

**Stanford Health Care/Stanford Children's Health
Away Rotation Policy, Checklist, Application Form & PLA**

Housestaff name (first & last name)

Elective dates

Date of submission to GME

Dept. contact name & phone

Away electives are defined as rotations outside of Stanford Health Care (SHC) and Stanford Children's Health (SCH) that generally fall into two categories:

Standard Off-Site Electives:

Are rotations to institutions where SHC/SCH fellows and residents rotate on an on-going basis. Examples of such sites are the Palo Alto Veterans (VA) Healthcare System, Kaiser Permanente, Santa Clara (KPSC) and Santa Clara Valley Medical Center (SCVMC).

The standard off-site institution's master affiliation agreement covers the malpractice.

Non-Standard Off-Site Electives:

Are rotations to institutions where no master affiliation agreement exists with the program or SHC/SCH.

Non-Standard Off-Site rotations must provide malpractice coverage during the elective rotation.

Instructions:

- All Away electives must qualify as:
 - Cases/clinical experience from the rotation must count for board certification.
 - Faculty supervision must equal the level of supervision on other rotations.
- All elective rotations for Non-Stanford Off-Site Electives must be approved by Ann M Dohn, GME Director of Stanford Health Care 60 days prior to the start of the away rotation.
- Continuation of salary and benefits during away rotations is subject to the approval of the Stanford Program Director and Ann Dohn, Stanford Designated Institutional Official (DIO).
- Malpractice coverage for non-standard off-site rotations must be provided by the host institution and not Stanford.
- Submit the following documentations to Mitra Haddad mhaddad@stanfordhealthcare.org in the GME office 60 days prior to the start of the proposed away rotation for approval:

Checklist

1. Completed checklist
2. Completed application Form
3. Letter of Acceptance from host program
4. Completed Program Letter of Agreement (PLA)
5. Competency-based goals and objectives for the rotation
6. If international Fellow/Resident on a J-1 visa-attach a completed ["ECFMG Required Notification of Off-Site Rotation/Elective"](#)
7. Global Health Scholars (check one item below):
 - 7a. Johnson & Johnson Global Health Scholars Program
 - 7b. Mary Duke Biddle Clinical Scholars Program
 - 7c. Stanford Medicine (Independent) Global Scholars Program
8. If not on a Global Health Scholar rotation, pls. provide PTA (Dept./Division charge code #) to bill for stipend during rotation: _____

**Stanford Health Care/Stanford Children's Health
Away Rotation Application Form**

Name of Resident

Name of Current SHC/SCH Fellowship/Residency Program

• Are you receiving residency credit for this rotation? Yes No

Host Program Details:

Name of Host Program

Name of Host Program Director

Name of Facility (where elective will take place)

Address, City, State Zip

_____	_____	_____
Contact Person	Telephone Number	Fax Number

_____	_____
Rotation Start Date	Rotation End Date

Approvals:

_____	_____	_____
Program Director Printed Name	Program Director's Signature	Date

_____	_____	_____
Designated Institutional Official Name	DIO Signature	Date

Stanford Health Care/Stanford Children's Health Away Rotation Program Letter of Agreement

Stanford Health Care Program: _____

Host Institution: _____

Resident Name: _____

This Program Letter of Agreement ("PLA") between the Host Rotation Site Director and the Stanford Health Care Program Director defines specific educational elements to comply with general essentials for graduate medical education. This agreement does not take precedence over any master affiliation agreement between the host rotation site and Stanford Health Care. The Host Rotation Program Director shall maintain responsibility for the quality of the education under this agreement.

1. _____ is the Site Director at the Host Rotation Institution who agrees to administrative, educational and supervisory responsibilities for the residents during the away rotation, including responsibility for teaching, supervision, and formal evaluation of the resident's performance during the rotation.
2. Competency based educational goals and objectives (attached) of the rotations are to provide a superior learning and training experience in _____ in a supervised educational setting.
3. The faculty at _____ must provide appropriate supervision of the resident in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
4. The period of rotation is: _____ to _____.
5. The Host Site Director is responsible to notify the Stanford Health Care Program Director promptly, of any issue, clinical or academic, that may seriously affect any Stanford Health Care resident.
6. Stanford Health Care's House Staff Policies and Procedures govern the policies and procedures for the resident's education during rotations.

Host Director Name & Signature

Date:

Program Director Name & Signature

Date:
