

Augusta University
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 Augusta University premises for clinical educational experiences and for non – Augusta University House Officer physicians who come to Augusta University for educational purposes.

2.0 Procedure

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

Medical Students or college students applying for Observerships at Augusta University need to contact the department/program that you are applying for an observership in

2.1 For Augusta University 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.

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 Medical College of Georgia 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-1 Visa holders must contact the Graduate Medical Education Office before the rotation starts to ensure ECFGM 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 Augusta University H-1B petition without applying for additional H-1B sponsorship.

2.1.8 International clinical rotations require the signature of the Dean, Medical College of Georgia on a travel request in addition to other guidelines stated above.

The term House Officer is used as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at

Augusta University

Effective Date:
7/05

Revision/Review Date:
12/05,10/07,12/09,10/10,2/11
1/13,10/14,9/15,1/16

Number:
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- 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 A Master Affiliation Agreement is required between Augusta University and the other Institution and a copy on file in the Graduate Medical Education Office.
 - 2.2.2 The Master Affiliation Agreement should be routed through Augusta University's contract routing process for review and signature by the President. For information on the Master 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 license is required, the House Officer is responsible for obtaining the license BEFORE performing the rotation.
 - 2.2.4 International clinical rotations require the signature of the Dean, Medical College of Georgia on a travel request in addition to other guidelines stated above.
 - 2.2.5 J-1 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 Augusta University H-1B petition without applying for additional H-1B sponsorship.
- 2.3 For Non Augusta University Graduate Medical Education house Offices performing rotations at Augusta University:
- 2.3.1 Clinical educational experiences which last for thirty days or less and are not to be repeated
 - 2.3.2 Non Augusta University House Officers will be allowed to participate in clinical educational experiences (rotations) at AU Health Systems. 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-Augusta University House Officer from the same sending institution will require a Program Letter of Agreement and verification of professional liability coverage. A copy of the Program 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 Program Letter of Agreement which should be used as a guideline).
 - 2.3.3 A Program Letter of Agreement between Program Training Director at the sending institution and Program Training Director at Augusta University 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 Office of AU Health Systems, 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 from the other facility).

Effective Date:
7/05

Revision/Review Date:
12/05,10/07,12/09,10/10,2/11
1/13,10/14,9/15,1/16

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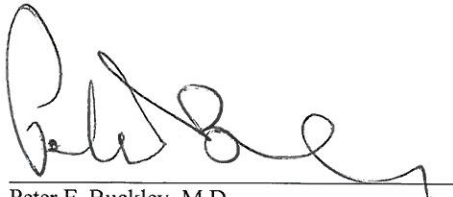
2.3.4 *Requirement of negative PPD or negative chest X-Ray* – The non-Augusta University House Officer must present written documentation of a negative PPD test (Mandatory testing) within the last six-months or present written documentation that a PPD test has been performed by AU Health Systems employee 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 Occupational Health Services with appropriate documentation of current health status.


There may be additional testing needed by AU Health Systems Occupational Health for the House Officer to be approved for a rotation at Augusta University.

2.3.5 For Non Augusta University 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
- Notarized ECFMG certificate (if applicable)
- Valid unrestricted GA medical license or Residency Training Permit required for and clinical rotation
- NPI#
- Employee Health requirements
- Signed forms (see checklist)
- Verification of successful completion of AU Health Systems Right to Know and HIPPA training
- Copy of all required paperwork on file in the Graduate Medical Education Office

2.4 Academic Observerships must adhere to AU Health Systems Policy 15.03. Observership instructions may be found at <https://paws.gru.edu/pub/legal/resources/Pages/observership.aspx>


Peter F. Buckley, M.D.
Dean, Medical College of Georgia
Date 2/17/16


Walter J. Moore, M.D.
Senior Associate Dean, Graduate Medical Education and
VA Affairs
Date 2/17/16

Effective Date:
7/05

Revision/Review Date:
12/05,10/07,12/09,10/10,2/11
1/13,10/14,9/15,1/16

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Graduate Medical Education Office

Attachment "A"

SAMPLE ON DEPARTMENTAL LETTERHEAD

MEMORANDUM

TO: Dean, Medical College of Georgia
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. Inyo 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, Medical College of Georgia
Augusta University

Date:

Senior Associate Dean
Graduate Medical Education and VA Affairs
Augusta University

Date:

Manager, MCG Residency Programs

Date:

cc: Director, Health Information Management
Graduate Medical Education Office

The term House Officer is use as a generic term to include interns, residents and fellows in an approved ACGME Residency Training Program at Augusta University.

Effective Date:
7/05

Revision Date: 12/05 10/07 12/09 10/12/11 1/13 10/14 9/15 1/16

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Attachment "B"

SAMPLE ON DEPARTMENTAL LETTERHEAD

TO: Chief Medical Officer
Georgia Regents Health Systems
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-GRU House Officer Rotation at GR Health.

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, Medical College of Georgia
Graduate Medical Education Office
Chief Medical Officer, Georgia Regents Health Systems
Director, Health Information Management

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ACGME Residency Training Program at Augusta University.*

Effective Date: 7/05 Revision Date: 12/05 10/07 12/09 10/12 11/13 10/14 9/15 1/16 Number 50

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MCG Rotation Checklist

- RESIDENT NAME AND DEGREE _____
- COPY OF MEDICAL DIPLOMA _____
- CURRENT DEPARTMENT/PROGRAM _____
- CONTACT/PROGRAM COORDINATOR _____
- MCG ROTATION DATES & DEPARTMENT(S) _____
- CRIMINAL BACKGROUND FORM _____
- PERSONAL DATA FORM _____
- VETERANS SELF-IDENTIFICATION FORM _____
- SELF-IDENTIFICATION OF DISABILITY FORM _____
- GRU CONFIDENTIALITY STATEMENT _____
- GRU SEXUAL HARASSMENT POLICY FORM _____
- GRU ETHICS POLICY FORM _____
- INFORMATION SYSTEMS/COMPUTER USAGE _____
- MCG DATA FORM _____
- CV/RESUME _____
- OCCUPATIONAL HEALTH SVC-PPD CLEARANCE _____
- HIPAA TRAINING TEST FORM _____
- NPI NUMBER _____
- MEDICAL LICENSE **OR** RTP APPLICATION _____
- DEA NUMBER (if N/A GME will assign institutional DEA) _____
- SSN CARD (clear and readable copy) _____
- DATE OF BIRTH _____
- RESIDENT PHONE NUMBER _____
- RESIDENT E- MAIL ADDRESS _____

**Completed
Rotation
Checklist and
all items listed
must be
submitted to
the MCG GME
Office at least
60 days prior
to the
scheduled
Computer
Training class.**

**Submit completed
Rotation checklist
and complete packet**

to:
Medical College of
Georgia-GRU
Graduate Medical
Education Office
Attn: Candice S.
Henderson, MBA
Manager, MCG
Residency Programs
1459 Laney Walker
Blvd. AE 3039
Augusta, Georgia
30912

MCG GME OFFICE USE ONLY

PAR submitted _____	<input type="checkbox"/> Paperwork to HR _____
ST ID Issued _____	<input type="checkbox"/> Institutional DEA _____
PG number _____	<input type="checkbox"/> Service Now Access requested _____
Badge form sent for signatures _____	<input type="checkbox"/> Badge form to badging _____
ST ID#, Outlook ID, NPI#, DEA# and PPG# emailed to Resident and Program Coordinator	
e Book Picked up by Resident or Program Coordinator	

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approved ACGME Residency Training Program at Augusta University.*

Effective Date: 7/05 Revision Date/ 12/05 10/07 12/09 10/10/2/11 1/13 10/14 9/15 1/16 Number 5.0