



Stanford Health Care/Lucile Packard Children’s Hospital Away Rotation, Guidelines, Checklist, Application Form & Program Letter of Agreement

-  A COVID vaccine is highly encouraged for all participants
-  Hospital policies regarding COVID testing on return must be followed:
<https://shconnect.stanfordmed.org/shcnews/COVID-19/Pages/default.aspx>

 All (standard & non-standard) away rotations must be approved by the Stanford Program Director and Stanford GME

Guidelines:

Away rotations are defined as rotations outside of Stanford Health Care (SHC) and Lucile Packard Children’s Hospital (LPCH). They generally fall into two categories with different processes that require the Stanford Program Director and Ann Dohn, Stanford Graduate Medical Education (GME) Designated Institutional Official (DIO) approvals.

Essentially, your Stanford program and GME must know of all House Staff’s electives. Stanford Program Coordinator is to submit completed form electronically to Mitra Haddad mhaddad@stanfordhealthcare.org in one (1) PDF file 30 days in advance of the rotation start date. Mitra will obtain Stanford DIO’s approval and contact the House Staff and Program Coordinator when the rotation has been approved. The requirements of each type of rotations are:

	Standard Away Rotations	Non-Standard Away Rotations
Descriptions	<ul style="list-style-type: none"> • Are rotations to institutions where House Staff rotate on an on-going basis. Examples of already established sites are: <ul style="list-style-type: none"> ○ Palo Alto Veterans (VA) Healthcare System ○ Kaiser Permanente, Santa Clara (KPSC) ○ Santa Clara Valley Medical Center (SCVMC), etc. 	<ul style="list-style-type: none"> • Are rotations to institutions where no master affiliation agreement exists with the program or SHC/LPCH.
Instructions	<ul style="list-style-type: none"> • To establish a new Standard Away Rotation, Program Coordinator is to work with their Stanford GME Education Manager to submit a Stanford Program Letter of Agreement (PLA) for approval by their Program Director and Stanford DIO. • Once established, the program must notify Mitra Haddad mhaddad@stanfordhealthcare.org of the following 30 days prior to the rotation start date: <ul style="list-style-type: none"> ○ House Staff name ○ Stanford program name ○ Host institution name, address ○ Host contact person’s email & phone # ○ Rotation start & end dates ○ Include Program Director on the email as a confirmation of their approval ○ Any special requests 	<ul style="list-style-type: none"> • Stanford Program Coordinator to email completed, signed forms by Stanford program & host institution to Mitra Haddad mhaddad@stanfordhealthcare.org in one (1) PDF file 30 days in advance of the rotation start date. Mitra will obtain DIO’s approval. The documents below are: <ul style="list-style-type: none"> ○ Checklist ○ Application form ○ PLA ○ Any special requests
Malpractice	<ul style="list-style-type: none"> • The standard elective away rotation institution’s master affiliation agreement covers the malpractice. 	<ul style="list-style-type: none"> • Malpractice coverage for non-standard away rotations must be provided by the host institution & not Stanford.
Details	<ul style="list-style-type: none"> • All malpractice requests must be submitted to GME for approval and submitted to Stanford Risk Manage by the GME office. 	
Approvals	<ul style="list-style-type: none"> • All Away Rotations must be submitted to GME by the Stanford Program Coordinator & qualify as: <ul style="list-style-type: none"> ○ Cases/clinical experience from the rotation must count for board certification ○ Faculty supervision must equal the level of supervision on other rotations • Continuation of salary & benefits during away rotations is subject to the approval of the Stanford Program Director & Stanford DIO. 	

Stanford Health Care/Lucile Packard Children’s Hospital Non-Standard Checklist

Stanford program is to complete all the sections below & subsequent pages, add other required materials and email to Mitra Haddad, mhaddad@stanfordhealthcare.org in one (1) PDF file 30 days prior to the rotation start date. Mitra will obtain the Stanford DIO’s approval and contact the House Staff and Program Coordinator upon approval.

House Staff name (first & last name)	House Staff SHC employee # (5 or 6 digit # from MedHub)
Stanford program name	Rotation start & end dates
Stanford program coordinator’s name	Stanford program coordinators email & phone #
Host Institution name	Host Institution program name
Host Institution complete address	
Host Institution contact person	Host Institution email & phone #
Date request sent to Mitra Haddad in GME	Special requests

Material requirements:

1. Completed checklist-To be completed by the Stanford Program Coordinator
2. Completed application Form-To be completed by the Stanford Program Coordinator
3. Completed Non-Standard Away Program Letter of Agreement (PLA)-To be completed by the Stanford Program Coordinator
4. Letter/email of Acceptance from host program (document must contain elective start & end date)-To be obtained by the House Staff & provided to Stanford Program Coordinator
5. Competency-based goals & objectives for the rotation
House Staff to identify the competency-based goals & objectives to gain by this elective, how it meets and excels their Stanford training program’s goals & objectives
6. If international House Staff on a J-1 visa-attach a completed [ECFMG Required Notification of Off-Site Rotation/Elective](#)-To be provided by the House Staff to Stanford Program Coordinator
7. Global Health Scholars:
Check one item below & provide a copy of Dr. Michele Barry’s approval letter to Stanford Program Coordinator
 - 7a. Stanford/Yale Global Health Scholars Program (formerly known as Johnson & Johnson)
 - 7b. Global Child Health Travel Scholarship (previously known as Mary Duke Biddle Clinical Scholars Program)
 - 7c. Center for Innovation in Global Health (CIGH) Scholars Program
8. If not on a Global Health Scholars rotation, pls. provide PTA (Dept./Division charge code #) to bill for stipend during rotation:

Already established standard rotations do not require any forms but the program is to email Mitra Haddad mhaddad@stanfordhealthcare.org of the following 30 days prior to the rotation start date: House Staff name, Stanford program name, host institution name, address, host contact person’s email & phone #, rotation dates & any special requests. Include Program Director on the email as a confirmation of their approval

**Stanford Health Care/Lucile Packard Children's Hospital
Non-Standard Away Rotation Application Form**

House Staff name (first & last name)

Name of Current SHC/LPCH 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

Stanford Approvals:

Program Director Printed Name

Program Director's Signature

Date

Ann Dohn

SHC Designated Institutional Official Name

Stanford DIO Signature

Date

Stanford Health Care/Stanford Children's Health Non-Standard Away Rotation Program Letter of Agreement (PLA)

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

Stanford Program Director Name

Host Director Signature

Stanford Program Director Signature

Date

Date

Ann Dohn, Stanford DIO signature & date: _____