# GME Policy #530 Off-Site Elective Rotations (special approval for ut iNSTATE, non-UT in-state, OUT OF sTATE, OR lIMITED INTERNATIONAL elective RotationS)

# OFF-SITE ELECTIVE ROTATIONSAPPROVAL PROCESS

University of Tennessee Health Science Center College of Medicine - Chattanooga

Graduate Medical Education

The purpose of off-site rotations is to provide training experiences for Residents and Fellows (individually, a “Resident/Fellow” or collectively, “Residents/Fellows”) outside University of Tennessee (UT) affiliated hospitals or clinical training sites outside the state of Tennessee. To avail itself of an off-site elective rotation opportunity, the requesting program must first receive approval from the Office of Graduate Medical Education (GME). Residents/Fellows on active Performance Improvement Plans are not eligible for off-site elective rotations (including other UT sites, other sites in Tennessee, out-of-state, or international experiences). International elective experiences are limited and would have to be registered through the Office of International Affairs. As with all Resident/Fellow rotations, clear goals and objectives must be in place and Residents/Fellows should receive mid-point performance feedback and a final written evaluation.

The Program Director is ultimately responsible for his/her program's ability to meet ACGME (Accreditation Council for Graduate Medical Education) and its RRC (Residency Review Committee) requirements within UT facilities when possible. To request an additional training experience outside of UT facilities, completion of the following procedure is required before an off-site rotation may begin:

1. At least three months prior to the start of the requested off-site rotation, the Program Director
will submit the following documentation to the Office of Graduate Medical Education:
	1. Request for Approval of Off-Site Elective Rotation Form
	2. Program Director Statement
	3. Letter from the off-site supervising faculty/institution supporting and verifying the rotation, or

if required by the rotation site, the host institution’s Off-site Program Letter of Agreement or Affiliation Agreement

* 1. Goals and objectives for the rotation
	2. Copy of malpractice insurance coverage
	3. Copy of full or training license to practice if outside Tennessee
	4. A copy of a signed Resident/Fellow Acknowledgment in the form attached as Exhibit A hereto regarding the Resident’s/Fellow’s acknowledgement of his/her requirement and responsibility to obtain malpractice insurance coverage and any licensure, permit or registration with the out-of-state medical board, if the rotation occurs outside of Tennessee.
1. Upon receipt of the completed Request for Approval of the Off-Site Elective Rotation Form and accompanying documentation, GME staff will review the request for approval.
2. GME staff will send notice of approval or denial of the request to the Program Director.

The Resident/Fellow will be placed on administrative leave under University Policy HR0355 by UT during the dates of the off-site rotation. The Resident/Fellow is responsible for meeting the licensure requirements in the state where the rotation occurs. License would be at the Resident’s cost.

Based upon the determination of the Program Director, the leave will be either paid administrative leave or unpaid administrative leave, depending on funding availability of the Department or the Program. The 10 days of educational leave available pursuant to GME Policy #220 cannot be utilized for out-of-state or in-state, non-UT program off-site rotations. Final authorization for these requests is at the level of the Designated Institutional Official. If the leave is without pay, the Resident/Fellow will receive no compensation from UT (including but not limited to W-2 wages, 1099 income, or stipend) during the dates of the off-site rotation and the Resident/Fellow will be responsible for paying the full cost of group medical insurance (both the employer portion usually paid by UT and the employee portion). In the case of administrative leave without pay, Residents/Fellows may utilize annual leave to allow for full or partial compensation of the off-site rotation. The Resident/Fellow may not receive compensation from both the home institution and the host institution during the time of the off-site rotation.

**Note:** If the elective off-site rotation is at another UT campus, hospital, and/or clinical training site, it will still be up to the DIO and Assistant Dean for Finance Administration regarding whether or not the Resident/Fellow will be on paid administrative or non-paid administrative leave during the elective.

**Also,** if a UT Resident/Fellow requests a rotation at Vanderbilt University Medical Center, he/she will be required by Vanderbilt to provide proof of an individual malpractice policy in the amount of $1,000,000 / $3,000,000 for the period of the rotation (typically no more than 4 weeks or 1 month Vanderbilt is the only hospital within Tennessee that does not recognize our Residents’ immunity from professional liability through the Tennessee State Claims Commission and its $300,000 / $1,000,000 limits. The Resident/Fellow would be responsible for paying the malpractice cost since the State is prohibited from paying for personal malpractice insurance. The Resident/Fellow can contact State Volunteer Insurance Company in Murfreesboro, TN, for a quote based on a discounted Resident/Fellow rate. If a Resident/Fellow desires an elective off-site rotation anywhere else in TN, the other hospitals accept documentation of immunity by the State. All hospitals in TN accept proof that the Resident/Fellow has been approved for a Resident Exemption from Licensure by the TN Board of Medical Examiners and statement confirming this from the UTHSC Chattanooga GME Office.

During the off-site elective rotation, the Resident/Fellow is not authorized to act on behalf of the University of Tennessee in any manner, and any action the Resident/Fellow takes during this period is outside the scope of the Resident’s/Fellow’s employment with the University of Tennessee. The Resident/Fellow will be fully and personally responsible for any liability created by their conduct or actions while on leave. Neither the University of Tennessee nor the State of Tennessee will have any legal responsibility for the Resident’s/Fellow’s actions, which will be outside the coverage of the Tennessee Claims Commission Act, Tennessee Code Annotated Section 39-7-101 et seq. Accordingly, the resident is solely responsible for obtaining, at the resident’s/fellow’s personal expense, adequate professional liability coverage for the resident’s acts or omissions during the off-site rotation, as well as any other insurance coverage required by the host institution of the off-site rotation. The resident must provide proof of such professional liability insurance coverage to the Program Director and to the host institution of the off-site rotation, but neither UT’s nor the host institution’s receipt of such documentation shall be deemed by implication or otherwise to be a determination by UT or the host institution as to the validity or adequacy of such professional liability insurance coverage.

Revised and Approved by the GMEC 5/16/2017. Administrative edits made by the GME Director 6/17/2020 and again 3/23/2024.

# REQUEST FOR APPROVAL OF THE OFF-SITE ELECTIVF ROTATION

Approval for the following off-site elective rotation is requested to provide training experience at external UT affiliated hospital or clinical training sites, at other non-UT sites within Tennessee, or hospitals/clinical training sites in states outside Tennessee. Clear goals and objectives are in place and the resident(s) will receive mid-point performance feedback and a final written evaluation.

The Resident/Fellow may or may not be paid during the off-site elective rotation. As described in the Off-Site Elective Rotation Approval Process, the Resident/Fellow is solely responsible for obtaining, at the Resident’s/Fellow’s personal expense, adequate professional liability insurance coverage for the Resident’s/Fellow’s acts or omissions during the dates of the off-site elective rotation. The Resident/Fellow must provide proof of such professional liability insurance coverage to the Program Director and to the host institution of the off-site rotation, but neither UT’s nor the host institution’s receipt of such documentation shall be deemed by implication or otherwise to be a determination by UT or the host institution as to the validity or adequacy of such professional liability insurance coverage. The Resident/Fellow is also responsible for meeting the licensure requirements in the state where the rotation occurs before the commencement date. During the off-site rotation, the resident will be placed on administrative leave.

To present this request to GME, the following required documentation is attached.

1. Request for Approval of the Off-Site Rotation Elective information completed below;
2. Program Director Statement, including resident signature;
3. Letter from off-site supervising faculty/institution supporting and verifying the rotation OR if required by rotation site, the host institution’s Off-site Program Letter of Agreement or Academic Affiliation Agreement;
4. Written goals and objectives;
5. Copy of malpractice insurance coverage;
6. Copy of the full license or training license in the state where the rotation occurs; or waiver if international, and
7. A copy of a signed Resident Acknowledgment in the form attached as Exhibit A hereto regarding the resident’s acknowledgement of his/her requirement and responsibility to obtain professional liability insurance coverage, and any licensure, permit or registration with the out-of-state medical board.

Check which is appropriate: \_\_\_ Other UT Campus Elective Rotation (Denote Campus) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Non-UT Rotation in TN Out-of-State Rotation International Rotation

Name of Resident(s)/Fellow(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on a J-1 Visa: \_\_\_ Yes \_\_\_ No

Will the administrative leave be: \_\_\_ Paid \_\_\_ Unpaid

If Unpaid, will you use annual leave (vacation) to be paid: Yes No\_\_\_

If Unpaid, will you use annual leave (vacation) to be paid: Yes No

If using paid annual leave, please list the dates you will use annual leave:

 Paid Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: End \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If outside TN, indicate the State: or Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Requirements: Does that state offer a training license for Residents? \_\_\_Yes \_\_\_ No

Have you paid for Malpractice Insurance (at your cost) for the rotation? Yes No

Dates of the Rotation: Start Date: \_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of rotation including names of all sites where Resident(s)/Fellow(s) may have contact with patients (practice sites, hospitals, etc.):

Signature of External Supervising Physician Email of Supervising Physician

Describe the educational rationale for offering this rotation:

Description of Resident/Fellow activities:

***Please return the completed forms at least 90 days prior to the start of the rotation to:***
Office of Graduate Medical Education; 960 East Third Street, Suite 104, Chattanooga, TN 37403
Rosalyn Stewart-Kalaukoa, UT GME Lead Residency Coordinator

Notice of approval (or)

Notice of denial:

Signature, UTHSC Chattanooga DIO or GME Staff Signature, External DIO

Signature, Erlanger CEO (if needed)

# University of Tennessee Health Science Center College of Medicine - ChattanoogaGraduate Medical EducationProgram Director Statement

**Off-Site Elective Rotation: Program Director Statement**

As Program Director for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UT Health Science Center College of Medicine – Chattanooga GME Training Program,

I have reviewed this Off-Site Resident/Fellow Rotation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of UT Resident/Fellow)

with , Program Director at the

(Name of off-site Program Director)

the Program at the

(off-site Program name)

(off-site Institution name)

We agree that this rotation's goals will provide additional training experience outside University of Tennessee (UT) affiliated hospitals or clinical training sites. As with all Resident/Fellow rotations, clear goals and objectives are in place for this off-site rotation. Those goals and objectives have been discussed and reviewed with the off-site director who will provide on-site supervision for this rotation, mid-point performance feedback, and a final written evaluation.

Attached is either a letter from the off-site supervising faculty/institution agreeing to the above and verifying the rotation OR*,* if required by the rotation site, the host institution’s Program Letter of Agreement/Affiliation Agreement.

(SIGNATURE - UT RESIDENCY/FELLOWSHIP PROGRAM DIRECTOR)

(PRINT NAME and TITLE)

**The Resident/Fellow is solely responsible for obtaining, at Resident’s/Fellow’s personal expense, medical/professional liability insurance coverage for the Resident’s/Fellow’s acts or omissions during the dates of this off-site rotation. By signing below, the Resident/Fellow acknowledges this responsibility. The Resident/Fellow also acknowledges his/her responsibility for meeting the licensure requirements in the state where the rotation occurs prior to the commencement date of the rotation. The Resident/Fellow must provide proof of such professional liability insurance coverage to the Program Director and to the host institution of the off-site rotation, but neither UT’s nor the host institution’s receipt of such documentation shall be deemed by implication or otherwise to be a determination by UT or the host institution as to the validity or adequacy of such professional liability insurance coverage. During the off-site rotation, the Resident/Fellow will be placed on administrative leave.**

Resident/Fellow Signature Date

 Residency/Fellowship Coordinator Signature Date

# EXHIBIT A

**THE UNIVERSITY OF TENNESSEE GRADUATE MEDICAL EDUCATION PROGRAM OFF-SITE ELECTIVE RESIDENCY/FELLOWSHIP ROTATION**

**RESIDENT/FELLOW ACKNOWLEDGMENT**

I, , am a physician currently enrolled in a Residency/Fellowship Program at The University of Tennessee Health Science Center (UTHSC) College of Medicine – Chattanooga. As a UTHSC Resident/Fellow, I am an employee of the University of Tennessee, which entitles me to salary and certain benefits, as well as statutory immunity from personal liability for my acts or omissions which occur within the scope of my employment by the University. However, I have requested to be placed on leave from my University employment to attend an off-site elective Residency/Fellowship rotation in accordance with the terms of the University’s Off-Site Elective Rotation Approval Process. I understand that, during the term of my off-site Residency/Fellowship rotation, I will not be acting within the scope of my University employment, and that I will, therefore, not be entitled to statutory immunity from personal liability for my acts or omissions during such off-site rotation.

I further understand that I am solely responsible for obtaining, at my personal expense, medical/professional liability insurance coverage for my acts or omissions during the dates of this off- site rotation. I also understand that I will need to meet medical license requirements in the state of the rotation (either full license or training license) also at my expense. I further understand that I may not be paid by the University during the dates of this off- site rotation and that I will be responsible for paying the full cost of group medical insurance (both University and employee portions) during the dates of this rotation. I understand that I must provide proof of such professional liability insurance coverage and appropriate license to the UTHSC Program Director and to the host institution of the off-site rotation, but neither the University’s nor the host institution’s receipt of such documentation shall be deemed by implication or otherwise to be a determination by the University or host institution as to the validity or adequacy of such professional liability insurance coverage. I understand that I may be subject to personal jurisdiction for suit in the state where the host institution is located and might incur personal liability for any of my acts or omissions during this off-site rotation if my professional liability insurance does not adequately cover the liability for my acts or omissions during this off-site rotation, and that the University shall have no responsibility or liability for any such acts or omissions. I further understand that it is my sole responsibility to determine and to meet the licensure requirements of the state where the rotation occurs in advance of the commencement date of the rotation.

In signing below, I hereby acknowledge that I have had the opportunity to seek the assistance of personal legal counsel prior to signing this Acknowledgment, and that I have not relied on any advice or statements made by a University employee. I acknowledge and understand that it is my responsibility to seek and pay for my personal legal counsel as I deem necessary or appropriate to ensure that I have adequate professional liability insurance and meet any and all licensure requirements for this off-site rotation.

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Signature of the UTHSC Resident/Fellow Date

Printed Name of UTHSC Resident/Fellow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

 Date