

USF – College of Medicine
GRADUATE MEDICAL EDUCATION POLICY & PROCEDURE

Title: Visiting Resident Rotations		No.: GME-224
Effective Date: 1/1/99	Revision Date: 8/2010; 1/2015	Distribution: All
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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

Action

Visiting Resident

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 institution.

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Complete a background check and drug screen. Must also complete e-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.

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APPROVED:

A handwritten signature in black ink, appearing to read "Charles P. ...", is written over a horizontal line. Below the line, the text "Vice Dean, Clinical Affairs and Graduate Medical Education" is printed.

Vice Dean, Clinical Affairs and Graduate Medical Education

A large, stylized handwritten signature in black ink is written over a horizontal line. Below the line, the text "Dean, College of Medicine" is printed.

Dean, College of Medicine

c:p&p\visiting residents

REVIEWED – 6/05

REVIEWED, APPROVED – 8/2010; 1/2015

**USF HEALTH – Morsani College of Medicine
VISITING RESIDENT APPOINTMENT FORM**

Completed by Visiting Resident/Fellow

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

Completed by Program / Education Coordinator

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

Return Form to Linda Snell at lsnell@health.usf.edu

Completed by Office of GME

<input type="checkbox"/> Affiliate Agreements and Voluntary Services Agreements – fully executed and returned to EC and off-site affiliate
<input type="checkbox"/> Completed required Affiliate Paperwork

APPROVED:

USF Program Director

Date

Sr. Associate Dean, Graduate Medical Education/DIO

Date