POLICY: Off-Campus House staff (Residents/Fellows) Training Rotations

Purpose: To provide policy/procedure guidelines for off-campus educationally sound house staff rotations within California, out of the state, or in other countries when the rotation is not provided by major partnering sites. Additionally, to track where residents are rotating when participating in an off-campus rotation.

DEFINITIONS:
Off-Campus: Not at major partnering facilities for residency/fellowship training for UCSF Fresno. Contact the GME office for questions regarding major partnering facilities sites (CRMC, VACCHCS, VCH, and Selma).

POLICY
UCSF Fresno Medical Education Program and its Graduate Medical Education Committee encourage specialized rotations when educationally appropriate. These specialized rotations are subjected to the following policy guidelines.

GUIDELINES
1. Off-campus rotations must offer educational experiences not available in the UCSF Fresno Program.
2. Rotations must be arranged so as not to create significant service coverage problems.
3. Rotations must be one of the following:
   Within the University of California system.
   Within programs fully accredited by the ACGME.
   Arranged in conjunction with and under the direct supervision of a UCSF Fresno faculty member who is also present at the off-campus site.
   Found through the Consortium of Universities for Global Health (CUGH) web site (http://www.cugh.org/) and approved by the House staff Program Director.
   Other sites/experiences arranged by individual house staff and approved by the house staff Program Director, which provide supervision and educationally relevant experience(s).
4. The UCSF Fresno house staff must have completed at least his/her first year of residency/fellowship training and must be in good standing.
5. If the rotation is being requested by a fellow in a one-year fellowship, the rotation must be a required rotation not provided locally. One (1) year fellowships will not be eligible for off-campus elective rotations.
6. House staff may request approval of an off-campus elective rotation after their 1st year of training. (Does not apply to mandatory program rotations, i.e. UCSF Surgery). Total number of off-campus elective rotations may not exceed the program length less one year (3 yr. training program = total 2 off-campus electives total maximum, 2-months total maximum). The total number of off-campus rotations for house staff transferring into the program after their first year may not exceed the number of years the house staff is in the program. UCSF Fresno house staff in good standing will be provided with UC malpractice coverage and continuation of salary and benefits if the rotation is approved and procedural guidelines described herein are followed. House staff completing training in a UCSF Fresno specialty program and then going into a UCSF Fresno fellowship cannot carry over off-campus elective time from the previous specialty training.
7. If the off-campus rotation is not a required rotation, programs should consider requiring house staff to present a summary of the educational experience and how it is relevant to their overall program of learning either in writing or as a presentation to their program.
8. Consideration of reimbursement for house staff salary and benefits should be explored as a part of this process.
9. House staff may be responsible for arranging and paying for their own travel, room, board, and incidental expenses during any off-campus rotation. Fresno House may be available, check with GME for availability.
10. J-1 Visa Holders must submit the Required Notification of Off-site Rotation/Elective form to UCSF’s International Student and Scholars Office.
PROCEDURAL GUIDELINES:
1. Complete the "Application for Rotation outside the UCSF Fresno Educational Program" (included within this policy). This application includes:
   - Justification and rationale for the rotation.
   - Description of the educational experience anticipated.
   - Location and duration of the rotation.
   - Details about supervision of the house staff at the rotation site.
   - Signed authorization and approval by a representative from the off-campus rotation site.
   - Approval by the house staff Program Director.
   In addition to approval by the Program Director, the Program Director must provide a statement of justification and rationale as to why this experience is unique and how it will provide an educational experience not available at UCSF Fresno.
   - Clearance from the UCSF Fresno Medical Education Program
   - Register and complete the application process for UC Traveler Insurance Coverage \textbf{(required)} at: \url{https://ehs.ucop.edu/away/}
2. If the rotation is outside of the United States, sign the ‘Outside the US Residency Training Rotation’ waiver of liability form. House staff must apply for the University of California Traveler Insurance Coverage which is recommended for their safety when rotating outside California or the United States.
3. If the house staff is a J-1 visa holder, they must submit the Required Notification of Off-site Rotation/Elective form to UCSF’s International Student and Scholars Office found at \url{https://www.ecfmg.org/evsp/notification-off-site-rotation.pdf}
4. A completed off-campus rotation application must be submitted for approval to the UCSF Fresno Medical Education Program Assistant Dean for Medical Education.
   a) In addition to the application, a statement from the Program Director stating the unique or significant educational value of the experience is required.
   b) Required rotations that have an existing Program Letter of Agreement must be received 30 days prior to the anticipated start of the rotation.
   c) Required rotations that do not have an existing Program Letter of Agreement must be received 60 days prior to the anticipated start of the rotation.
   d) Within 10 working days of receipt of the completed application, the Assistant Dean of GME will inform the Program Director of the final decision.
5. Applications not received within this time frame may not be considered or approved.
6. To ensure off-site elective requests are being received by the GME office, all off-site elective requests must be e-mailed to the GME office to the GME Analyst c/o: residency.programs@fresno.ucsf.edu.

\textit{(Original signed Policy is available in the UCSF Fresno Graduate Medical Education Office)}

Michael Peterson, MD, Associate Dean, Chair GMEC
APPLICATION FOR ROTATION
OUTSIDE the UCSF FRESNO MEDICAL EDUCATION PROGRAM (Off-Campus)

House staff: Complete Section A and forward to your Program Director

Program Director: Complete Section B

House staff or Program: Forward to specified site rotation representative for completion of Section C
When approved, forward form to UCSF Fresno Office of Graduate Medical Education

UCSF Fresno GME will: Forward to UCSF Fresno Risk Management for completion of Section D
Complete Section E and forward approval to residency program office

NOTE: Unless other arrangements are made, during an approved off-campus rotation the house staff’s stipend and benefits will be paid by UCSF Fresno. Malpractice/professional liability for the house staff will be covered by the University of California, San Francisco unless specific notification is provided by UCSF Fresno Risk Management that such coverage is limited or not provided.

SECTION A: (To be completed by House staff requesting rotation)

<table>
<thead>
<tr>
<th>House staff Name (please print)</th>
<th>Credentials</th>
<th>UCSF Fresno Training Program</th>
<th>PG Level</th>
</tr>
</thead>
</table>

I would like to apply for a ROTATION at: ____________________________

(Institution name and location)

__________________________

(Program/Department) for the period ________ to ________

(Date) (Date)

Is this a required rotation: Yes or No

Is this educational experience/rotation available at UCSF Fresno: Yes or No
(If yes, include reason for exception to policy under the rotation description and in the program director’s justification letter)

Is there alternative funding available for the rotation: Yes or No

Program requires a supplemental document verifying malpractice insurance coverage (i.e., Certificate of Insurance or Verification Letter): Yes or No

Describe the rotation -- including a detailed justification of the educational opportunities. (Please attach supplemental sheet if necessary.)

Supervision will be provided by: ____________________________

Rotation is approved for credit and will require evaluations. House staff's home program in Fresno will forward evaluation forms to:

REQUIRED:

Name of Director at Rotation Site

Mailing Address:

(Forward to Rotation Site for completion of Section C.)

SECTION B: (To be completed by the House staff's Program Director :)

The above named house staff is in good standing in our training program and is authorized to take the rotation described. The rotation provides educational experience(s) and meets all requirements of the RRC.*

Signature of Program Director or Designee ____________________________

Date ____________________________

*In addition to approval by the Program Director, the Program Director must provide a statement of justification and rationale as to why this experience is unique and how it will provide an educational experience not available at UCSF Fresno.

☐ PD Statement of Justification attached
SECTION C: (Approval from rotation site to be obtained by requesting program)

I, _________________________________________, (House staff) have applied for a rotation as described in Section A and understand that unless other arrangements are made, during an approved off-campus rotation any stipend and benefits will be paid by UCSF Fresno. Malpractice/professional liability for the House staff will be covered by the University of California, San Francisco unless specific notification is provided by UCSF Fresno Risk Management that such coverage is limited or not provided.

The proposed rotation site/program is accredited by:

Supervision will be provided by: ____________________________________________
(Name)

__________ ____________________________
(Title)

Phone number of physician providing supervision: ____________________________
Area Code Phone

The rotation is approved and I agree to have evaluation forms completed as required by the House staff's home institution.

__________________________ ____________________________
Signature of elective site Director or designated representative Date

Name (please print) ____________________________
Title

Institution

SECTION D: (To be completed by UCSF Fresno Risk Management) - GME OFFICE WILL COORDINATE

The above-named House staff ☐ will ☐ will not be covered by malpractice insurance provided by UCSF while participating in the clinical rotation described above.

Authorized Signature ____________________________ Date

Name ____________________________ (Print or type)
Title

(Please return to the UCSF Fresno Office of Graduate Medical Education)

SECTION E: (To be completed by the UCSF Fresno MEP)

My signature below indicates I have reviewed and approved this request for an elective rotation as described.

__________________________ ____________________________
Approved on Behalf of the Assistant Dean of Graduate Medical Education Date
UCSF Fresno Medical Education Program
Center for Medical Education and Research
155 N Fresno Street
Fresno, California 93701

c/o Office of Graduate Medical Education
Phone: (559) 499-6518
FAX: (559) 499-6521

cc: House staff’s Program Director at UCSF Fresno
    UCSF Fresno Risk Management
    Program Director at Site of Elective Rotation (copy of approval provided by House staffs’ home program)
Each year a number of House staff participate in credit-bearing activities outside of the United States through organized courses and independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to House staff for which they may not be prepared. These include unfamiliar cultures and languages, political instability, and exposure to infectious diseases and other health hazards that are uncommon in the United States.

To assist House staff in preparing for these possibilities, the UCSF Fresno Medical Education Program strongly recommends that all House staff planning to enroll in a credit-bearing course or independent activity with an international component perform the following prior to departure from the United States:

- Participate in courses, seminars, or supervised self-study programs for cultural orientation and preparation for the trip.
- Gather information concerning any political problems or health hazards that may place them at risk by consulting current State Department and Centers for Disease Control (CDC) information.
  
  State Department -- Phone: 888-407-4747 or Internet: https://travel.state.gov/content/passports/en/alertswarnings.html.
  

- Obtain medical travel advice and immunizations appropriate for the country to which travel is planned.

- Obtain medical and accident insurance, which includes provisions for emergency evacuation to a United States medical facility.

- Designate persons both in the foreign country and in the United States who may be contacted in the event of an emergency.


In addition, competency or training in the local language is strongly encouraged.

Completion of these steps is the responsibility of the individual House staff and not the UCSF Fresno Medical Education Program. Directors of international courses are being asked to put in place mechanisms to facilitate completion of the steps listed above as an integral part of their course design.

I have read and understand the above guidelines. I further understand that the decision to undertake study abroad is mine alone, and that neither the University of California, UCSF Fresno Medical Education Program nor its affiliated teaching partners bear responsibility for any health or safety risks presented by such study.

Signed: ____________________________ Date: ____________________________

Name: ____________________________ Program: ____________________________

(Please print name)