

IN-STATE OFF-SITE ROTATION APPROVAL PROCESS

The purpose of off-site rotations is to provide training experiences for residents and fellows (individually, a “resident” or collectively, “residents”) outside University of Tennessee (UT) affiliated hospitals or clinical training sites. To avail itself of an off-site rotation opportunity within the state of Tennessee, the requesting program must first receive approval from the Office of Graduate Medical Education (GME). Residents on active Performance Improvement Plans are not eligible for off-site rotation experiences. As with all resident rotations, clear goals and objectives must be in place and residents should receive mid-point performance feedback and a final written evaluation.

The Program Director is ultimately responsible for the ability of his/her program to meet ACGME and RRC requirements within UT facilities whenever possible. To request an additional training experience outside of UT facilities yet within the state of Tennessee, 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:
 - (a) Request for Approval of In State Off-site Rotation Form
 - (b) Program Director Statement
 - (c) 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
 - (d) Goals and objectives for the rotation
 - (e) Copy of malpractice insurance coverage, only if the rotation is at Vanderbilt.
- 2) Upon receipt of completed Request for Approval of In State Off-site Rotation Form and accompanying documentation, GME staff will review the request for approval.
- 3) GME staff will send notice of approval or denial of the request to the Program Director.

The resident will be placed on administrative leave under University Policy HR0355 by UT during the dates of the off-site rotation. The resident is responsible for meeting the licensure requirements in the state where the rotation occurs.

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 off-site rotations. Final authorization for the off-site rotation request is at the level of the Designated Institutional Official. If the leave is without pay, the resident 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 will be responsible for paying the full cost of group medical insurance (both UT and employee portion). In the case of administrative leave without pay, residents may utilize annual leave to allow for full or partial compensation of the off-site rotation. The resident may not receive compensation from both the home institution and the host institution during the time of the off-site rotation.

During the off-site rotation, the resident is not authorized to act on behalf of the University of Tennessee in any manner, and any action the resident takes during the off-site rotation time period

is outside the scope of the resident's employment with the University of Tennessee. The resident will be fully and personally responsible for any liability created by the resident's conduct or actions during the time the resident is on leave. Neither the University of Tennessee nor the State of Tennessee will have any legal responsibility for the resident'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 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.

Under the provision of the Tennessee Claims Commission Act, the University of Tennessee cannot provide medical liability coverage for unpaid in-state rotations. In-state institutions (e.g. Vanderbilt) may also require commercial coverage with pre-determined limits in lieu of Claims Commission coverage.

REQUEST FOR APPROVAL OF IN STATE OFF-SITE ROTATION

Approval for the following off-site rotation is requested in order to provide training experience outside University of Tennessee (UT) affiliated hospitals or clinical training sites within the state of 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 may or may not be paid during the off-site rotation. As described in the Off-site Rotation Approval Process, the resident is solely responsible for obtaining, at resident’s personal expense, adequate professional liability insurance coverage for the resident’s acts or omissions during the dates 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. The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs in advance of the commencement date of the rotation. During the off-site rotation, the resident will be placed on administrative leave.

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

- 1) Request for Approval of In State Off-site Rotation 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 if the rotation occurs at Vanderbilt

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Name of Resident(s): _____

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

Will the administrative leave be: Paid Unpaid

Will you use annual leave: Yes No

If yes, please list the dates you will use annual leave: _____

Dates of Rotation: From _____ To _____

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

Describe the educational rationale for offering this rotation:

Description of resident activities:

Please return the completed forms at least 90 days prior to the start of the rotation to:

Office of Graduate Medical Education, Attention: Haley Smith,; 920 Madison Avenue, Ste. 447;
Memphis, TN 38163; or via email to hgeabhar@uthsc.edu.

Notice of approval

Notice of denial

Signature of GME Staff

Date

cc: Program Coordinator/Manager

**Program Director Statement
In State Off-Site Rotation**

As Program Director for the University of Tennessee Training Program, I have reviewed this Off-site Resident Rotation for _____ with _____.
(Name of UT resident) (Name of off-site program director)
in the _____ Program at the _____.
(Off-site program) (Off-site institution name)

We are in agreement that the goals and objectives of this rotation will provide additional training experience outside University of Tennessee (UT) affiliated hospitals or clinical training sites. As with all resident 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 PROGRAM DIRECTOR)

(PRINT NAME AND TITLE)

The resident is solely responsible for obtaining, at resident’s personal expense, medical/professional liability insurance coverage for the resident’s acts or omissions during the dates of this off-site rotation. By signing below, the resident acknowledges this responsibility. The resident 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 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 will be placed on an administrative leave.

Resident Signature

Date

Program Coordinator/ Manager Signature

Date