

# The Medical College of Georgia

## House Staff Policies and Procedures

### Policy

HS 5.0 Clinical Rotations

### Source

Graduate Medical Education Office

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#### 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 Senior Associate Dean for Graduate Medical Education and VA Affairs 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 House Officers in H-1B status may not work for other employers or in positions other than those described in the MCG H-1B petition without applying for additional H-1B sponsorship.
- 2.1.8 International clinical rotations require the signature of the Dean, School of Medicine 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

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***The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at the Medical College of Georgia.***

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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 Dean, School of Medicine on a travel 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.
- 2.2.6 House Officers in H-1B status may not work for other employers or in positions other than those described in the MCG H-1B petition without applying for additional H-1B sponsorship.
- 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 Senior Associate Dean for Graduate Medical Education and VA Affairs, 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*
- Affiliation Agreement for Clinical Training of Residents
  - Signed "Letter of Agreement"
  - Certificate of malpractice insurance attached to the "Letter of Agreement"
  - HR Data Form
  - Criminal Background form
  - Copy of social security card
  - Notarized medical diploma

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- h. ECFMG certificate (if applicable)
- i. Valid unrestricted GA medical license or Residency Training Permit required for any clinical rotation
- j. NPI #
- k. Employee Health requirement(s)
- l. Signed forms (see checklist)
- M. Verification of successful completion of MCGHI Right to Know and HIPPA training
- N. Copy of all required paperwork on file in Graduate Medical Education Office
- O. **SEE CHECKLIST FOR CLINICAL ROTATIONS PERFORMED AT MCGHI FOR ADDITIONAL REQUIREMENTS**

#### 2.4 Clinical Educational Experiences which last for more than thirty days, or last thirty days or less but will be 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 Senior Associate Dean for Graduate Medical Education and VA Affairs, 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.
- 2.4.5 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. Affiliation Agreement for Clinical Training of Residents
  - b. Signed "Letter of Agreement"
  - c. Certificate of malpractice insurance attached to the "Letter of Agreement"
  - d. HR Data Form
  - e. Criminal Background form
  - f. Copy of social security card
  - g. Notarized medical diploma
  - h. ECFMG certificate (if applicable)
  - i. Valid unrestricted GA medical license or Residency Training Permit required for any clinical rotation
  - j. NPI #
  - k. Employee Health requirement(s)
  - l. Signed forms (see checklist)
  - M. Verification of successful completion of MCGHI Right to Know and HIPPA training
  - N. Copy of all required paperwork on file in Graduate Medical Education Office

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O. **SEE CHECKLIST FOR CLINICAL ROTATIONS PERFORMED AT MCGHI FOR ADDITIONAL REQUIREMENTS**

- 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](http://www.hi.mcg.edu/aboutus/PDFPolicies/15_03_r1.pdf)

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Peter Buckley, M.D.  
Interim Dean, School of Medicine

Date

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Walter J. Moore, M.D.  
Senior Associate Dean, Graduate Medical Education and VA Affairs

Date

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Attachment "A"

## **SAMPLE ON DEPARTMENTAL LETTERHEAD**

### **MEMORANDUM**

**TO:** Dean, School of Medicine  
Senior Associate Dean, Graduate Medical Education and VA Affairs

**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:

\_\_\_\_\_  
Senior Associate Dean  
Graduate Medical Education and VA Affairs  
Medical College of Georgia

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Manager, SOM Residency Programs

\_\_\_\_\_  
Date:

cc: Director, Health Information Management  
Graduate Medical Education Office

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Attachment "B"

**SAMPLE ON DEPARTMENTAL LETTERHEAD**

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

**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 Officers 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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## CHECK LIST FOR CLINICAL ROTATIONS PERFORMED AT MCG, HEALTH INC. ORDER OF PRIORITY PERFORMANCE

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Training Dates: \_\_\_\_\_

- Affiliation Agreement for Clinical Training of Residents
- Signed Letter of Agreement (receiving Department initiates – send to GME Office for required signatures)
- Copy of malpractice insurance (House Officer doing rotation provides)
- HR Data form (contact GME Office)
- Criminal Background form (GME Office provides)
- Copy of Social Security Card
- Notarized medical diploma
- ECFMG certificate (if applicable)
- Copy of valid unrestricted GA Medical License or Residency Training Permit (contact GME Office) \_\_\_\_\_
- NPI # \_\_\_\_\_
- Travel request (required for International Rotations - sending Department responsible)
- Employee Health clearance to perform Clinical Rotation (receiving Department initiates)
- Signed Drug Screen Form
- Signed Patient Confidentiality Statement
- Signed Electronic Signature Form
- Signed HI Information Confidentiality & Systems Usage Agreement
- Signed Sexual Harassment Form
- Signed Code of Ethics Form
- MCG GME Data Form
- Release of Information Form
- Verification of successful completion of Right to Know and HIPPA Training test

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- Training for PowerChart Office, Kodak and Asepis (dept.coordinator provides)
  - Copy of all required paperwork on file in the Graduate Medical Education Office
- 

**GME Office Provides DO NOT WRITE BELOW THIS LINE**

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- AccessIS access
  - PQ Physician Number
  - DEA #
  - ID Badge
  - GroupWise account
  - Employee ID#
  - Notify ECFMG for J visa holders (if applicable)
  - Other \_\_\_\_\_
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