

<b>SUBJECT</b>	<b>NUMBER</b>
<b>RESIDENT AWAY ROTATIONS</b>	<b>GME-20</b> Attachments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>KEY WORDS</b>	<b>EFFECTIVE DATE</b>
Agreement, Away, Educational, Rotations, Site	July 1, 1999
<b>CATEGORY</b>	<b>LAST REVIEW DATE</b>
Human Resources (HR)	November 7, 2014
<b>MANUAL</b>	<b>NEXT REVIEW DATE</b>
Graduate Medical Education	November 2017
<b>ISSUED BY</b>	<b>ORIGINATION DATE</b>
Graduate Medical Education	July 1, 1999
<b>APPLICABLE</b>	<b>RETIRED DATE</b>
Applies to all training programs sponsored by HealthPartners Institute for Education and Research.	Not Applicable
<b>REVIEW RESPONSIBILITY</b>	<b>CONTACT</b>
Graduate Medical Education Committee (GMEC)	Graduate Medical Education

**BACKGROUND**

Historically some residents in HealthPartners Institute for Education and Research programs have taken an elective “away” rotation for an enriched educational experience. The benefits of such local, national or international elective rotations have been recognized as they afford the resident exposure to a particular patient population to which they would not otherwise be exposed.

Recognizing the need for these unique educational experiences, the Institute is desirous of maximizing opportunities for our resident physicians. However, because of the current financial climate of increased federal regulations and limited resources, it is necessary that residents on any away rotations (domestic or foreign) be eligible for federal funding, OR that they have an alternate source of funding for their salary and benefits.

**PURPOSE**

To maximize quality learning opportunities for our resident physicians while ensuring that all regulatory, curricular and institutional requirements for accreditation and for fiscal responsibility are met.

**SCOPE**

This policy will apply to all residents sponsored by HealthPartners Institute for Education and Research participating in away rotations.

**DEFINITION**

Provider — hospital or hospital-based clinic (regardless of location, domestic or foreign, and regardless of whether or not the hospital accepts Medicare patients).

Non-provider — any facility other than a hospital; i.e. a clinic, an institution, a corporation (3M, General Mills, etc.) that is NOT hospital-based.

Sponsoring Institution — Regions Hospital/HealthPartners Institute for Education and Research.

Participating Institution — an entity other than Regions Hospital serving as a site for resident education.

Non-provider site resident training agreement — an agreement between Regions Hospital and a Non-provider site. The Non-provider site resident training agreement protects the resident from misunderstandings regarding malpractice, clinical responsibilities and educational performance. Such agreement may include any teaching cost required by the Non-provider.

Provider site resident training agreement — a contract between Regions Hospital and a Provider site whereby all details are covered PLUS it involves an exchange of dollars by way of reimbursing the hospital (Regions) for the intern and/or resident salary and benefit costs.

## **POLICY<sup>1</sup>**

Away rotations are to be held at a:

1. "non-provider" site (regardless if domestic or foreign), PROVIDED an appropriate non-provider site resident training agreement is in place, OR
2. United States "provider" site PROVIDED an appropriate provider site resident training agreement is in place acknowledging that the provider site will claim the resident for Medicare reimbursement, and that the sponsoring institution (Regions) will be reimbursed for the resident's salary and benefits for that specific rotation.<sup>2</sup>

## **PROCEDURES**

1. A resident interested in an away elective rotation must notify their program director no later than 120 days prior to the start date of the proposed rotation.
2. If the program director approves of the proposed rotation, he/she shall forward the request on the designated template, provided by the Institute's Central Graduate Medical Education Office, along with his/her approval, to the DIO or designee.

The proposal shall include a summary of the proposed rotation, including:

- a. The proposed institution and location and address for the rotation.
- b. Identification of officials responsible for resident education and supervision including detailed contact information.
- c. An outline of the educational goals and objectives. The proposal should emphasize how the rotation fits in the educational plan of the resident, and how the experience will augment the resident's knowledge through experiences not available within this institution.
- d. The period of assignment (proposed start and end dates).
- e. Financial support, including the source of funding for travel (if applicable).
- f. Provision of resident benefits, including malpractice insurance.
- g. Institutional responsibility for teaching supervision and evaluation of the resident.
- h. A designation of which institutional policies and procedures will govern the resident during the rotation.
- i. A commitment from the resident to present a written and/or oral summary of the experience on return.

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<sup>1</sup> This policy is applicable to resident physicians only. Faculty members interested in accompanying residents on a foreign away rotation need to negotiate those arrangements with their department chair and HealthPartners Medical Group (HPMG).

<sup>2</sup>In the event that the "provider" site declines reimbursement of resident S&B, the resident may seek alternate funding to reimburse the hospital. Alternate funding might come from grants, donations or other departmental funding. Educational grants, for example from pharmaceutical or medical device manufacturers, must be handled through the Institute. Residents may not participate in rotations in an unsalaried status.

- j. Signature of the Program Director indicating support for the proposed rotation, and providing the following assurances that:
  - 1) the resident's clinical performance and educational progress warrant rotations outside the direct supervision of the Program Director,
  - 2) other rotations will be appropriately staffed during the resident's absence, and
  - 3) the rotation will not delay the resident's graduation from the program.
3. The DIO or designee will review the request.

*NOTE: No proposal submitted to the DIO or designee later than 60 days prior to the onset of the rotation will be approved.*
4. If approved, the required signatures of all institutional officials will be requested. Once all the required signatures are obtained, copies of the signed/approved Away Rotation Proposal Form will be returned to the resident, and to the Program Director.
5. The signed agreement must be in place before the rotation begins. Residents who leave without having an agreement in place may jeopardize their employment and risk not fulfilling requirements for graduation on time.

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*Attachments*

Away Rotation Proposal Form

## Away Rotation Proposal Form

(For office use only)  
Date Submitted \_\_\_\_\_

RESIDENT NAME \_\_\_\_\_ ADVISOR \_\_\_\_\_

ELECTIVE TITLE \_\_\_\_\_ ELECTIVE DATES \_\_\_\_\_

TRAINING SITE \_\_\_\_\_

Training Site:      Hospital Based                              Community Based  
                             **Deadline: 120 days in advance**     **Deadline: 120 days in advance**

LOCATION FOR ROTATION \_\_\_\_\_

INSTITUTION NAME AND COMPLETE ADDRESS *(up to four lines of text)*

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

BEST WAY TO CONTACT YOU DURING YOUR AWAY ROTATION: *(cell phone and/or preferred e-mail address)*

**Travel Request:**

Will you be asking to use Residency funds to cover some of the cost of travel?    Yes      No

Have you completed the current version of the HealthPartners Travel Request Form?    Yes      No

*(Any rotation that takes place outside of the state of Minnesota requires the completion of the Travel Request Form, regardless of whether or not you are requesting funds.)*

I am paying for my own travel and I am requesting that The Institute fund support my salary and benefits.

**Contact Information for officials responsible for resident education and supervision:**

ADMINISTRATIVE RESPONSIBILITY*	PHONE NUMBER	EMAIL
SUPERVISORY RESPONSIBILITY**	PHONE NUMBER	EMAIL
EDUCATIONAL RESPONSIBILITY***	PHONE NUMBER	EMAIL
EDUCATIONAL RESPONSIBILITY***	PHONE NUMBER	EMAIL

*\*Cannot be a physician; will receive the "Affiliation Agreement" outlining legal/financial arrangements for the rotation.*

*\*\*Must be a physician; will receive the "Letter of Agreement" outlining training/evaluation requirements for the rotation.*

*\*\*\*If there will be more than two people providing educational instruction for this rotation, please attach their names and contact information so that evaluations can be scheduled accordingly.*

**GME Information:** (If items 1-4 are different than outlined below, please attach a separate page outlining the specific changes.)

1. Financial Arrangements: Covered by Regions Hospital.
2. Resident Benefits and Liability Insurance: Covered by Regions Hospital.
3. Governing Policies and Procedures: In accordance with Regions Hospital and rotation site.
4. Supervision of Residents: The rotation site shall assume administrative, educational, and supervisory responsibility of the Resident.

**Required Attachments:** (Please attach the following documents to this proposal. The proposal will not be considered without them.)

1. A typed outline of the goals and objectives for the elective.
2. A typed statement as to how this rotation fits in with your educational plan.
3. A typed statement as to why the location of the rotation is important to the goals and objectives for the rotation (i.e. how the experience will augment the Resident's knowledge through experiences not available within this institution).
4. A template for the month showing the schedule for the rotation. The schedule needs to be agreed upon by the administrative party responsible for the rotation and the supervising physician (listed above).
5. Completed HealthPartners Travel Request Form (regardless of whether or not you are requesting CME/foundation funds).

**Evaluation Requirements:**

Please initial below indicating you understand the policy regarding evaluations for away rotations:

\_\_\_\_\_ I understand that it is my responsibility to secure proper evaluation(s) of my performance on the rotation in accordance with the requirements of the residency program. (See the Evaluation section of the Policy & Procedure Manual for more information.)

**Summary of Rotation:** After the completion of your personally designed elective, you are required to give an oral or written presentation on your educational experience. If Knowledge Bank funds are secured to cover salary and benefits, a report must be submitted to The Institute.

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*Residency Program Approval:*

All of the information on this form and in the attachments has been completed in accordance with the requirements. I have discussed this rotation with the Administrative, Educational, and Supervisory Contacts listed in this proposal and have secured their approval for the rotation. I have also discussed this rotation with my advisor.

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Resident has discussed his/her proposed elective with me and I approve the rotation based on its academic merit.

**Signature of APD/  
Elective Liaison:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The proposal was submitted on or before the deadline as stated in the policy and procedure manual. The proposal is complete and includes all required attachments.

**Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing below, the Program Director approves of the rotation.

**Program Director  
Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*HealthPartners Institute for Education & Research Approval:*

By signing below, the Executive Director of the HealthPartners Institute for Education and Research (The Institute) approves of the rotation and any necessary travel.

**DIO (or designee)  
Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_