I. **PURPOSE:**

To define the process for developing, approving, and implementing away rotations.

II. **DEFINITIONS:**

A. For the purpose of this discussion, away rotations are rotations that are such a distance from the Family Medicine Center that the resident cannot be scheduled to see patients in the Family Medicine Center to perform daily continuity duties such as checking/answering messages, call duties and other ongoing responsibilities as frequently as required by the Residency Review Committee (RRC) and be in compliance of the requirements of the American Board of Family Medicine (ABFM) for licensure.

III. **POLICY:**

A. Away rotations may be of benefit to individual residents depending on their professional goals. However, these rotations make it more difficult for the resident to meet RRC continuity requirements. Away rotations take time to plan, implement, and require financial and personnel resources to cover that resident’s ongoing obligations in his or her absence.

IV. **PROCEDURE:**

A. The Associate Director for Curriculum will provisionally approve a resident’s request for away rotations if it meets a legitimate educational need for the resident and the resident has submitted required information in a timely manner. He will consult with resident’s group leader and/or the Director before giving such approval. The decision for initial approval shall be based on legitimacy of the rotation, relevance to that particular resident’s education and impact on the residency program. **Final approval for away rotations is not guaranteed and is ultimately at the discretion of the Director.**

B. For *provisional approval*, the resident must complete the Resident Away Rotation Application Form (Appendix A) and complete steps on time as noted on the Resident Away Rotation Checklist Form (Appendix B) which includes Educational Goals and Objectives (Appendix C). These will be kept in the resident’s permanent file. This process should be started at least four (4) months ahead of time for out-of-state or out-of-country rotations and three (3) months for in-state away rotations.

C. **Away rotations shall not be approved during the December-January**
holidays, nor shall it be approved for the last rotation of the senior year or conflict with graduation for off-cycle third year residents.

D. Residents may not take more than one month per year (PGY2, PGY3 only) for away rotations. Usually away rotations are elective rotations and do not substitute for required rotations. Any exceptions to these restrictions must be approved by the Director. In no case will RRC guidelines be exceeded.

E. The resident is responsible for applying for and receiving appropriate temporary licensure if the away rotation is in another state.

F. According to the RRC, the resident must have a qualified preceptor and is not permitted to practice without supervision. The resident’s preceptor must sign a Preceptor Contract (Appendix D) for Florida licensed physicians or Preceptor Letter of Agreement (Appendix E) for non-Florida licensed physicians and must provide a C.V. to the Associate Director for Curriculum prior to final approval.

G. Before finally leaving on an away rotation the following must be completed:

- All hospital patients covered
- All charts in hospital, TMH Rehab, Family Medicine Center, and Westminster Oaks up-to-date
- All TMH Rehab and Westminster patients up-to-date for periodic visits and signed out to another resident
- A resident is designated and assigned to handle questions about the absent resident’s patients and the station nurse has been notified.
- Sign out with the resident’s faculty group leader.
- At least 50% noon conference attendance met.

H. Away rotations make it more difficult for residents to meet their RRC requirements for continuity patients seen in the Family Medicine Center. Residents receive approval for away rotations with the understanding that additional half-days in the clinic or busier schedules in the clinic or both will be required to meet RRC requirements for ambulatory patient encounters.

I. Final approval by the Director is contingent on all of the above being completed. However, final approval of an away rotation does not automatically follow, even if the resident has completed requirements in IV. B-G. The resident’s academic status, needs of the Residency, TMH policy, RRC or ABFM requirements may have changed since provisional approval. The Program Director, after final review of the rotation, will notify the Program Administrator and Administrative Assistant who will make sure that the Tallahassee Memorial HealthCare Director of Risk Management and appropriate residency personnel are informed.

The resident shall provide an evaluation of the away rotation to the Residency Program after the completion of the rotation similar to evaluations following other rotations.
The preceptor will be asked to submit an evaluation on the resident after the rotation.

Reviewed: 7/97, 4/99, 03/02, 06/05, 04/07, 06/08, 06/09, 05/10, 08/11, 07/14, 05/15
Revised: 7/97, 4/00, 4/01, 03/02, 10/02, 02/03, 5/10
Resident ___________________ PGY ______ Preceptor ___________________

Location ________________ Dates _________________________

Please compare this resident with what you have seen/expected from other Family Practice Residents at this level of training. Please check one response for each question.

1. How was the resident’s attendance and punctuality during this rotation (Comp. P1*)?
   - [ ] Below Expectations  [ ] Meets Expectations  [ ] Above Expectations

2. Compared to what you would expect for this level of training, how knowledgeable was the resident about the diagnosis and management of common problems in your specialty. (Comp. MK2)?
   - [ ] Below Expectations  [ ] Meets Expectations  [ ] Above Expectations

3. How well did the resident demonstrate self-learning about material on the rotation from reading and using on-line materials (Comp. PBL4)?
   - [ ] Below Expectations  [ ] Meets Expectations  [ ] Above Expectations

4. How well does the resident know when to appropriately refer patients to your specialty for evaluation/management (Comp. SBP2: SBP3: SBP4)?
   - [ ] Below Expectations  [ ] Meets Expectations  [ ] Above Expectations

5. Overall, how would you rank the resident’s performance?
   - [ ] Below Expectations  [ ] Meets Expectations  [ ] Above Expectations

Comments: ___________________________________________________________________
______________________________________________________________________________

Thanks for taking time to allow the resident to work with you and filling out this evaluation!

Evaluator/date  ___________________  Resident/date  ___________________  Group leader/date  ___________________  Director/date  ___________________

*The material in parenthesis is for internal residency use only, and does not apply to the preceptor.