Regional Academic Affairs

TITLE: Resident Out Rotations

POLICY NUMBER: S-20

DEPARTMENT: Graduate Medical Education

Effective Date:	7/05
Revised:	02/23
Reviewed:	02/23
Date of next Review:	02/25

PURPOSE:
To provide educational opportunities to ensure program requirements are met and support residents pursuing fellowship specialty opportunities.

POLICY:
Mercy St. Vincent Medical Center does not encourage residents to schedule rotations outside of Mercy St. Vincent Medical Center (MSVMC), Mercy St. Charles Hospital (MSCH), and Mercy St. Anne Hospital (MSA) but will allow residents to rotate at other institutions under special circumstances, i.e., if a MANDATORY rotation, a desired rotation, or a resident is interested in a residency/fellowship specialty not available at MSVMC, MSCH, or MSA. **Rotations may be limited in states with active State Patient Compensation Funds.** An out rotation is defined as a hospital-based rotation at another institution other than Mercy St. Vincent Medical Center, Mercy St. Charles Hospital, and Mercy St. Anne Hospital.

PROCEDURE:

MANDATORY OUT-ROTATION (REQUIRED BY ACCREDITATION STANDARDS)

1. The Program Director must contact the DIO and provide Goals and Objectives with Rationale for site selected.

2. Program Letter of Agreement must be in place prior to first rotation.

3. For mandatory rotation at site outside local area, the Sponsoring Institution will provide support for travel to site, housing, parking, site specific charges (if any), and training certificate (if needed).

4. Travel expenses will be reimbursed if it is necessary for resident to return to take ITE exam at Sponsoring Institution.

5. For mandatory rotation blocks/month greater than 1 month in which lodging accommodations are paid for by the Program, the resident will be reimbursed for one-trip home for each successive month

ELECTIVE SPECIALTY OUT-ROTATION

1. Residents should verify with Academic Affairs that the state in which the rotation is being requested is allowable. Elective Specialty Rotations will only be approved if the specialty is anticipated career path and the training is not available within the Bon Secours Mercy Health System.

2. Residents must fill out a Resident Request for Out Rotation form and submit the completed form to their Program Director 90 days prior to the month of the requested rotation.

3. After the Program Director's approval, the following documentation must be submitted to the DIO for final approval determination 90 days prior to the month of the requested rotation:

   - Completed Resident Request for Out Rotation form approved by the Program Director with attached Goals and Objectives

4. The DIO, Mercy will approve/deny after review of the required documentation.

5. If approved, Program Coordinator will work with Director of Academic Affairs to secure appropriate affiliation agreement* with outside facility. All affiliation agreements will require review and approval of Mercy Health – St. Vincent Medical Center's legal counsel. The Affiliation agreement will be kept in the Academic Affairs office and a copy will be given to the program.

   - ALL affiliation agreements/PLAs must be reviewed by the Academic Affairs office.
   - Professional Liability insurance is required for all Out-Rotations. In order for the Sponsoring Institution to secure coverage, the resident will need to apply for an receive appropriate state licensure once the Program Director submits the resident's request. ***NOTE: An Exemption from Training Certificate or License is not acceptable for insurance purposes.***

6. The Program Coordinator will facilitate the residents' schedule accordingly.

7. All Residents/Fellows will be limited to one, one-month elective rotation throughout the duration of their training program after completion of their first year of post graduate medical education training with the exception of the Transitional Year Program. This one-month total can be broken into multiple different rotations/locations as long as the total for all does not exceed one calendar month.

8. The resident will be responsible for securing and paying for any related lodging, travel, licensure and living expenses. Mercy Health will continue to pay all salary and benefits.

Approved by:

Randall Schlievert, MD
VP, Academic Affairs and Research, Mercy Health - Toledo
DIO, Mercy Health - St. Vincent Medical Center
Chief Academic Officer, Mercy Health - Toledo

MERCYHEALTH

Exhibit A

St. Vincent Medical Center
2213 Cherry Street, Toledo, OH 43608

Required Resident Request for Out Rotation

1. Complete the top portion of this form, attach the Educational Goals and Objectives for the rotation, and submit the form to your Program Director.
2. **Please be advised that international rotations, as well as those in the states of Florida, Illinois, and New York, are prohibited.**
3. Allow 30 days or more to complete all requirements for rotation.

Resident name:	____________	Date of birth:	____________
Residency program:	____________	Last 4 digits of SSN:	____________
Educational Rotation name:	____________	Dates of rotation: (start/end)	____________
Rotation site Director:	____________		
Institution name:	____________		
Institution address:	____________		
Affiliated training sites:	____________		
GME contact name:	____________		
GME contact phone:	____________		
Additional info:	• Will your rotation include OB/GYN prenatal care or deliveries? ☐ YES ☐ NO • Will your rotation include surgical cases? ☐ YES ☐ NO		

Visa status: ☐ NONE ☐ F-1 ☐ H1-B ☐ J-1

Administrative Approval

My signature confirms that the resident/fellow has a confirmed rotation at the above site and that the appropriate PLA with educational goals and objectives are attached. ____________ ______ Program Coordinator Signature Date	My signature confirms the resident/fellow is in good standing and I have reviewed the goals and objectives to ensure they satisfy the requirements of the ACGME and the program. ____________ ______ Program Director Signature Date

This request is: ☐ APPROVED ☐ DENIED

____________ ______
DIO Signature Date

Explanation of denial:

____

____

MERCYHEALTH

St. Vincent Medical Center
2213 Cherry Street, Toledo, OH 43608

Elective Resident Request for Out Rotation

1. Complete the top portion of this form, attach the Educational Goals and Objectives for the rotation, and submit the form to your Program Director.
2. **Please be advised that international rotations, as well as those in the states of Florida, Illinois, and New York, are prohibited.**
3. Allow 60 days or more to complete all requirements for rotation.

Resident name:		Date of birth:	
Residency program:		Last 4 digits of SSN:	
Educational Rotation name:		Dates of rotation: (start/end)	
Rotation site Director:			
Institution name:			
Institution address:			
Affiliated training sites:			
GME contact name:			
GME contact phone:			
Additional info:	• Will your rotation include OB/GYN prenatal care or deliveries? ☐ YES ☐ NO • Will your rotation include surgical cases? ☐ YES ☐ NO		
Goals and objectives:	☐ *Attached*		
Reason for request:	☐ Rotation not offered at Mercy ☐ Applying for fellowship ☐ Advanced experience ☐ Other *(if checked, attach a letter of explanation.)*		

Please list any previously approved out-rotations:
1.
2.

Visa status:	
☐ NONE	☐ F-1
☐ H1-B	☐ J-1

Administrative Approval

My signature confirms that the resident/fellow has a confirmed rotation at the above site and that the appropriate PLA with educational goals and objectives are attached. ________________ ______ Program Coordinator Signature Date	My signature confirms the resident/fellow is in good standing and I have reviewed the goals and objectives to ensure they satisfy the requirements of the ACGME and the program. ________________ ______ Program Director Signature Date

This request is: ☐ APPROVED ☐ DENIED

________________ ______
DIO Signature Date

Explanation of denial: ____________________________