

## **GME Policy for Away Electives**

### **Offsite Clinical Rotations**

Rotations outside MMC facilities and its physician practices or practice sites with pre-existing clinical rotations are considered a part of a resident's training program, but occur "offsite" from MMC. These rotations should generally be offered when a similar experience cannot be obtained within MMC facilities and practices.

#### Necessary Prerequisites:

1. Resident/Fellow completes DME away rotation request form and obtains Program Director endorsement.
2. Request form is sent to DME for review and approval.
3. Department is responsible for completing Program Letter of Agreement
4. Hospital Legal Affairs Department and Financial Planning offices are informed by DME so malpractice coverage is confirmed and appropriate medicare reimbursement is tracked. Malpractice coverage is not provided for rotations outside of the U.S.

#### Payroll/Benefits:

Resident/Fellow stays on payroll with full benefits during approved offsite rotations.

### **International Electives**

1. Final approval must be completed by the Program Director, Dept. of Medical Education, and other pertinent individuals at least 3 months in advance of the elective.
2. A plan of training and supervision proposed by the training site for the individual while on the rotation must be acceptable to the residency program. A defined faculty preceptor, who is responsible for the resident, must be clearly identified. The Program Director is responsible for approving the faculty supervision.
3. Review is required of safety considerations relating to the specific rotation site and the region of its location, including U. S. State Department travel warning criteria.
4. Description is required of resident goals in ACGME-competency based language for review and approval.
5. Agreement by resident to present their experience to the department after returning. is required
6. Resident/Fellow is responsible for obtaining:
  - All appropriate vaccinations as designated by an international health clinic.
  - Formal medical clearance by the resident's physician for travel to the specific area.
7. The resident is strongly encouraged to obtain an evacuation insurance policy.

At the time the request is made, an elective rotation is prohibited if located in a country listed under Travel Warnings or Travel Alerts by the U.S. State Department, [www.travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://www.travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html) Exceptions may be considered, such as

when the resident will be accompanied by a MMC faculty member and an established relationship with the clinical site has already been developed by MMC faculty.

If the country of the rotation is on the U.S. State Department list, the resident may request approval by providing information to support the specific site and region as being safe. The Program Director and Dept. of Medical Education will review these requests on a case by case basis, and may request additional input from local faculty who have knowledge of a particular location.

Between the time of the request for approval and the actual rotation, if a country then appears on the State Department lists noted above, the resident is required to notify his/her Program Director, and the rotation request must be re-evaluated by the Program Director and Department of Medical Education.

Revised and approved by the GME Committee, in consultation with Human Resources, and Legal Affairs  
2/24/10.

## House Staff Away Rotation Request Form

Resident Name: \_\_\_\_\_ PRG: \_\_\_\_\_

Department: \_\_\_\_\_

Elective: \_\_\_\_\_

### Away Site Information:

Organization: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Rotation \_\_\_\_\_

*Please attach any additional information regarding the location and/or program related to your rotation.*

**ACGME based Goals/Objectives for Rotation:** *please describe in competency based language*

**Please explain why these goals cannot be met locally:**

### Approval:

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Medical Education \_\_\_\_\_ Date \_\_\_\_\_

Med Ed forwards approved copy to Legal Affairs (*only for non-international electives*) and Financial Planning.