

ROTATIONS

Tufts Medical Center (TuftsMC) is ACGME-accredited as a sponsor of Graduate Medical Education (GME) programs. Under the accreditation standards and other regulatory bodies, certain rules apply which govern the institution's process for accepting residents from training programs outside the TuftsMC who wish to visit our teaching hospital 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. It is assumed that the availability of clinical rotations is at the discretion of individual clinical departments based on that department's availability of resources and the existence of these guidelines.

For Residents from other training programs desiring clinical experiences within our institution, there are only two types of medical experience available. These are:

- 1.) Observerships
- 2.) Clinical Rotations – Assigned and Elective

This package will address Clinical Rotations. Clinical Rotations are 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 individuals' 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.

Clinical Rotations may be granted by clinical departments on a case-by case basis to physicians:

- 1.) Who are graduates of a medical school and who are members in good standing of a GME program within an ACGME-accredited institution
- 2.) Who hold a valid Massachusetts license or they must apply for and be approved for a valid limited Massachusetts license prior to the start of rotation
- 3.) Who fulfill TuftsMC rotation documentation requirements.

Clinical Rotations **may not** be granted to:

- 1.) Residents/Fellows at non-ACGME sponsored programs (they should seek Observerships)
- 2.) Physicians who are not currently enrolled as residents in graduate medical education programs
- 3.) Individuals who have not yet graduated from a medical school.

CLINICAL ROTATION - ITEMS TO BE RETURNED TO GME OFFICE PRIOR TO ROTATION

The TuftsMC Graduate Medical Education Office must receive the following documents **at least four weeks prior** to the rotation start date and considers it the rotating resident/fellow and TuftsMC program coordinator responsibility to compile and provide these necessary documents:

- 1) A letter from the resident/fellow's program director stating that the resident/fellow is in good standing in his/her program and indicates the educational objectives and evaluation mechanism for the rotation, that the rotation to TuftsMC will provide academic credit, that the parent institution will provide liability coverage for the rotation, that states the period of assignment to TuftsMC, and indicates the supervising TuftsMC physician and specialty/subspecialty department where the rotation will be performed at Tufts Medical Center. **(Example A, p4)**
- 2) Verification of the resident/fellow's CORI check
- 3) A copy of the resident's/fellows' Rotation Schedule indicating assignment to TuftsMC **(Example B, p5)**
- 4) A completed "TuftsMC Rotator Application" for Interns, Residents, and Fellows. **(Attachment #1)**
- 5) A copy of the resident/fellow's valid Massachusetts Medical License. If not already licensed in Massachusetts the resident/fellow must complete the Massachusetts Limited License application for processing by Tufts Medical Center's GME Office. The license fee is \$100.00 and the processing time is 6-8 weeks or more. **The resident cannot perform an elective or assigned rotation without a valid Massachusetts license.** If you need an application you can download a **limited** license application from the Massachusetts Board of Medicine's website (www.massmedboard.org.)
Please note: For rotators with MA Limited Licenses the GME office must receive a copy of the 8 ½ x11 Certificate of Limited Licensure.
- 6) Proof of liability coverage while at TuftsMC from the resident/fellow's institution, a certificate of malpractice insurance coverage face-sheet of at least 1 million per incident, and 3 million annual aggregates while at T-NEMC.
- 7) A copy of a currently valid ECFMG certificate, if the resident is an International Medical Graduate.
- 8) Health Clearance form signed by resident/fellow's own Employee Health Department. **(Attachment #2)**

- 9) HIPAA Self Study Guide Form stating that you completed the mandatory requirement for HIPAA training. **(Last page of Packet Two)**
- 10) Documentation Completion Form stating that all items have been returned. **(Attachment #3)**
- 11) A letter from the TuftsMC program director indicating their acceptance of the resident/fellow to rotate through their department and confirming the period of assignment, supervising TuftsMC physician, and the specialty/subspecialty department where the rotation will be performed. **(Example C)**

Rotators should send items 1-10 to the department's program coordinator.

The program coordinator should review all items for accuracy and completion, attach item #11 and send the entire packet to the GME Office, box 836.

DEPARTMENT LETTERHEAD

EXAMPLE

MEMORANDUM

TO: TuftsMC Department's Program Director & GME Office

FROM: Your Program Director
Program Name

RE: Resident/Fellow's name

DATE:

I have approved Dr.'s name to perform an elective clinical rotation under the supervision of Name of Supervising, Medical Staff Member in the Name of Clinical Service at Tufts- Medical Center, 800 Washington St., Boston, MA, 02111. Dr.'s name is currently a PGY level Resident/Fellow in good standing at your institution.

He/She is scheduled to rotate through Tufts Medical Center's from month, day and year until month, day and year.

I am attaching a certificate of insurance for Dr's name, which verifies their professional liability in the minimum amount of 1 million per incident, 3 million annual aggregates.

If you have any questions, please feel free to call your telephone number.

Sincerely,

Program Directors' name
Title

CC: TuftsMC GME Office, 800 Washington Street (Box 836), Boston, MA 02111

DOCTOR'S NAME:
Schedule of Rotation

EXAMPLE

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
GIM	Community GIM	Elective	HemOnc TuftsMC	GIM	GIM	Elective	Elective	GIM	Elective	GIM	Elective

This is only a sample of what a rotation schedule may look like. If your institution has a different format that is also acceptable.

DEPARTMENT LETTERHEAD

EXAMPLE

TO: TuftsMC GME Office

FROM: TuftsMC Program Director
Program Name

RE: Rotator's name

DATE:

I have approved Dr.'s name to perform an elective clinical rotation under the supervision of Name of Supervising Medical Staff Member in the Name of Clinical Service at Tufts- Medical Center, 800 Washington St., Boston, MA, 02111. Dr.'s name will be on (list rotation).

He/She is scheduled to rotate through Tufts Medical Center's from month, day and year until month, day and year.

If you have any questions, please feel free to call your telephone number.

Sincerely,

Program Director's signature

Program Directors' name

Title

Department