my termination or expiration of my participation;
- I understand that I have no right or ownership interest in any confidential information referred to in this Agreement. NewYork-Presbyterian Hospital may at any time revoke my authorization, or access to confidential information; and
- I understand that my failure to comply with the terms of this Agreement will result in the imposition of sanctions in accordance with Hospital policy, Medical Staff Bylaws, State and federal law, and may include suspension and termination of my participation in the clinical observership program.

XI. REPRESENTATIONS

I have had an opportunity to read a copy of the Hospital policies and directives as are applicable to the clinical observership program. I specifically agree to abide by the bylaws, policies, rules and regulations, and directives that are in force during the time that I am a member of the clinical observership program.

XII. NOTICE OF IMMUNITY

I understand that the Hospital and its authorized representatives are entitled to seek immunity under New York State Public Health Law §2805-m(3), New York State Education Law §6527(5) and the Health Care Quality Improvement Act (42 USC §11101 *et seq*) (HCQI) and all remedies thereunder in the event that I sue the Hospital or its authorized representatives for good faith actions, recommendations, reports, statements, communications, or disclosures involving me and related to- my professional qualifications (credentials), clinical competence, character, physical and mental condition, ethics, behavior, or any other matter bearing on my qualifications for participation in the clinical observership program.

XIII. AFFIRMATION

I represent that information provided in or attached to this application is accurate. I understand that a condition of this application is that any misrepresentation, misstatement, or omission from this application may be cause for automatic and immediate rejection of this application and may result in the denial of participation in the clinical observership program. Upon subsequent discovery of such misrepresentation, misstatement, or omission, the Hospital may terminate my participation in the clinical observership program.

Applicant's Name

Applicant's Signature

Date

NewYork-Presbyterian Hospital
CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT, dated as of this ____ day of _____, 201_, by and between _____ (the "Guest Visitor") and The New York and Presbyterian Hospital ("NYPH") is entered into in connection with NYPH allowing the Guest Visitor onto its _____ (write in either Weill Cornell or Columbia University) Medical Center campus for the purpose of observing patients of NYPH in the Department of _____ (the "Program").

As a condition to NYPH allowing Guest Visitor access to its facilities, the Guest hereby agrees as follows:

1. The Guest Visitor may have access to certain information which is either non-public, confidential or proprietary in nature, including information concerning NYPH's patients. Any and all such information furnished to or accessed by the Guest Visitor or provided to Guest Visitor by a patient in connection with the Program shall be considered confidential and all such information is hereinafter referred to as the "Confidential Information."
2. The Confidential Information shall be kept confidential and shall not, without NYPH's, and the individual patient's, prior written consent be disclosed by the Guest Visitor and shall be used by the Guest Visitor solely for the purpose of her own personal evaluation of the Program.
3. Confidential Information shall not include information (a) generally available to and known by the public (other than as a result of its unauthorized disclosure by a party); (b) available to a party on a non-confidential basis prior to disclosure (other than information previously forwarded to you in connection with the Program); or (c) that is received by a party on a non-confidential basis from a third person who is not under an obligation to maintain the confidentiality of the information.
4. Without NYPH's prior written consent, unless required or compelled by process of law, the Guest Visitor shall not disclose to any other person that the Confidential Information has been made available or the contents of the Confidential Information. In the event the Guest Visitor is required by law to disclose Confidential Information, the Guest Visitor shall give prompt notice to NYPH of such request for disclosure and shall reasonably cooperate with NYPH in any efforts it may undertake to limit or seek a protective order over the required disclosure.
5. The Guest Visitor acknowledges and agrees that these prohibitions against disclosure of Confidential Information are in addition to, and not in lieu of, any rights or remedies which the NYPH may have available pursuant to the laws of any jurisdiction or at common law to prevent the disclosure of trade secrets or proprietary information, and the enforcement by NYPH of any of its rights and remedies pursuant to this Agreement shall not be construed as a waiver of any other rights or available remedies which it may possess in law or equity absent this Agreement.

6. The Guest Visitor acknowledges and agrees that NYPH would not have an adequate remedy at law and would be irreparably harmed in the event that any of the provisions of this Agreement were not performed in accordance with their terms. Accordingly, the Guest Visitor agrees that NYPH shall be entitled to injunctive relief to prevent breaches of this Agreement and to specifically enforce the terms and provisions hereof, in addition to any other remedy to which NYPH may be entitled, at law or in equity.

7. Guest Visitor understands that his/her obligations under this agreement will continue after the period of time that I am a guest observer. Guest Visitor further understands will be responsible for my conduct during the time he/she is a guest observer.

8. The Guest Visitor agrees to indemnify, defend and hold NYPH harmless for any claims, suits, actions or damages incurred by NYPH arising out of or in connection with this Agreement or the breach thereof, or either Guest Visitor's negligence.

9. The parties agree that nothing in this Agreement shall obligate either party to enter into a business transaction or relationship with the other.

10. This Agreement shall be governed and construed in accordance with the laws of the State of New York without giving effect to the principles thereof relating to the conflicts of laws. Any and all proceedings relating to the subject matter hereof shall be maintained in the courts of the State and County of New York or the Federal District Court of the Southern District of New York, which courts shall have exclusive jurisdiction for such purpose.

11. No amendment, change or waiver to this Agreement shall be valid unless in writing signed by both parties.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers on the day and year first above written.

THE NEW YORK AND PRESBYTERIAN HOSPITAL

GUEST VISITOR/OBSERVER

By: _____
Signature
Name: _____
Please print
Title: _____

By: _____
Signature
Name: _____
Please print

On _____ (date(s)) I am the guest of (please print):

Name: _____ Dept/Div: _____

Clinical Observership Program

Program Policy

Purpose

The Clinical Observership Program offers clinicians from other healthcare institutions an opportunity for ongoing training and education at the New York-Presbyterian Hospital (NYPH), however, without involvement in “hands-on” or any direct patient care activities.

Policy

1. A clinical observer is a physician, dentist, doctor of philosophy (PhD), or medical resident who is involved in clinical practice and desires to visit the New York-Presbyterian Hospital for an informal educational experience.
2. The length of an observership may range from one day to three months. Upon approval of the Service Chief, observership status may be extended for up to three additional months. The Service Chief must clearly state why the observership is being extended and exactly what the clinical observer will be doing.
3. Clinical observerships may be requested by an NYPH Service Chief, medical staff member or directly by the clinician interested in an observership at NYPH.

NOTE: Observership requests made by medical students will not be granted. Interested medical students will be advised to contact the appropriate department within the medical college directly.

4. Observerships will not be granted for patient’s family members who wish to observe surgeries, procedures or other clinical encounters.
5. Any physician, dentist, PhD, or resident requesting a clinical observership must be sponsored by a member of the NYPH medical staff and must have approval of the Service Chief. The clinical observer is also required to be appropriately registered with the Medical Staff Office prior to commencement of the observership experience.
6. A clinical observer is not allowed to have any patient care responsibilities or engage in any “hands-on” experience with patients and their families. Clinical observers must always be accompanied by their sponsor or a university/hospital employee while on patient/clinical care areas.
7. A clinical observer may attend educational conferences, seminars and committee meetings. An observer may also watch surgeries or other procedures, patient care rounds and patient history and physical taken by the sponsor or other hospital/university clinician.
8. A clinical observer must be fluent in English and must submit the following documents as part of the application process. If the observer is part of a group at least one of the members of the visiting team must be fluent in English.
 - a. Completed clinical observer application
 - b. Curriculum Vitae
 - c. Signed confidentiality agreement
 - d. Signed waiver of liability, consent and immunity form

- e. A government issued ID that must be verified by either an NYPH or university employee
- f. Two letters of professional references from Director level persons at clinical observer's home institution
- g. For clinical observers coming from non-English speaking countries, observer must submit evidence of language competency in oral and written English (e.g., score of Test of English as a Foreign Language or another equivalent test). If neither test score is available, a telephone interview to assess English proficiency is required

NOTE: All correspondence and documents must be made in English.

- 9. A clinical observer must undergo health clearance which can be completed as follows:
 - a. If observership is less than 30 days, the applicant may complete a Health Clearance Attestation form.
 - b. If observership is greater than 30 days, the applicant is required to obtain medical clearance from the NYPH Work Force Health and Safety department.

NOTE: International practitioners must submit the above documents to International Services. Practitioners practicing within the United States must submit the above documents to the clinical Department which will in turn submit to the Medical Staff Office.

- 10. The Medical Staff Office must obtain
 - a. A letter from the Service Chief requesting the observership including the exact dates of the observership, area of practice, procedures to be observed, and the name of NYPH medical staff member responsible for observer.
 - b. Primary source:
 - i. For those practicing in the United States
 - License
 - OIG
 - NPDB
 - Criminal Background Check
 - ii. For those practicing outside of the United States
 - ECFMG
 - If not registered with ECFMG, observer will need to submit a Professional School Verification with a raised seal
 - International Background Check
- 11. No certificate will be given to the clinical observer; however, upon request by the observer the Medical Staff Office will issue a form letter acknowledging the date and type of observership completed and the name of sponsor.
- 12. On the first day of the observership, the clinical observer is required to go to the clinical department of the observership, obtain an "ID badge authorization letter." The clinical observer will then present the letter to the security department and obtain the NYPH temporary ID badge. On the last day of the observership and prior to departure from NYPH, the clinical observer will return the temporary ID badge to the security department.
- 13. Clinical observers may be charged a fee for their observership.

- a. Application fee
 - b. Background Check fee
 - c. Observership fee based on period of time spent at NYP.
14. If a clinical observer fails to adhere to any of the rules of the observership program or NYPH's policies and procedures, the clinical observerships will be immediately terminated.

**Clinical Observership Program
Guidelines for Clinical Observers
& Observership Agreement**

The following is a summary of guidelines clinical observers must adhere to while at the New York-Presbyterian Hospital (NYPH).

- Clinical observers are not considered employees of NYPH or members of the medical staff. Therefore, they will not act as members of the medical staff or employees.
- Clinical observers do not receive any salary, other remuneration or compensatory reimbursements or benefits from NYPH.
- Clinical observers must wear the NYPH ID badge at all times while on hospital premises.
- Clinical observers may not be required to secure malpractice insurance. NYPH will not be responsible for the securing malpractice insurance for clinical observers.
- Clinical observers must be clearly identified to all patients and staff, and permission must be obtained from each patient (or proxy) for observer to be present during any encounter / procedure. Should a patient request a clinical observer to leave at any point during an encounter, the observer must leave at once.
- Clinical observers may not engage in any "hands-on" experience or activities with patients.
- Clinical observers may attend case discussions, patient care or teaching rounds, seminars, and committee meetings.
- Clinical observers may rotate in any clinical departments within NYPH and as directed or supervised by the sponsor. Areas may include inpatient or outpatient services, operating rooms, procedures areas such as interventional radiology, cardiac catheterization laboratory, and others.
- Clinical observers may not behave or speak in any manner that would lead a patient or family member to believe they are practicing physicians on staff at NYPH.
- Clinical observers are responsible for own personal transportation, accommodations, meals, medical insurance (if necessary), required immunizations and any other personal expenses incurred while at NYPH.

- Clinical observers are eligible to receive a certificate of attendance/completion of clinical observership at NYPH. They will not be entitled to receive any letters of reference, recommendation or commendation from their NYPH sponsor or mentor.
- Participation in the clinical observership program at NYPH will not have any bearing on any pending or future internship, residency, fellowship, or employment applications at NYPH or its affiliated medical schools.
- Clinical observerships can up to three months in length, but can be extended up to three additional months upon approval by Service Chief.
- Clinical observers are expected to adhere to all NYPH standards, rules and regulations, as well as all applicable laws while at NYPH.
- Clinical observers may not receive an NYPH computer access, engage in obtaining patient consents for procedures, write treatment orders or progress notes, administer treatments to patients, or indicate an affiliation with NYPH in any publications.
- A clinical observership may be terminated (or its duration may be changed) by the observer or the NYPH sponsor at any time.

I understand and agree to abide by the guidelines outlined above

Clinical Observer's Name

Clinical Observer's Signature

Date

NYPH Sponsor's Name (or designee)

NYPH Sponsor's Signature (or designee)

Date

TO: SECURITY IDENTIFICATION ROOM

**FROM: Erica Maureen Carder, MA, Manager Medical Staff Services
Office of Medical Affairs**

DATE:

RE: Security Identification Badge

Please issue a temporary identification for:

Name:

Department:

Dates:

SS#: XXX-XX- (enter last 4 digits)

Title:

Hospital ID#:

Print Name of Observer

Phone Number

**If you should have any questions, please contact the Medical Affairs Office at
Extension 212-585-6410.**

**MD Attestation of Medical Fitness
To Provide/Observe Patient Care (for 90 days or less)**

Submit to Workforce Health & Safety
Please print legibly

Name: _____; Circle one: (MD / DO)
DOB: __/__/__; Email: _____; Phone: _____; Circle one: (Attending/Fellow/Resident)
Visit start date: __/__/__ & end date: __/__/__ (for 90 days or less)
Direct Supervisor's Name for the visit: _____; Supervisor's Department: _____
Supervisor's Email: _____; Supervisor's Phone: _____

I, Dr. _____, understand that to be granted temporary privileges at New York-Presbyterian Hospital ("NYPH"), I must be free of any health impairment, including habituation or addiction to alcohol or drugs or other behavior altering substances, that could pose a potential risk to patients or impede my ability to perform my duties. I hereby attest that I am free of any such impairment. In further support of my application for temporary privileges, I also attest that:

1. During this visit I will be (check one):
 - providing patient care directly
 - observing patient care
2. If providing patient care directly, I currently possess a license to practice medicine in the State of New York or am able to practice medicine in New York pursuant to an exemption listed in, and as limited by, New York Education Law section 6526 (a copy of which is set forth on the back of this form).
3. I am immune to the following infectious diseases because I have either contracted the disease(s) or have received vaccination or have a positive titer: Measles, Mumps, Rubella, Varicella.
4. I do not have active tuberculosis and regularly participate in a workforce tuberculosis surveillance program.
5. I have been offered Hepatitis B vaccination and (check one):
 - have accepted and completed the series of Hepatitis B vaccinations
 - declined Hepatitis B vaccination and signed the OSHA declination form.
6. I am fully able to adhere to standard precautions, when applicable: personal protective equipment, respiratory hygiene/cough etiquette and safe infection practices.
7. I do not take prescribed or unprescribed drugs that may impair my cognition, judgment, or physical dexterity in such a way that could pose a hazard to patients
8. I have the following other past medical history not mentioned above: _____

9. I have not traveled to a CDC designated Ebola Virus affected country in the past 21 days. For a list of affected countries please see the CDC website: <http://wwwnc.cdc.gov/travel/notices>
10. For this flu season I have (check one):
 - Received the influenza vaccination: date of last flu vaccination: __/__/__. And I will obtain NYP Flu Sticker from WH&S.
 - Declined the influenza vaccination, and if I declined vaccination, I agree to wear a surgical mask in designated areas during the "mask on" period designated by the New York State Commissioner of Health

Signature

*Date cannot be earlier than 3 months prior to your start date.

Date*

New York State Education Law

§ 6526. Exempt persons

The following persons under the following limitations may practice medicine within the state without a license:

1. Any physician who is employed as a resident in a public hospital, provided such practice is limited to such hospital and is under the supervision of a licensed physician;
2. Any physician who is licensed in a bordering state and who resides near a border of this state, provided such practice is limited in this state to the vicinity of such border and provided such physician does not maintain an office or place to meet patients or receive calls within this state;
3. Any physician who is licensed in another state or country and who is meeting a physician licensed in this state, for purposes of consultation, provided such practice is limited to such consultation;
4. Any physician who is licensed in another state or country, who is visiting a medical school or teaching hospital in this state to receive medical instruction for a period not to exceed six months or to conduct medical instruction, provided such practice is limited to such instruction and is under the supervision of a licensed physician;
5. Any physician who is authorized by a foreign government to practice in relation to its diplomatic, consular or maritime staffs, provided such practice is limited to such staffs;
6. Any commissioned medical officer who is serving in the United States armed forces or public health service or any physician who is employed in the United States Veterans Administration, provided such practice is limited to such service or employment;
7. Any intern who is employed by a hospital and who is a graduate of a medical school in the United States or Canada, provided such practice is limited to such hospital and is under the supervision of a licensed physician; or
8. Any medical student who is performing a clinical clerkship or similar function in a hospital and who is matriculated in a medical school which meets standards satisfactory to the department, provided such practice is limited to such clerkship or similar function in such hospital.
9. Any dentist or dental school graduate eligible for licensure in the state who administers anesthesia as part of a hospital residency program established for the purpose of training dentists in anesthesiology.