

UTHSCSA Graduate Medical Education Policies

Section 4	Program Policies & Procedures	Effective:	January 2002
		Revised:	December 2009 December 2011 June 2013, February 2015, July 2020, November 2021
Policy 4.4.2.	Visiting Residents 2 – Clinical Rotations	Responsibility:	Designated Institutional Official

Visiting Residents 2 – Clinical Rotations

Policy	<p>Under ACGME accreditation standards, as well as the regulations of the Texas Medical Board (TMB), The Joint Commission (TJC), and other regulatory bodies, certain rules apply which govern the institution's process for accepting residents from training programs outside the UTHSCSA who wish to visit this institution and our teaching hospitals for the purpose of medical education. While the primary obligation of the institution is the education of our residents, this policy has been developed to add some uniformity of experience and guidance to clinical departments that choose to offer clinical rotations, as well as to the individuals who wish to undertake them.</p> <p>The availability of clinical experiences to residents from other programs is at the discretion of individual clinical departments, and is based on the departments' availability of resources and preferences. The existence of these guidelines creates no obligation on the part of any clinical department to provide such experiences.</p> <p>For residents from other training programs desiring clinical experiences within the institution, there are two types of medical experience available. These include:</p> <ol style="list-style-type: none"> 1. Observerships 2. Clinical Rotations <p>This policy will address Clinical Rotations. A clinical rotation is defined as the position of participating in patient care as a member of a supervised clinical team in a health care setting, with patient contact appropriate for the individual's level of training and performance, for the specific purposes of gaining medical knowledge and experience, and obtaining credit for the experience toward ACGME-accredited training or American Osteopathic Association (AOA)-accredited training.</p> <p><u>Definitions</u></p> <p><u>Embedded:</u> These rotators are an integral part of patient care services</p>
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associated with an educational program.

Non-embedded: These rotators are completing rotations that are not critical to patient care services associated with an educational program.

The DIO or his/her designee will determine whether a rotator or group of rotators meets the definition of “embedded”. **Eligibility:**

Clinical rotations may be granted on a case-by-case basis to physicians who are graduates of a medical school and who are members in good standing of a GME program (hereinafter called “residency”) within an ACGME-accredited institution or AOA-accredited training institution.

Individuals who are not eligible for clinical rotations include the following:

- Residents enrolled in a non-ACGME or non-AOA sponsored program may seek an Observership (see Policy on Visiting Residents 1 - Observerships).
- Physicians who are not currently enrolled as residents in graduate medical education programs
- Individuals who have not yet graduated from medical school

Length of Rotation: A clinical rotation shall not exceed three consecutive months. An application can be submitted for an additional 30-day rotation. If the rotator is deemed “embedded,” the original application (including the background check) is accepted for the duration of the rotator’s embedded status..

Application Process: Application packet must be received in the GME office no later than 30 days prior to requested clinical rotation start date. If the visiting resident currently holds a visa, the application must be received 30 days in advance to allow processing through the Office of International Services.

Note: Not all programs accept rotators, and programs may require further application documentation, an interview, and/or an additional application fee.

The application packet consists of the following:

1. Completed Visiting Resident 2 – Clinical Rotations Application and Checklist
2. All documents requested in the Clinical Rotation Application and Checklist
3. Non-refundable application fee.

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The hosting UTHSCSA program coordinator is responsible for:

1. Communications and coordinating the process to include all paperwork with the prospective clinical rotator.
2. Receiving and reviewing the packet for completeness.
3. Forwarding the packet to GME with a cover memo indicating that the packet is complete and the hosting UTHSCSA program approves the rotation no later than 30 business days prior to the start of the rotation.
4. Ensuring that the applicant has a current Texas PIT for the proposed rotation
5. Ensuring that the PLA is completed between the rotators home program and the UTHSCSA receiving program.

The UTHSCSA GME Office is responsible for:

1. Ensuring that the application is complete and that the applicant is eligible to apply for the clinical rotation.
2. Presenting the application to the Designated Institutional Official, who will approve or deny the rotation.
3. Entering the clinical rotator's pertinent information into New Innovations (Ni) and ensuring the rotator's Ni file is activated 5 days prior to the start of the rotation.
4. Notifying UHS, VA, and the hosting program's coordinator that the clinical rotator is cleared for the approved rotation.

No stipend support, insurance coverage, or housing will be provided by the UTHSCSA programs or the teaching hospitals.

Upon GME approval for a clinical rotation and with the assistance of the hosting UTHSCSA program coordinator, the resident must satisfy the additional requirements listed below:

1. have a photo identification badge made by the UTHSC Police Office,
2. Satisfy all requirements of the facility through which he/she will rotate (i.e., UHS, VAH).

When all of the requirements have been met the resident may begin his/her clinical rotation, and will be supervised by attending physicians, can write orders, and have all of the privileges and responsibilities of all other residents within GME programs sponsored by UTHSCSA.

Acceptance into a clinical rotation will not constitute a precedent or guarantee acceptance into residency or fellowship training programs sponsored by UTHSCSA.

Public Health Emergency Amendment

During a declared Public Health Emergency by the Institution, City or County, Visiting Residents' clinical rotations may be suspended or severely limited by the DIO in coordination with the Dean and/or Major Participating sites to ensure a healthy workforce. Visiting resident clinical rotations will not be supported for recruitment purposes. A onetime approval for the same rotation/same institution and each unique, individual rotator request must be approved by the DIO prior to pursuing an application. The priority for continued support will be as follows: 1. Local Military Rotators - the SI already has a substantive co-dependence for learning experiences in multiple programs. 2. Accreditation Impact - Suspension of existing or failure to support new rotation would have substantial likelihood of negatively impacting the program (i.e., clinical work hours citations). 3. Established Regional Affiliations Improving Clinical Coverage - Requested experience must not be available at existing visiting resident's institution and experience must enhance SI program's clinical support of participating sites.

The GMEC will be notified with the invoking of the amendment and timing of return to normal practices.