CAROLINAS MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
VISITING RESIDENT AT AN ATRIUM HEALTH FACILITY POLICY

Created: 05/19/2014
Reviewed: 10/27/2014, 10/18
Revised: 2/16/15, 10/18

Purpose:
The purpose of this policy is to standardize the process for a visiting resident doing a rotation with Atrium Health and to ensure all the documents are in place. The visiting resident will be entered in MedHub, Inc. (the resident's tracking program) and all the required documents listed in this policy will be uploaded into MedHub and readily available in the event of a Joint Commission audit or reviews by other governing agencies.

Rotation Approval:
- Residents requesting a rotation with Atrium Health must first clear their rotation with the appropriate Atrium Health Program Director. The Designated Institutional Official will approve requests for rotations when there is no relevant Program Director.
- The visiting resident must give a minimum of a 90-day notice, more if resident is out-of-state and no Affiliation Agreement is in place.
- The visiting resident's home institution must be willing to cover resident's malpractice for $1 million/$3 million medical liability.
  - *If the resident's home institution is not willing to cover the resident's liability, the visiting resident will be responsible for obtaining resident's own liability coverage and provide proof of that coverage to the Central GME Office.*
- Both the visiting resident and supervising faculty is responsible for all GME policies.
- The visiting resident must obtain a North Carolina Medical Resident Training License with the application fee paid by the resident.
- Upon initial approval by the Program, the resident or the resident's home institution must pay a $200 application fee to the Central GME Office no less than 1month prior to the requested start date of the rotation. This fee is in addition to the fees associated with completing their online North Carolina Resident Training License application.
  - *The $200 application fee covers cost associated with direct expenses for the resident while rotating at Atrium Health (i.e. Atrium Health Hospital Identification Badge, Health Screening, Background Check, etc.) Make personal check, money order or cashier's check payable to Atrium Health and forward to the Central GME Office (This fee is waived for all current Atrium Health residents)*

ATRIUM HEALTH Affiliation Agreement:
- Once the rotation has been approved by the Atrium Health Program Director or DIO, there must be an *Affiliation Agreement* between the resident's home institution and Atrium Health for a visiting resident to perform a rotation. Atrium Health no longer accepts an outside initiated agreement.
- The Atrium Health program/practice **must** contact the Central GME office to confirm an *Affiliation Agreement* is in place for the resident's institution. If an *Affiliation Agreement* is in place, submit *Attachment I* of this policy to the Central GME Office to begin the onboarding process.
- If no *Affiliation Agreement* is in place, the Atrium Health program must request an *Affiliation Agreement* from the Central GME office by submitting *Attachment I* of this policy.
- The *Affiliation Agreement* must be signed by both institutions' contract authorized official and returned to the Central GME Office.
- A *Program Letter of Agreement* is *required*, regardless of accreditation status, and will be an addendum to the *Affiliation Agreement*.

Program Letter of Agreement – Goals and Objectives
Upon approval of *Attachment I,* the home institution's GME Office or Program will prepare the *Program Letter of Agreement* (PLA) and forward to the Central GME Office at Carolinas Medical Center for approval before the visiting resident will be allowed to start their rotation. PLA's are intended to protect the residents by ensuring an appropriate educational experience under adequate supervision, abiding by the *Resident Supervision Policy for Carolinas Medical Center (Attachment II)*. At minimum, the PLA must address the following four points:
- Identify the faculty who will assume both educational and supervisory responsibilities for residents;
- Specify faculty's responsibilities for teaching, supervision, and formal evaluation of residents;
- Specify the duration and content of the educational experience; and,
- State the policies and procedures that will govern resident education during the assignment

Program Letters of Agreement must be renewed every ten (10) years

ROTATION PROCESS:
- ➤ **Central GME Office:**
  - Program Coordinator must ensure there is an Affiliation Agreement in place prior to completing the process below.
  - If no Affiliation Agreement is in place, the Program Coordinator will submit *Attachment I* to the home institution to be completed.
  - If an affiliation agreement is in place, Program Coordinator must notify the Corporate Residency Coordinator of a resident rotating at Atrium Health by submitting *Attachment I* of this policy.
  - GME Office will communicate with all Atrium Health affiliated hospitals where the visiting resident will rotate.

- ➤ **MedHub Package:**
  - Upon approval of rotation with an *Affiliation Agreement* in process, the Central GME Office will enter the visiting resident in MedHub. The Central GME Office will deliver an electronic package from MedHub to the resident with steps outlining the process required prior to the start of their rotation.
  - A user name and password will be sent to the resident directly from MedHub to the resident's email address on record.

- ➤ **NC Resident Training License:**
  - If the visiting resident has a current *North Carolina Resident Training License (RTL)*, he/she will upload their RTL Certificate in MedHub
  - ➤ If the visiting resident is coming from out-of-state and does not currently hold a valid *North Carolina Resident Training License,* he/she must complete an online application with the *North Carolina Medical Board*.
  - ➤ License MUST be issued by the *North Carolina Medical Board* before he/she can begin rotations with Atrium Health
  - ➤ For an online application, refer the visiting resident to www.ncmedboard.org Check list is attached in MedHub
    - ○ *All supporting documents will be sent to the CMC Central GME Office for review. Once all credentials and documents are received by the Central GME Office, the resident's application will be electronically released to the Board and paper copies mailed for process and review.*

- ➤ **GME Required Documents: (Package delivered through MedHub)**
  - Complete the *Visiting Resident Data Form* located in the MedHub Package;
  - *Certificate of Insurance (COI)* – visiting resident to upload in MedHub Package;
  - *Immunization records* – visiting resident to upload in MedHub Package;
  - *Photo ID* – visiting resident to upload in MedHub Package. Guidelines are as follows:
    - ○ Photo must be at least 150 dpi
    - ○ JPG or JPEG format
    - ○ Must include upper chest, shoulders and head
  - *Background checks* will be processed through Certiphi by the Central GME Office. Resident will receive an email from Certiphi to complete.
  - *Teammate Health* for drug screening – Central GME Coordinator will set up the appointment for the visiting resident. All drug screens must be performed through Atrium Health annually, if applicable. Teammate Health details are in their MedHub Package
  - *Life Support Certifications* – Required - BLS, ACLS; if applicable, ATLS and PALS

- ➤ **PIF:**
  - The Central GME Office will submit a PIF to IAS for computer access set-up and scheduling Canopy Training which is held the first Tuesday of the rotation unless changed due to holiday schedule.

- ➤ **OSR:**
  - Program Coordinator will submit an *OSR,* **a minimum of 30 days** prior to the resident's first day of rotation. The request should include areas of the hospital the resident will need access to (i.e. badge, resident lounge, parking, call rooms, pager, OR, if needed, or per the department needs). Program Coordinator to provide OSR number to the Central GME Office to obtain the resident's hospital ID badge.

- ➤ **Atrium Health Hospital ID Badge:**
  - Central GME Office will obtain the hospital ID badge from Access Security
  - Visiting resident must stop by the Central GME Office on resident's first day of rotation to obtain resident's Atrium Health hospital ID badge.

> **DEA:**
>   - The Controlled Substances Regulatory Branch of the NCDHHS requires each resident working outside of their respective home institution to have an Atrium Health institution-based DEA number for tracking to the correct institution
>   - When a resident from another institution rotates with Atrium Health, the resident will be assigned their own Atrium Health-specific DEA number with the *Rxxxx* suffix specific to that resident
>   - The process for assigning Atrium Health-specific DEA numbers is centralized in the Central GME Office
>   - If a visiting resident holds their own DEA number, that number will be used during their training at CMC

> **Pager:**
>   - The Program Coordinator will assign a pager to the visiting resident and enter number in MedHub, if applicable.

> **Modules:**
> The Central GME Office will deliver required modules through their MedHub Package for the visiting resident to complete prior to beginning their rotation:
>   - **GME Modules -**
>   - EMTALA
>   - SAFER
>   - Handoff
>   - **ACE Modules –**
>   - Compliance and Privacy for Teammates
>   - Temporary, Contract Staff, Students, and Volunteers

If Applicable:
> **Operating Room Privileges For Hospitals and Ambulatory Surgery Centers:**
>   - Any program sponsoring a rotation that requires the use of an OR, the Program Coordinator must schedule an *Operating Room Orientation* by calling the OR Front Desk at 704-355-8900. Ask for an OR Nurse Educator to contact you regarding the OR Orientation for a visiting resident.

ROTATION TERMINATION:

> **North Carolina RTL:**
>   - At the end of resident's rotation, the Central GME Office will submit a *CISP (Change in Status Privileges)* to terminate the RTL. *The RTL is only valid while the resident is doing a rotation with Atrium Health.*
> **OSR:**
>   - Program Coordinator will submit an *OSR* to 'terminate' the resident's access at the end of their rotation
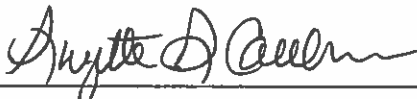> **Atrium Health Hospital ID Badge:**
>   - Visiting resident must return resident's badge to the Program Coordinator at the end of resident's rotation.
> **Pager:**
>   - The Program Coordinator will collect the pager at the end of resident's rotation.
> **Medical Records**
>   - A Termination Package will be sent to the resident one week prior to the end of their rotation with offboarding instructions outlined in the MedHub Package. After the resident has completed all medical records, it is required that a Medical Records Clearance Form be signed off by a Medical Records Representative on the resident's last day and returned to the Program Coordinator to be uploaded to their MedHub Package.

10/30/2018
Date

Suzette Caudle, M.D.
ACGME Designated Institutional Official
Graduate Medical Education

1-2-2018
Date

Christopher Bowe
Interim President, Carolinas Medical Center
COO and Vice President of Operations, Central Division
#59858v1 – 00600.32

Atrium Health

VISITING RESIDENT REQUEST FOR AFFILIATION AGREEMENT & ROTATION APPROVAL

ATTACHMENT I

Please consider this a request to prepare a Clinical Education Affiliation Agreement

Atrium Health Coordinator and Program/Rotation for which application is being made:

Coordinator: _____ Program: _____

Visiting Residents Name: _____ PGY Level: _____

Start Date: _____ End Date: _____

Email Address: _____

Are you Medicaid (NC Tracks) Enrolled? _____ Y _____ N   Are you Medicare (PECOS) enrolled? _____ Y _____ N

$200 Application Fee paid by: Visiting Institution _____   Visiting Resident _____

TO BE COMPLETED BY THE VISITING INSTITUTION: *(*Only if an Affiliation Agreement is not in place)*

*Agreement be Auto Renewal: _____ Yes _____ No

*Liaison from visiting institution:

     Name: _____   Title: _____

     Phone: _____   Email: _____

*Visiting institution representative for any written communication or notice regarding Affiliation Agreement:

     Name: _____   Title: _____

     Address: _____

*Authorized official signing authority for visiting institution:

     Name: _____

     Title: _____

*Official legal name of visiting institution to be used in Affiliation Agreement:

     Name: _____

     Address: _____

Visiting Institution provides $1/$3 million in liability insurance: _____ Yes _____ No

Visiting Institution provides resident salary/benefits: _____ Yes _____ No

Visiting resident program is ACGME accredited: _____ Yes _____ No

FOR ATRIUM HEALTH USE ONLY:

APPROVAL FROM ATRIUM HEALTH CORE PROGRAM DIRECTOR: *(must be signed by PD before Affiliation Agreement is requested)*

_____   Date: _____
Program Director

APPROVAL FROM GME OFFICE: *(must be signed before Affiliation Agreement is requested)*

_____   Date: _____

RETURN COMPLETED FORM TO THE CORPORATE RESIDENCY COORDINATOR – GME OFFICE