I. PURPOSE

To provide a policy concerning rotations by housestaff to external graduate medical education programs.

II. SCOPE

This policy applies to all Programs / Departments whereby housestaff will be rotating away from RUTGERS Robert Wood Johnson Medical School to external GME programs.

III. DEFINITION

Housestaff refers to all interns, residents and sub-specialty residents (fellows) enrolled in a RUTGERS Robert Wood Johnson Medical School postgraduate training program. A member of the housestaff may be referred to as a house officer.

IV. RESPONSIBILITY/REQUIREMENTS

The trainee must make a formal request in writing to the Program Director to obtain permission to perform an away rotation. This request must be made at least 90 days prior to the beginning of the away rotation. Residents seeking rotations away from RUTGERS Robert Wood Johnson Medical School programs must be at a PGY 2 level or above in order to qualify. Each housestaff must possess either a NJ permit or license. Appropriate qualifications must be verified by the respective Program Director or Chair.

B. Approval by Program Director or Chair

The Program Director will consider whether a comparable elective rotation is available at RUTGERS Robert Wood Johnson Medical School, or if the proposed away elective provides a unique educational opportunity that is specific to the individual’s career goals, is valuable to RUTGERS Robert Wood Johnson Medical School or is humanitarian. The Program Director will then approve or disapprove the request.

Away rotations must be approved in writing by the Program Director or Chairman and a copy of that approval must be kept in the trainee’s academic file.

C. Approval by Risk & Claims Management for Malpractice Coverage
The Program Director must provide the Graduate Medical Education Office with the following information, so that written documentation of malpractice insurance coverage can be requested from the Office of Risk & Claims Management prior to the initiation of any rotation away from RUTGERS Robert Wood Johnson Medical School:

- the reasons for which the educational experience requires an out of school rotation
- if the rotation is out of state, reason an out of state, rather than in-state rotation is necessary
- name of Program Director at away training site
- objectives of the rotation
- location of away Program training site
- copy of an approval letter from the program director indicating type of rotation, specifying the dates and duration of away rotation.

Approval letters from Risk Management will specify both the limits of liability at the stated amounts of $1,000,000/$3,000,000, as well as the duration of coverage for the house officer while at the specified away training site/program.

Risk Management must obtain commercial coverage for certain high risk locales (Philadelphia, New York City, Chicago, Florida and California) and requires at least 60 days notice for processing. All housestaff must obtain an approval letter prior to beginning any away rotations.

D. Letter of Understanding/Program Specific Letter of Agreement

Once approved by Risk & Claims Management, the Program Director must obtain a letter of understanding from the away Program Director specifying the goals and objectives and who will be responsible for supervision and evaluation. For elective rotations one month or longer in duration, Program Directors must check with their respective RRC’s in determining if a program specific letter of agreement is required as outlined in Policy IX.2 of this manual. Some RRC’s require a letter for each rotation, regardless of duration.

E. Documentation for the Graduate Medical Education Office

Copies of the approval letter and letter of understanding, along with proof of malpractice coverage must be submitted to the Office of Graduate Medical Education at least 30 days prior to the start of the away rotation.
V. **SALARY SUPPORT**

Funding of Salary support, all fringe benefits and malpractice coverage will remain as fiscally approved by RUTGERS Robert Wood Johnson Medical School unless explicitly stated otherwise in an Affiliation Agreement.

VI. **HOUSING, MEALS, AND PARKING**

RUTGERS Robert Wood Johnson Medical School will not be responsible for any subsidization for housing, meals, or parking for housestaff while on away rotations. This must be communicated to the rotating houseofficer by the Division or Department prior to the initiation of the away rotation. (Individual Divisions or Departments may provide subsidization for housing, meals or parking).

VII. **ORIENTATION**

RUTGERS Robert Wood Johnson Medical School rotating housestaff should receive instructions as to the policies and procedures of away training Program/Institution. These may pertain to areas of: safety, parking, library availability, cafeteria hours, laundry facilities, on-call rooms and security issues.

Approved by GMEC on 11/9/99 Amended 11/12/02, 5/13/03 & 11/13/07
Letter of Understanding

DATE

(addressee)
Dear Dr. (                  ):

I am writing to confirm the following arrangements for Dr. (resident), one of our (program) residents, who will be rotating to your site from (date) to (date).

Academic standing: Dr. (resident) is currently in good academic standing in (his/her) residency program.

Stipend/Benefits and Malpractice insurance will be provided by RUTGERS Robert Wood Johnson Medical School during this rotation.

Supervision/Teaching/Evaluation: All patient care services provided by Dr.(resident) shall be under the direct and exclusive supervision and control of the physician staff having practice privileges at (rotation site). The physician staff of the (rotation department) will be responsible for the teaching, supervision and written evaluation of Dr. (resident) assigned to (rotation site) under this agreement.

The (title of appropriate person) at (rotation site) will assume administrative responsibility for Dr. (name of resident) while on rotation.

Goals and Objectives: The “teaching curriculum” attached has been submitted to and approved by the resident’s RUTGERS Robert Wood Johnson Medical School program director.

Policies and Procedures Governing Residents: Residents enrolled in the program rotation covered by this letter of agreement will be governed in accordance with the policies and procedures established through RUTGERS Robert Wood Johnson Medical School’s residency programs. Residents shall also follow applicable (name of host institution) policies and procedures while completing their rotation.

Please sign and return this letter in the envelope provided. By signing this letter, you are agreeing to the conditions listed above for the resident on rotation at your site. We appreciate your participation in our resident’s training program. Should you have any questions, please feel free to call me at (            ).

Sincerely,

______________________________
Name printed

______________________________
Title (Program Director)

______________________________
(Title) Signature

______________________________
Date