

**USF Health– Morsani College of Medicine
GME POLICY & PROCEDURE**

Title: Off-site Rotations	No.: GME-222
Effective Date: 1/1/99	APPROVAL Date: 1/2011; 4/2017

Policy Statement

In general, all Resident and Fellow (hereinafter “Resident”) training experiences should be within facilities approved by the GME Office and listed as a Participating Institution on ACGME WebADS for the Morsani College of Medicine, while under the supervision of USF faculty.

Occasionally, and for brief periods, residents may be authorized to participate in extramural training experience in order to gain additional, specific educational opportunities.

Each experience must be approved individually by the Program Director and the Vice Dean for Graduate Medical Education. Such experience must have legitimate educational justification of intent and adequacy. Provision must be made for continuation of salary, benefits and assurance of professional liability coverage.

Procedure

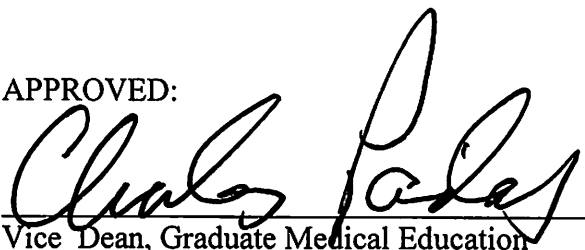
The Resident must submit a written request for extramural rotation to the department (see attached Approval Form for Off-Site Rotations)

The Program Director verifies appropriateness of extramural rotation. The Education Coordinator ensures the Approval Form for Off-Site Rotations is accurate and sent to GME Office, including completion of PLA for the Institution/rotation providing the off-site rotation, as needed.

The GME Office ensures all information on the Approval Form is verified, including salary status and benefit continuation is verified. Office of GME also ensures information on rotation, duration, type of leave utilized, and salary & benefit coverage is accurately entered into New Innovations and appropriately mapped to a billing entity.

Office of GME ensures that Affiliation Agreement (as needed) is completed for the Institution / Location providing the off-site rotation experience, and obtains approval from Self Insurance and Vice Dean for GME on Approval Form.

APPROVED:



Vice Dean, Graduate Medical Education

c:p&p\offsite rotations

REVIEWED, APPROVED – 6/2006, 8/2008, 1/2011; 4/2017

APPROVAL FORM FOR OFF-SITE ROTATIONS

MUST BE RETURNED TO GME OFFICE THIRTY (30) DAYS PRIOR TO THE START OF OFF-SITE ROTATION

Resident Name: _____, MD / DO PGY Level: _____

Current USF Residency Program: _____

PHYSICAL Location of Off-Site rotation:

(Name) _____

(Address) _____

(City, ST, Zip) _____

(Phone) _____

Supervisor while at Rotation Site: _____

START DATE: _____ END DATE: _____

Nature of Rotation / Assignment: Patient Care Didactics/Education Research

RESIDENT/FELLOW SIGNATURE: _____

***NOTE:** (1) July 1, 2017, the cost of benefits (health, malpractice) for the Resident will be Department-funded, with each program having the option to charge the individual resident for his/her pro-rated benefit costs while on an off-site rotation.*

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PROGRAM: Please indicate how Off-Site Rotation is being funded:

_____ Resident/Fellow taking unpaid Leave _____ Resident/Fellow taking Vacation

_____ Paid By Off-Site Location* _____ USF MCOM Program Funded

**If checked, complete the New Rotation / Assignment Request Form (attached)*

NOTE: Dates for off-site rotations must be entered into New Innovations as “off-site” rotation; not as an elective.

APPROVED:

PROGRAM DIRECTOR: _____ Date: _____

SR. ASSOCIATE DEAN, GME: _____ Date: _____

YES NO Covered under paid malpractice insurance; and is effective for the off-site location.

Note: International activities are only covered up to \$200,000 per claim / \$300,000 per occurrence. Physician bears responsibility over these amounts.

DIR., SELF INSURANCE PROGRAM: _____ Date: _____

Return Completed, Signed Letter of Approval (with Attachments) to:
Linda Snell, Graduate Medical Education, MDC Box 41 or lsnell@health.usf.edu

UNIVERSITY OF SOUTH FLORIDA
GRADUATE MEDICAL EDUCATION
NEW ROTATION/ASSIGNMENT REQUEST FORM

Instructions: Programs complete the top section of this form for requesting a new rotation or assignment.

Program Name: _____

Rotation/Assignment Name: _____

New Rotation OR Replacing an Existing Rotation

Nature of Rotation/Assignment:

Patient Care Didactics Research | Effective Start Date: ____ / ____ / ____

Explain % of time didactics and/or research, if applicable: _____

Description: _____

Training Physical Location (name and address): _____

PGY Level: _____ Funding Source FTEs: _____ Funding Source: _____

Will the residents be receiving credit towards Board Certification while on this rotation? Yes / No

SIGNATURE:

Program Director Name Program Director Signature Date

TO BE COMPLETED BY GME OFFICE

Select whether GME, IME or both are claimable for this rotation. GME IME

Is any other provider funding this program's residents at this training location? Yes / No

Provider: _____

GME Director Name GME Director Signature Date

Site/Funding Source Rep. Name Site/Funding Source Rep. Signature Date