

## OUT-OF-TOWN or ADVANCED SPECIALTY ROTATION POLICY

During the Internal Medicine residency training (from the 2<sup>nd</sup> Year up to the first 6 months of 3<sup>rd</sup> Year), a **single one-month rotation** outside of Texas Tech University HSC-El Paso will be considered by the department in **special areas of interest**. The out-of-town rotation must be with an accredited institution within the United States. The rotation **may not be requested** during the months of **June, July, October, or December**.

✓ ***NOTE: Since this process is lengthy, residents are urged to initiate course of action 6 months prior to the projected month of departure. All required documentation is to be completed and submitted at least three months prior to the scheduled out of town rotation.***

### **ELIGIBILITY CRITERIA**

- I. Resident must be in good academic standing to be eligible for applying.
- II. The rotation desired must demonstrate academic merit by identifying the goals and objectives of the rotation. (see ***Step 2 – Program Letter of Agreement***)
- III. The rotation must meet three criteria:
  - i. The rotation must not be available at University Medical Center  
**AND**
  - ii. The rotation must be required for the residency training (i.e. research)  
**AND**
  - iii. Residents must submit a Summary Report of the rotation to the Program Director at the end of the rotation.

***IV. Observerships are not considered an eligible academic activity.***

### **STEP 1 – TTUHSC-IM Resident & Residency Office Responsibility**

- I. Inform and confirm month, location, and hospital of planned away rotation to the residency coordinator.
- II. Residency coordinator will request proof of liability insurance from Lubbock-Ashley Craig.
- III. Residency coordinator will prepare the **Request for Approval of Rotation Letter** for the out-of-town institution. Documents to be included with this letter are:
  - a. Professional Liability Coverage (Letter from Lubbock)
  - b. Program Letter of Agreement
  - c. Calendar of Daily Activities
  - d. Evaluation

## **STEP 2 – OUT-OF-TOWN INSTITUTION RESPONSIBILITY**

- I. If the out-of-town institution **accepts** our Internal Medicine resident, the institution's department or the Graduate Medical Education (GME) office is to prepare a **Program Letter of Agreement** (*see attached-will also be emailed*).
- II. The **Agreement Letter** is to include:
  - a. The names, phone numbers, email addresses of the Program Director and supervising physician(s) who will be overseeing the resident's daily activities.
  - b. Institution's required **liability coverage amount** for the one-month away rotation.
  - c. Institution's eligibility requirements for licensing. (*Please indicate if resident is or is not required to apply for an institutional permit.*)
    1. If institution **requires a provisional (1-month) institutional license or permit**, please send documentation, instructions, and any other information or process necessary to obtain this license or permit.
  - d. The Agreement Letter and enclosures are to be sent to:

*Texas Tech University  
Paul L. Foster School of Medicine  
Department of Internal Medicine  
Attn: Residency Coordinator  
4800 Alberta Avenue  
El Paso, TX 79905*
- II. In addition, the letter must identify the goals and objectives for the rotation and how this rotation will develop the resident's academic experience in context with the resident's ongoing training program. When filling out the Program Letter of Agreement, please follow the format and enter information accordingly.
- III. Institution is to prepare and submit a Calendar of Daily Activities (*see attached-will also be emailed*).
- IV. At the end of the rotation, the supervising physician(s) must have **completed and discussed** the **evaluation form** (*see attached-will also be emailed*) **with the resident**, and must provide the resident a copy of the evaluation. The resident is to submit his/her evaluation to our office **no later than 5 days** after the end of the rotation.

**STEP 3 – TTUHSC AND UNIVERSITY MEDICAL CENTER (UMC) APPROVAL PROCESS**

- I. The residency coordinator will prepare and submit a Letter of Request to the Assistant Dean of the Graduate Medical Education (GME) office for review and approval. The *Program Letter of Agreement* is to be submitted with this request.
- II. The Associate Dean will submit the Letter of Request to the University Medical Center of El Paso for their review and approval.
- III. Once approval is granted, UMC will forward the approved letter to the GME office. A copy of the approved letter will be forwarded to the Internal Medicine office.