
POLICY AND PROCEDURE

UNIVERSITY OF NORTH CAROLINA HOSPITALS GRADUATE MEDICAL EDUCATION POLICY ON INTERNATIONAL ROTATIONS

POLICY:

All international rotations must receive approval from: 1) the Resident/Subspecialty Resident's Program Director; 2) the department chair; and 3) the Office of Graduate Medical Education before a resident is able to participate in the rotation. International rotations must also receive prior RRC/ACGME approval, as appropriate.

- I. All requests for international rotations must meet the following criteria for approval:
 - A. The rotation must have educational value that cannot be obtained at UNC Hospitals or through an affiliation agreement with a rotation site in the United States;
 - B. The rotation must be of excellent educational quality;
 - C. The goals and objectives of the rotation must meet RRC/ACGME applicable Institutional, Common and Speciality-specific program requirements, and a copy of the goals and objectives must be attached to the special projects application;
 - D. A copy of the curriculum (service and educational), and list of core and miscellaneous responsibilities should also be included; and
 - E. A letter from the program director stating whether or not the resident will receive credit for this rotation and procedure/case logs from this rotation toward completion of the program. If full credit will not be given, this letter must outline the terms of the extension of the period of training that will be required for completion of the program.
- II. During approved rotations Residents/Subspecialty Residents shall abide by the UNC and ACGME/RRC policies, rules and regulations governing their residency programs including, but not limited to, those rules that address duty hours.

- III. A Letter of Agreement similar to the sample below is required between UNC Health Care System and the receiving Program/Institution, to include the following:
 - A. Receiving program/institution accepts responsibility for resident training, supervision, evaluation and staying within ACGME/RRC guidelines on duty hours;
 - B. The supervising physician(s) at the host institution must have skills sufficient to provide appropriate supervision (e.g., experience with medical education and competencies); and
 - C. The resident must complete the Release and Hold Harmless Agreement attached to this policy.
- IV. Residents/Subspecialty Residents must provide a *full disclosure of their financial support* pertinent to their trip (e.g., university, private company grants) as part of the approval process. All trip-related expenses are the responsibility of the resident, unless such expenses are paid by the training program and agreed to prior to the rotation.
- V. Residents/Subspecialty Residents participating in elective international rotations must sign a release similar to the sample below absolving the University of North Carolina Hospitals, the University of North Carolina at Chapel Hill, and the University of North Carolina Health Care System, and the respective employees and agents of each from any and all liability in connection with the rotation. The release must include an acknowledgement that the resident has reviewed Consular Information Sheets issued by the United States Department of State and provided by the Office of Graduate Medical Education concerning the country in which the rotation will take place, and that the resident understands and accepts the risks associated with such travel. The release must be witnessed by someone not affiliated with UNC.
- VI. Residents/Subspecialty Residents are solely responsible for obtaining travel immunizations, medications, visas, passports, travel insurance (if desired), and meeting other administrative travel requirements. Residents/Subspecialty Residents must provide the Residency Coordinator with an emergency contact in the United States and a means to contact them while out of the country.
- VII. Residents/Subspecialty Residents are prohibited from the following:
 - A. Using any financial resources provided by foundations or companies that have direct ties with pharmaceutical, formula, or biomedical companies;

- B. Visiting any country with a U.S. State Department *"travel warning"*;
- C. Engaging in any activities that have direct political, military or religious implications on foreign soil while in training as a UNC resident on an international rotation;
- D. Practicing any medical procedures or treatments that clearly contradict the standards of ethical practice in the United States or the program or UNC Health Care System; or
- E. Distributing controlled substances as part of a plan of patient care without appropriate authorization in accordance with the laws and regulations of the country in which the rotation takes place.

VIII. After the rotation:

- A. Residents must provide the Program Director with a minimum of one evaluation at the end of their trip, using core ACGME competencies and goals and objectives for the rotation. This one competency-based evaluation must be completed by the supervising physician who directly observed the resident in the international location. The resident must also supply a letter of completion from the host institution's supervising physician in order to receive credit for the rotation; and
- B. Residents must provide the Program Director with a report/journal of their activities, functions, achievements, social, medical, and educational impact/contribution at the end of their rotation.

Approved by GMEC: 1/20/10

Approved by MSEC: 3/8/10

GMEC Reviewed and Approved: 10/19/11

MSEC Approval: 12/12/11

LETTER OF AGREEMENT
BETWEEN
THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM
AND
«**FACILITY NAME**»

This correspondence is a Letter of Agreement by and between the University of North Carolina Health Care System ("UNC HCS"), for and on behalf of its University of North Carolina Hospitals ("UNC Hospitals") and its clinical patient care program of the Department of «**RESIDENCY PROGRAM DEPARTMENT**» of the School of Medicine of the University of North Carolina at Chapel Hill (the "University"), and «**FACILITY NAME**», concerning activities to be undertaken with «**FACILITY NAME**» by «**RESIDENT(S) NAME(S)**», currently a «**RESIDENCY PROGRAM NAME**» resident with UNC HCS. This Letter outlines the parties' responsibilities as they relate to the rotation. «**RESIDENT(S) NAME(S)**» will be assigned to «**FACILITY NAME**» from the ____ day of _____ 20__ through the ____ day of _____ 20__. This experience will provide «**RESIDENT(S) NAME(S)**» with the opportunity to «**SPECIFIC EDUCATIONAL GOAL OF ROTATION**».

The specific objectives for this rotation are:

- 1.
- 2.
- 3.

«**FACILITY NAME**» accepts responsibility for training, supervising, and evaluating «**RESIDENT(S) NAME(S)**». «**FACILITY NAME**» shall provide «**NAME or TITLE**» to serve as site director for «**FACILITY NAME**» for purposes of this Letter of Agreement and who shall assume administrative, educational and supervisory responsibility for the resident(s) while assigned to «**FACILITY NAME**». The site director will facilitate communication among the parties and coordinate scheduling and activities of the residents to specific clinical cases and experiences, including their attendance at selected conferences, clinics, courses, and programs. All correspondence regarding schedules will be distributed and communicated with the UNC HCS supervising faculty member. A written evaluation of each resident's performance will be provided to UNC HCS at the end of the rotation at «**FACILITY NAME**». «**FACILITY NAME**» shall provide a sufficient number of attending physicians with documented qualifications (e.g., experience with medical education and competencies) to instruct and supervise the clinical education experiences of all residents rotating to «**FACILITY NAME**» under this Agreement. «**FACILITY NAME**» acknowledges and agrees that all patient care will be supervised by qualified «**FACILITY NAME**» attending physicians.

UNC Hospitals shall maintain responsibility for the quality of the educational experiences and retains authority over the residents' activities. The Residency Program Director for the Department of «**RESIDENCY PROGRAM DEPARTMENT**» shall be responsible for overseeing the quality of didactic and clinical education residents will receive at «**FACILITY NAME**». UNC HCS shall maintain in full force and effect self-insurance professional liability, including medical malpractice, for residents in amounts not less than \$100,000 per occurrence, and for itself in amounts not less than required by the North Carolina Tort Claims Act.

«**FACILITY NAME**» shall be responsible for its negligence and the negligence of its employees and agents in accordance with applicable law.

«**FACILITY NAME**» shall promptly notify UNC HCS of any lawsuit(s) or claim(s) filed by or on behalf of a patient of «**FACILITY NAME**» against it, its physicians, and its employees, if any, which involve the services of a resident, at the address below to the attention of Brian Goldstein, MD. In the event of such

lawsuit(s) or claim(s), «**FACILITY NAME**» will provide UNC HCS with any information related to such lawsuits of claim(s) that is reasonably requested by UNC HCS.

In the event that the Accreditation Council for Graduate Medical Education (ACGME) should request information and/or a site visit, the parties will cooperate with ACGME and promptly furnish any information reasonably requested and make the «**FACILITY NAME**»'s premises available for reasonable inspection as may be requested by ACGME.

«**FACILITY NAME**» acknowledges and agrees that UNC HCS residents who are not authorized to distribute controlled substances in accordance with «**COUNTRY**» law in will not be able to distribute controlled substances as part of a plan of treatment of patients at «**FACILITY NAME**».

«**FACILITY NAME**» agrees to monitor «**RESIDENT(S) NAME(S)**»'s activities to ensure that «**RESIDENT(S) NAME(S)**» stays within ACGME/RRC guidelines on duty hours during this rotation. Duty hours are defined as all clinical and academic activities related to the residency program (e.g., patient care, both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences and must be limited to 80 hours per week, averaged over a four (4) week period, inclusive of all in-house call activities. Duty hours do *not* include reading and preparation time spent away from the duty site. Duty hours of PGY-1 residents must not exceed sixteen hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of twenty-four hours of continuous duty at <<**FACILITY NAME**>>. However, residents must not be assigned additional clinical responsibilities after twenty-four hours of continuous in-house duty. Moreover, <<**FACILITY NAME**>> shall allow for strategic napping, especially after sixteen hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., when appropriate. Adequate time for rest and personal activities must be provided. All residents should have ten hours, and must have eight hours, free of duty between scheduled duty periods. Upper level residents must have at least fourteen hours free of duty after twenty-four hours of in-house duty. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. *One day* is defined as one continuous twenty-four-hour period free from all clinical, educational, and administrative duties. Residents must not be scheduled for more than six consecutive nights of night float.

In the event that «**FACILITY NAME**» is a hospital, or in the event that part of this rotation includes on-call coverage, PGY-2 residents and above must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). PGY-1 residents must not take call. Continuous on-site duty, including in-house call, must not exceed twenty-four consecutive hours. Assigned residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted by assigned residents after twenty-four hours of continuous duty. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Time spent in the hospital by residents on at-home call must count toward the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third night limitation, but must satisfy the requirement for one day in seven free of duty, when averaged over four weeks. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period." Assigned residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period. When assigned residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

Signatures to follow

Please sign this Letter and return one original to UNC HCS for our files. At the end of this rotation, we ask that you provide an evaluation of **«RESIDENT(S) NAME(S)»** work on this project by way of a letter to **«RESIDENCY DIRECTOR NAME»** at the following address:

Thank you for your cooperation.

FOR AND ON BEHALF OF
THE UNIVERSITY OF NORTH
CAROLINA HEALTH CARE SYSTEM

FOR AND ON BEHALF OF
«FULL FACILITY NAME»

Brian P. Goldstein, MD, MBA, FACP
Executive Vice President and COO
UNC Hospitals

Signature
Title: _____
Date: _____

Date: _____

Address: 101 Manning Drive
CB#7600
Chapel Hill, N.C. 27514

Address: _____

Dept of **«SOM DEPARTMENT»** Program Director

Site Director

Date: _____

Date: _____

cc: UNC Hospitals Graduate Medical Education Office
101 Manning Drive
1st Floor, 1107-G West Wing
CB#7600
Chapel Hill, N.C. 27514

And

UNC Hospitals Reimbursement/Cost Accounting Department
211 Friday Center Drive
Suite 2104
CB#7600
Chapel Hill, N.C. 27517

RELEASE AND HOLD HARMLESS AGREEMENT

[Program] Residency Special Project

NAME (PLEASE PRINT)

As part of the consideration for being allowed to do my **[Program]** Residency Special Project in **[Location of Rotation]**, I hereby release, hold harmless, and forever discharge The University of North Carolina Hospitals, The University of North Carolina at Chapel Hill, and The University of North Carolina Health Care System, and the respective employees and agents of each from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while I am traveling in connection with this trip.

I understand and acknowledge that, while I have chosen to fulfill this Special Project by gaining exposure to medicine in an international setting, an international Special Project is not a Residency Review Committee requirement of my **[Program]** Residency Program, nor does the UNC **[Program]** Residency Program require me to travel to **[Location of Rotation]**, nor does it require me to obtain my practicum experience in **[Location of Rotation]**. I understand that I would be able to fulfill this requirement successfully and completely without participating in this trip or these particular activities. I acknowledge that I have been advised against travel to **[Location of Rotation]** for participation in this activity and that my participation in this activity is elected by me and not required.

I acknowledge, understand and accept the risks of travel in **[Location of Rotation]**, including those listed on the attached Consular Information Sheet issued by the United States Department of State on **[Issue Date]** (receipt of which is hereby acknowledged), and that it is my responsibility to obtain current safety information on travel to, and within **[Location of Rotation]** from the U.S. State Department web page <http://travel.state.gov/>.

I understand that I may be entitled to receive compensation under the North Carolina Workers' Compensation Act for personal injury I may sustain as a direct result of a specific traumatic incident of the work assigned and/or accident arising out of and in the normal course of the employment, excluding disease in any form, except where it results naturally and unavoidably from the accident. However, I hereby waive any and all claims against UNC Hospitals, UNC at Chapel Hill and UNC Health Care System for any injury I sustain as a result of any act of war, any act of terror, or any act of hostility related to this trip.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This the _____ day of _____ 20_____.

(Seal)
Signature of Resident Physician

Date: _____

(Seal)
Signature of Witness

Date: _____

Printed Name of Witness