

The Medical College of Georgia

House Staff Policies and Procedures

Policy

HS 5.0 Clinical Rotations

Source

Graduate Medical Education Office

1.0 Purpose

To define the procedures to govern situations where House Officers leave MCG premises for clinical educational experiences and for non MCG House Officer physicians who come to MCG for educational experiences.

2.0 Procedure

This policy does not apply to medical students applying for elective rotations at the Medical College of Georgia. All questions regarding medical student rotations should be referred to the Office of the Associate Dean for Curriculum 1-3218.

Medical students or college students applying for Observerships at the Medical College of Georgia need to contact Risk Management 1-7475.

2.1 For MCG Graduate Medical Education House Officers Performing Off-Site Rotations:

- 2.1.1 Clinical Educational Experiences which last for thirty days or less and are not to be repeated:
- 2.1.2 A Letter of Agreement is required. Process must be started at least 30 days prior to the start of the clinical educational experience. The Graduate Medical Education Office must have a copy of each clinical rotation on file in the GME Office.
- 2.1.3 The Letter of Agreement is initiated by the Department Chairperson or Program Director of the House Officers Program, forwarded to the Associate Dean for Graduate Medical Education and Dean of the School of Medicine for signatures (Attachment A is an example letter of agreement which should be used as a guideline). The GME Office will obtain required signatures and return original to the Department.
- 2.1.4 If verification of adequate malpractice insurance coverage for the House Officer is required by the off-site facility, arrangements should be made through the Legal Office (1-4018).
- 2.1.5 A House Officer who desires to perform an in state/out-of-state rotation is responsible for determining whether or not he/she must obtain a medical license in the state where the rotation is to be performed. If a license is required, the House Officer is responsible for obtaining the license BEFORE performing the rotation.
- 2.1.6 J visa holders must contact Graduate Medical Education Office before the rotation starts to ensure ECFMG is notified of the clinical rotation.
- 2.1.7 International clinical rotations require the signature of the Vice President of Administration on a travel request in addition to other guidelines stated above.

2.2 Clinical Educational Experiences which last for more than thirty days, or last for thirty days or less but will be repeated throughout the year or annually:

- 2.2.1 An Affiliation Agreement is required between MCG and the other Institution and a copy on file in the Graduate Medical Education Office.
- 2.2.2 The Affiliation Agreement should be routed through MCG's contract routing process for review and signature by the President. For information on the Affiliation Agreement form and information regarding this process, contact the Legal Office at extension 1-4018.
Please note: This process requires four to eight weeks for completion.
- 2.2.3 A House Officer who desires to perform an in state/ out-of-state rotation is responsible for determining whether or not he/she must obtain a medical license in the state where the rotation is to be performed. If a license is required, the House Officer is responsible for obtaining the license BEFORE performing rotation.
- 2.2.4 International clinical rotations require the signature of the Vice President of Administration on a travel

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Policy

HS 5.0 Clinical Rotations

Source

Graduate Medical Education Office

request in addition to other guidelines stated above.

- 2.2.5 J visa holders must contact the Graduate Medical Education Office before the rotation starts, to ensure ECFMG is notified of the clinical rotation.

2.3 For Non MCG Graduate Medical Education House Officers Performing Rotations at MCG:

- 2.3.1 Clinical Educational Experiences which last for thirty days or less and are not to be repeated:
- 2.3.2 Non MCG House Officers will be allowed to participate in clinical educational experiences (rotations) at MCG Health Inc. Rotations will be limited to a period of 30 days unless justification is submitted for special circumstances. Any clinical educational experience that is to be repeated by another non-MCG House Office from the same sending Institution will require an Affiliation Agreement and verification of professional liability coverage. A copy of the Letter of Agreement and additional required paperwork must be on file in the Graduate Medical Education Office prior to start of clinical rotation. (Attachment B is an example letter of agreement which should be used as a guideline).
- 2.3.3 A Letter of Agreement between a Program Training Director at the sending Institution and a Program Training Director at MCG is the initial step in the approval process. The process is completed with approved signatures from the Associate Dean for Graduate Medical Education, Chief Medical Officer of MCGHI, Director of Risk Management, and Program Training Directors from the sending and receiving Institutions (Attachment B is an example letter of agreement which can be used as a guideline by the other facility).
- 2.3.4 *Requirement of Negative PPD or Negative Chest X-Ray* – The Non MCG House Officer must present written documentation of a negative PPD test (Mantoux testing) within the last six-months, or present written documentation that a PPD test has been performed by MCG Health, Inc.'s Employee Health Services prior to the signing of the Agreement. It will be the responsibility of the receiving Program to assure that the PPD test is read within the appropriate time period and that the test result is negative. If the test result is positive, the House Officer will not be allowed in a clinical service area until given approval by Employee Health Services with appropriate documentation of current health status.
- There may be additional testing needed by MCGHI Employee Health for the House Officer to be approved for a rotation at MCG.
- 2.3.5 For Non MCG House Officers, the receiving Program is responsible for ensuring the following is complete prior to the rotation. *See attached Clinical Rotations checklist*
- a Signed "Letter of Agreement"
 - b Certificate of malpractice insurance attached to the "Letter of Agreement"
 - c Criminal Background form
 - d Valid unrestricted GA medical license or Residency Training Permit required for any clinical rotation at MCG Health Inc
 - e Employee Health requirement(s)
 - f ID Badge
 - g Access to 9th floor (if needed)
 - h Signed Drug Screen form
 - i Signed Confidentiality Statement
 - j Verification of successful completion of MCGHI Right to Know and HIPPA training
 - k HQ Physician number
 - l Access and training to PowerChart and WebBrowser
 - m Copy of all required paperwork on file in Graduate Medical Education Office

2.4 Clinical Educational Experiences which last for more than thirty days, or last thirty days or less but will be

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House Staff Policies and Procedures

Policy

HS 5.0 Clinical Rotations

Source

Graduate Medical Education Office

repeated throughout the year or annually:

- 2.4.1 Affiliation Agreement is required between MCG and the sending Institution. MCG's standard Affiliation Agreement for House Officers Elective Rotation must be used.
- 2.4.2 The Affiliation Agreement should be routed through MCG's contract routing process for review and signatures by the Associate Dean for Graduate Medical Education, Dean of the School of Medicine, and Chief Medical Officer of MCGHI. For information on the Affiliation Agreement form and information regarding this process, contact the Legal Office at extension 1-4018. Please note: *This process requires four to eight weeks for completion.*
- 2.4.3 *Requirement of Negative PPD or Negative Chest X-Ray* – The Non MCG House Officer must present written documentation of a negative PPD test (Mantoux testing) within the last six-months, or present written documentation that a PPD test has been performed by MCG Health, Inc.'s Employee Health Services prior to the signing of the Agreement. It will be the responsibility of the receiving Program to assure that the PPD test is read within the appropriate time period and that the test result is negative. If the test result is positive, the House Officer will not be allowed in a clinical service area until given approval by Employee Health Services with appropriate documentation of current health status.
- There may be additional testing needed by MCGHI Employee Health for the House Officer to be approved for a rotation at MCG.
- 2.4.4 For Non MCG House Officers, the receiving Program is responsible for ensuring the following is complete prior to the rotation. *See attached Clinical Rotations Checklist..*
- a Signed "Letter of Agreement"
 - b Certificate of malpractice insurance attached to the "Letter of Agreement"
 - c Criminal Background form
 - d Valid unrestricted GA medical license or Residency Training Permit required for any clinical rotation at MCG Health Inc
 - e Employee Health requirement(s)
 - f ID Badge
 - g Access to 9th floor (if needed)
 - h Signed Drug Screen form
 - i Signed Confidentiality Statement
 - j Verification of successful completion of MCGHI Right to Know and HIPPA training
 - k HQ Physician number
 - l Access and training to PowerChart and WebBrowser
 - m Copy of all required paperwork on file in Graduate Medical Education Office
- 2.5 Academic Observerships must adhere to MCGHI Policy 15.03 which may be found at http://www.hi.mcg.edu/aboutus/PDFPolicies/15_03_r1.pdf

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Policy
HS 5.0 Clinical Rotations

Source
Graduate Medical Education Office

Attachment "A"

SAMPLE ON DEPARTMENTAL LETTERHEAD

MEMORANDUM

TO: Dean, School of Medicine
Associate Dean, Graduate Medical Education

FROM: Name of Sending Chairperson or Program Director
Address of Department

RE: Clinical Educational Rotation for **(name of House Officer)**

DATE:

I have approved **(name of House Officer)** to perform an elective clinical rotation under the supervision of **(name of supervising medical staff member)**, in the **(name of clinical service/address)** during the time frame of **(start date and ending date)**. The purpose of this elective clinical rotation will be _____, which I believe will be of benefit to his/her residency training activities.

I am attaching a certificate of insurance for **(name of House Officer)** which verifies their professional liability in the minimum amounts of \$1M/\$3M. If you have any questions regarding this elective clinical rotation, you may contact me at **(phone # of sending Program Director)**.

Approved:

The House Officer is responsible for obtaining a medical license (if required) before performing the rotation.

House Officer

Date:

Dean, School of Medicine
Medical College of Georgia

Date:

Associate Dean
Graduate Medical Education
Medical College of Georgia

Date:

cc: Director, Health Information Management
Graduate Medical Education Office

Attachment "B"

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Policy **Source**
HS 5.0 Clinical Rotations **Graduate Medical Education Office**

"SAMPLE ON DEPTMENTAL LETTERHEAD

TO: Chief Medical Officer
MCG Health, Inc.
BI 2061

THRU: Associate Dean, Graduate Medical Education

THRU: Director, Risk Management

THRU: Name of Receiving Program Director
Name of Receiving Clinical Service
Address

FROM: Name of sending Program Director
Name and Address of Sending School

SUBJECT: Request for Non-MCG House Officer Rotation at MCG Health, Inc.

I have approved (**name of House Officer**) to perform an elective clinical rotation under the supervision of (**name of Supervising Medical Staff Member**) in the (**name of Clinical service**), during the time frame of (**start date and ending date**). The purpose of this clinical rotation will be _____ Which I believe will be of benefit for the House Officer's residency training. I am attaching a certificate of insurance for (**Name of House Officer**) which verifies their professional liability in the minimum amounts of \$1M/\$3M per occurrence aggregate. This insurance is provided by (**Name of Insurance Company**) with the policy having an effective date of (**effective date of policy**).

If you have any questions regarding this rotation, you may contact me at (**phone # of sending Program Director**).

Sincerely,

Chairperson of Department

cc: Dean, School of Medicine
Graduate Medical Education Office
Chief Medical Officer, MCG Health, Inc.
Director, Health Information Management

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Effective Date:	Revision/Review Date	Number	Page
7/05	12/05	5.0	5 of 6

The Medical College of Georgia House Staff Policies and Procedures

Policy

HS 5.0 Clinical Rotations

Source

Graduate Medical Education Office

CHECK LIST FOR CLINICAL ROTATIONS PERFORMED AT MCG, HEALTH INC. ORDER OF PRIORITY PERMORMANCE

- Signed Letter of Agreement (receiving Department initiates – send to GME Office for required signatures)
- Copy of malpractice insurance (House Officer doing rotation provides)
- Criminal Background form (GME Office responsible)
- Copy of valid unrestricted GA Medical License or Residency Training Permit (contact GME Office for advice/assistance)
- Travel request (required for International Rotations - sending Department responsible)
- Employee Health clearance to perform Clinical Rotation (receiving Department initiates)
- Notify ECFMG for J visa holders (if applicable – GME Office handles)
- ID Badge (receiving Department initiates)
- 9th floor access (if required – GME Office initiates)
- Signed Drug Screen Form (receiving Department initiates)
- Signed Patient Confidentiality Statement (receiving Department initiates)
- Verification of successful completion of Right to Know and HIPPA Training test (receiving Department initiates)
- HQ Physician Number (GME Office contacts HIMS)
- GME Office notifies depts. involved stating approval granted for House Officer to perform clinical rotation once a copy of all required paperwork is received in the GME Office
- Access and training for PowerChart and WebBrowser (Department Security Administrator initiates)
- Copy of all required paperwork on file in the Graduate Medical Education Office

Training Times for PowerChart and Kodak WebBrowser

PowerChart Every Monday, 8:00, 10:00, 1:00, and 3:00 – for class registration e mail shduncan@mcg.edu (provide: class date, time, full name, job title, department, contact phone number) Location: CJ 2102 – Pavilion 3. Department Security Administrator will provide access prior to training.

Kodak WebBrowser Every Tuesday at 8:00 and 9:00, location CJ 2102 Pavilion 3. e mail radsys@mcg.edu to register. Department Security Administrator will provide access prior to training

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Page
6 of 6