

**IN STATE OFF-SITE ROTATION
APPROVAL PROCESS**
University of Tennessee
Graduate Medical Education Program

The purpose of off-site rotations is to provide training experiences outside University of Tennessee (UT) affiliated hospitals or clinical training sites. In order 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). 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. In order 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 of request to the Program Director when final approval is granted. Likewise, the GME Office will send notice of denial to the Program Director if the request is denied.

Unless the resident's department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the off-site rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion).

The resident and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the off-site rotation. 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.

Unless the resident’s department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the off-site rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion). As described in the Off-site Rotation Approval Process, the resident and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the dates of the rotation.

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

Name of Resident(s): _____

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

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

Dates of Rotation: From _____ To _____

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; 920 Madison Avenue, Ste. 447; Memphis, TN 38163***

Notice of approval _____
 Notice of denial _____
Signature of GME Staff Date

c: Residency Coordinator

Sponsoring Institution: University of Tennessee College of Medicine

Rev2 May 10
Rev1 July 08
Eff. 7/1/05

University of Tennessee Graduate Medical Education
Program Director Statement
In State Off-Site Rotation

As Program Director of the University of Tennessee Residency Training Program
in the Department of _____,
(UT COM Dept.)

I have reviewed this Off-site Resident Rotation for _____
(Name of UT Resident)

with _____, Program Director in the
(Name of off-site Program Director)

the Department of _____ at the
(off-site department)

(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 and Program Director are jointly responsible for determining that the resident has obtained medical liability coverage for this rotation. By signing below, the resident acknowledges this responsibility and that unless the resident’s department has agreed to reimburse GME for associated costs, he/she will not be paid by UT during the dates of this off-site rotation and will be responsible for paying the full cost of group medical insurance (both University and employee portions).

Resident Signature

Date

Residency Coordinator Signature

Date