Policy Statement

Recognizing that maintaining high quality residency programs is dependent on adequate resources, faculty and patients, the University of South Florida has established policies regarding residents from other institutions rotating in USF residencies.

Along with the ACGME, the University of South Florida is committed to the policy that the presence of other learners must not interfere with the educational experience of the USF-appointed residents and fellows.

Programs that have been denied an ACGME complement change in the past 8 months will not be permitted to accept visiting 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 compensation benefits, and liability coverage from the visiting resident’s home institution.

Visiting Residents will not be processed from March 1- June 30th each year due to requirements of incoming trainees.

Procedure

**Responsible Party**

Visiting Resident

**Action**

Requests approval from the Program Director of the respective USF residency program for the visiting rotation.

Once approved (in writing) by the Program Director for a visiting rotation at USF, must complete the Visiting Resident Appointment Form and accompanying documentation available through the program and/or the GME Office or GME website. (See attached Visiting Resident Appointment form.)

Provides proof (in writing) of continuation of compensation, benefits and liability coverage from his/her current intuition.
Complete a background check and drug screen. Must also complete c-LEARN modules and Communicable Disease Prevention Certification Form. All affiliate paperwork and EMR training must be completed prior to rotation.

Program Director

Prior to accepting a resident from another accredited program for an extramural rotation at USF, the program MUST:
- Determine that such activity is within the approved resident number specified by the RRC.
- Ensures that the program is meeting required volumes or recorded in case logs.
- Verifies that a visiting resident graduated from a medical school accredited by the LCME.
- Verifies visiting resident is in good standing in a program accredited by the ACGME.
- Ensures that a visiting rotation will not last longer than 16 weeks unless approved by the DIO. Assignment of duties at any USF-affiliated institution will be scheduled by the Program Director.
- Provide appropriate evaluation of the visiting resident, in writing, to his/her current program.

Office of GME

Confirms compliance with visiting resident policy and documentation is complete.

Verifies that visiting resident has documented continuation of salary, benefits and liability coverage.

Verifies Visiting Resident has an active training or full license by the Florida Board of Medicine.

Obtains signatures on affiliate agreements governing visiting rotation.
APPROVED:

[Signature]

Vice Dean, Clinical Affairs and Graduate Medical Education

[Signature]

Dean, College of Medicine

c:p&\p\visiting residents

REVIEWED – 6/05
REVIEWED, APPROVED – 8/2010; 1/2015
VISITING RESIDENT APPOINTMENT FORM

Section Completed by Visiting Resident:

Visiting Resident Name: ______________________, MD / DO  S.S.N. _____ - _____ - _____
Program/Rotation for which application is being made: ________________________________
Subspecialty (if applicable): ___________________________  PGY Level: __________
START DATE: ___________ END DATE: ___________  SEX: M / F
USF Rotation Supervisor: ______________________  Location of Hospital Rotation: __________
Tampa Area Address: ____________________________  Zip: __________
Phone: ___________________________  Birthplace: ___________________________  DOB: __________
Medical School: ____________________________  Degree: __________
Year Graduated: _______  ECFMG #: ___________  Medical Lic. #: ___________  State: ______
Current Residency Program Information:
Institution: __________________________________________
Specialty: ___________________________  Year Started: ___________  PGY Year: __________
Program Contact, Phone # & E-mail Address ________________________________

Section Completed by Program Coordinator

___YES Resident’s current program is ACGME accredited.
___YES Approved by Florida Board of Medicine to practice at USF. FL License # _________.
___YES Paid a salary; Provide documentation salary.
___YES Covered under paid malpractice insurance; is effective for the State of Florida. Provide documentation
___YES Covered under paid health insurance; Provide documentation of coverage.
___YES Has completed Communicable Disease Prevention Certification Form; Copy attached.

Section Completed by GME

___YES Affiliate agreement in place and signed by appropriate parties.
___YES Has provided a copy of background check and drug test results. (will accept background checks
completed in last 12 months).
___YES Has completed required USF LEARN modules. (Will accept HIPPA training certificates from current
training program).
___YES Has completed required affiliate hospital paperwork.
___YES Ensures that the presence of visiting resident will not interfere with the educational experience of the
USF- appointed residents and fellows.

APPROVED:

USF PROGRAM DIRECTOR ___________________________  Date  ____________________________
CHARLES N. PAIDAS, M.D., MBA
Vice Dean, Clinical Affairs and Graduate Medical Education

Date  ____________________________