
	Resident Rotation Program at Major Hospital
SPP: MS-11 Cancels: AS-57 (dated 09/25/2001)	Formulated by: Administration Approved by: Medical Executive Committee, Patient Services & Planning, Board of Directors Date Approved: 06/28/2010 Effective Date: 06/29/2010

**PURPOSE:** To delineate the rules under which second, third or fourth year residents can practice at Major Hospital.

**GUIDELINE STATEMENTS:**


1. The intent of the Resident Rotation Program at Major Hospital is to provide second third, or fourth year residents with an opportunity to augment previous experience in clinical and basic science areas in preparation for his/her chosen career. The program will enable the resident to observe the practice of medicine in its various forms within the hospital.
2. The program will allow the resident to participate in the care and treatment of ambulatory and acute problems. The program allows residents from an approved teaching program to participate in the following: the history and physical (H&P) examination process, H & P documentation writing orders, progress notes, proposing treatment plans, diagnostic evaluations, diagnosis of surgical problems and diseases, operative notes, pre and post-operative care, assisting in surgery and discharge summaries. The residents will participate in all aspects of patient care under the direction of a Major Hospital Medical Staff member acting as the physician sponsor of an accredited school of medicine. All documentation into the medical record must be co-signed by the sponsoring physician.
3. Active participation by residents, either hands-on or documentation in the medical record, may be permitted under the general supervision of the Major Hospital physician acting as the physician sponsor of an accredited school of medicine. The sponsoring physician need not be physically present when residents are conducting hands-on patient treatments and/or procedures. However, should the sponsoring physician have reason to question the clinical practice of the resident, personal oversight will be provided until the level of practice meets acceptable standards.
4. Resident Rotation at MHP physician practices must be under the supervision of the sponsoring physician. Residents must follow any facility specific policy, procedure, process or regulation as instructed by the sponsoring physician or communicated by facility staff.
5. The medical school's residency program will notify and/or provide Major Health Partners the following information for the participating resident:
  - 5.1. Resident's name and date of birth.
  - 5.2. Name of university and date resident received his/her medical degree.
  - 5.3. Written verification from the program director / co-director as to resident's competence and health status.
  - 5.4. Verification of malpractice coverage.
  - 5.5. A copy of the resident's Indiana license or documented online verification of licensure from the Indiana Professional Licensing agency.
  - 5.6. Documentation of a recent PPD, within the past year or if positive, a M.D./D.O's statement and chest x-ray indicating the MD resident is free of active disease.

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- 5.7. Documentation of vaccination record for rubella, rubeola, and varicella or proof of immunity.
- 5.8. Documentation of current influenza vaccination during influenza season, the months of October through March of each year.
6. **Residents will be provided with a copy of this policy and procedure and are required to sign a confidentiality statement.**
7. **The Medical Staff Office will verify resident's license with the Indiana Professional Licensing Agency and query the U.S. Department of Health & Human Services (OIG).**
8. **Residents will complete and file with MHP Administration a "Participation in Patient Care Form" no later than the first day of instruction at MHP. This form shall be cosigned by the MHP sponsoring physician (Attachment A).**
9. **While it is recognized that residents are qualified to function independently, it will be policy that, while at MHP, they are expected to work within the scope of their residency level and under the guidance of the MHP physician sponsor.**
10. **Information regarding resident's affiliation will be sent to the appropriate hospital departments and all active medical staff.**
11. **Reviewing & Revising**

Reviewed	Revised
03/05/15	04/29/13
	06/22/15
	05/23/16
	07/01/16

**\*UPDATE WEBSITE WITH REVISIONS\***

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**ATTACHMENT A**

**RESIDENT PARTICIPATION IN**

**PATIENT CARE FORM**

As a Resident of \_\_\_\_\_ / \_\_\_\_\_, I will

(Name of Medical School )

(Department)

be participating in clinical practice at Major Health Partners under the preceptorship of

Dr. \_\_\_\_\_ from \_\_\_\_\_, 20\_\_\_\_

to \_\_\_\_\_, 20\_\_\_\_.

As such, I agree to abide by Major Hospital's policy regarding residents as stated in the Administrative Standard Policy and Procedure MS-11 (copy attached).

Resident's \_\_\_\_\_

Signature

Date

Resident's \_\_\_\_\_

Name (Printed)

Home Address \_\_\_\_\_

Sponsoring Medical Staff Physician \_\_\_\_\_

Signature

Date