Title: Visiting Resident Rotations

Policy Statement

Recognizing that maintaining high quality residency and fellowship programs is dependent on adequate resources, faculty and patients, the USF Morsani College of Medicine and Office of Graduate Medical Education (“GME”) have established policies regarding Visiting Residents and Fellows (hereinafter “Residents”) from other institutions rotating in USF-sponsored programs.

Along with the ACGME, the Office of GME is committed to the policy that the presence of other learners must not interfere with the educational experience of USF-appointed Residents. The program director MUST report the presence of these other learners to the DIO and the GMEC in accordance with the ACGME requirements.

In addition, the University recognizes the need to ensure continuation of salary, benefits, and malpractice liability coverage from the visiting resident’s home institution.

Programs that have been denied an ACGME complement change in the past 12 months will not be permitted to accept visiting residents.

Visiting Residents will not be processed from March 1- June 30th each year due to requirements of incoming USF Health trainees, and paperwork must be completed thirty (30) days prior to anticipated start of Visiting Resident Rotation.

Procedure

The Visiting Resident requests approval from the USF Program, completing the Visiting Resident Appointment Form (attached) and returns to the Education Coordinator, who submits to the GME Office, verifying that the Visiting Resident is in good standing in an ACGME-accredited program.

Education Coordinator obtains Program Director signature on Approval Form and submits to Office of GME along with required documentation requested (proof of salary, benefits, malpractice coverage, proof of FL medical license, etc.). Education Coordinator ensures Visiting Resident has completed a recent background check and drug screen, HIPAA training, and submits completed USF communicable disease paperwork to Health Administration for review/clearance.

Education Coordinator schedules Visiting Resident for any EMR training as needed at Affiliated Institution, ensuring Visiting Resident also has appropriate USF ID and/or Affiliate ID badge.

Office of GME reviews supporting documentation, advising Education Coordinator of any deficiencies, and completes Affiliation Agreement and Voluntary Professional Services Agreement and sends to USF Office of General Counsel for review/revision as appropriate and Vice Dean
signature. Office of GME returns copy to Education Coordinator for execution by off-site rotation/institution and obtains DIO signature on Approval Form. Fully executed copies of all documents returned to Education Coordinator.

APPROVED:  

[Signature]

Vice Dean, Graduate Medical Education

c:p&p\visiting residents

REVIEWED, APPROVED – 8/2010; 1/2015; 6/2017
USF HEALTH – Morsani College of Medicine
VISITING RESIDENT APPOINTMENT FORM

Completed by Visiting Resident/Fellow

<table>
<thead>
<tr>
<th>Visiting Resident Name: ________________________________, MD / DO</th>
<th>PGY Level: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Rotation for which application is being made: ________</td>
<td></td>
</tr>
<tr>
<td>Subspecialty (if applicable): ________________________________</td>
<td></td>
</tr>
<tr>
<td>START DATE: ________________ END DATE: ________________</td>
<td>SEX: M / F</td>
</tr>
<tr>
<td>USF Rotation Supervisor: ________________________________</td>
<td>Location of Hospital Rotation: ________________________________</td>
</tr>
<tr>
<td>Tampa Area Address: ________________________________</td>
<td>Zip: ________</td>
</tr>
<tr>
<td>Phone: ________________________________</td>
<td>E-Mail: ________________</td>
</tr>
<tr>
<td>Medical School: ________________________________</td>
<td>ECFMG #: ________</td>
</tr>
<tr>
<td>CURRENT Program Information:</td>
<td></td>
</tr>
<tr>
<td>Institution: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Program Contact: NAME / PHONE #: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Specialty: ________________________________</td>
<td>Year Started: ________</td>
</tr>
</tbody>
</table>

Completed by Program / Education Coordinator

- [ ] Visiting Resident current program is ACGME-accredited
- [ ] Salary Continuation (document)
- [ ] Current Malpractice Continuation for State of FL (document)
- [ ] Has Health Benefits (document)
- [ ] Approved by Florida Board of Medicine to practice at USF (FL Medical License # _____________)
- [ ] Proof of recent HIPPA training
- [ ] Completed Communicable Disease Forms (copy attached)
- [ ] Has completed required affiliate training and/or paperwork / Has appropriate USF and/or Affiliate ID badge
- [ ] Proof of recent Background Check and Drug Screen (within past 12 months)
  (Note: One completed for FL BOM is acceptable)
- [ ] Ensures presence of other learners will not interfere with educational experience of USF-appointed trainees

Completed by Office of GME

- [ ] Affiliate Agreements and Voluntary Services Agreements – fully executed and returned to EC and off-site affiliate
- [ ] Completed required Affiliate Paperwork

APPROVED:

USF Program Director ________________________________ Date ________________

Vice Dean, Graduate Medical Education ________________________________ Date ________________

Rev 6/2017