

## Stanford Health Care/Lucile Packard Children's Hospital Away Rotation, Instructions, Checklist, Application Form & PLA

### Announcement 2-24-21

The GMEC has approved away rotations for domestic travel. There are ongoing discussions about international travel and visiting resident policies. Away Rotation Policy for domestic rotations:

- A COVID vaccine is highly encouraged for all participants
- Each request for an away rotation (other than our standard VA, SCVMC, Kaiser, etc. rotations) must be approved by the program director and GME. Forms are available on the GME website.
- Hospital policies regarding COVID testing on return must be followed.
- The away rotation policy will be reconsidered depending on serial review of pandemic case and hospital COVID volumes.

Away electives are defined as rotations outside of Stanford Health Care (SHC) and Lucile Packard Children's Hospital (LPCH) that generally fall into two (2) categories with different processes that require the Stanford Program Director (PD) & Stanford Designated Institutional Official (DIO) approvals. Below is an explanation of the two (2) types of electives & their processes:

Standard Off-Site Electives:	Non-Standard Off-Site Electives:
Are rotations to institutions where SHC/LPCH 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) & Santa Clara Valley Medical Center (SCVMC).	Are rotations to institutions where no master affiliation agreement exists with the program or SHC/LPCH.
The standard off-site institution's master affiliation agreement covers the malpractice.	Non-Standard Off-Site rotations must provide malpractice coverage during the elective rotation.
All Away electives must be submitted to GME by the Stanford Program Coordinator (PC) & qualify as: <ul style="list-style-type: none"> <li>• Cases/clinical experience from the rotation must count for board certification.</li> <li>• Faculty supervision must equal the level of supervision on other rotations.</li> </ul>	
All PD approved elective rotations must be approved by the Stanford DIO 60 days prior to the start of the away rotation.	
Continuation of salary & benefits during away rotations is subject to the approval of the Stanford PD & Stanford DIO.	
The standard off-site institution's master affiliation agreement covers the malpractice.	Malpractice coverage for non-standard off-site rotations must be provided by the host institution & not Stanford.
Standard Off-Site Electives must submit the following to Mitra Haddad <a href="mailto:mhaddad@stanfordhealthcare.org">mhaddad@stanfordhealthcare.org</a> in the GME office 60 days prior to the start of the proposed away rotation for approval: <ul style="list-style-type: none"> <li>• Name of trainee and Stanford program name</li> <li>• Host institution name, program name, contact person name, address, phone &amp; email.</li> <li>• Rotation start &amp; end dates</li> </ul>	Submit the completed Non-Standard Off-Site Elective packet in one (1) PDF file format to Mitra Haddad <a href="mailto:mhaddad@stanfordhealthcare.org">mhaddad@stanfordhealthcare.org</a> 60 days prior to the start of the proposed away rotation for approval.

## Away Rotation Checklists

Complete house staff information below & send electronically in one PDF format to Mitra Haddad [mhaddad@stanfordhealthcare.org](mailto:mhaddad@stanfordhealthcare.org) along with the appropriate checklist & paperwork 60 days prior to rotation start date.

**Stanford House Staff Information to be completed for both types of Standard Off-Site & Non-Standard Off-Site of electives:**

House staff first & last names	House staff SHC employee # (5 digits # from MedHub)
Program name	Elective start & end dates
Program Director	Program Coordinator (PC)
Date	PC contact email & phone

Check 1 of the 2 types of electives listed below:

**Standard Off-Site Elective Checklist:**

**Host Institution Information:**

Contact name	Email
Contact address	Phone
Stanford Program Director's approval date	Application submission date to Stanford GME

No additional documentation is required for the Standard Off-Site Electives. Submit your electronic request to [mhaddad@stanfordhealthcare.org](mailto:mhaddad@stanfordhealthcare.org) 60 days in advance of the rotation start date.

**Non-Standard Off-Site Elective Checklist:**

1.  Completed checklist
2.  Completed application Form
3.  Completed Program Letter of Agreement (PLA)-Generated by Stanford PC
4.  Letter or email of acceptance from host program
5.  Competency-based goals and objectives of 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. Stanford/Yale 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:

Complete the Non-Standard Off-Site checklist above, include required paperwork shown on the next 2 pages, save sequentially in 1 pdf document & send electronically to [mhaddad@stanfordhealthcare.org](mailto:mhaddad@stanfordhealthcare.org) 60 days in advance of the rotation start date.:

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

House Staff Name

Name of Current SHC/LPCH Fellowship/Residency Training Program

- Is house staff 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 M Dohn, MA**

SHC Designated Institutional Official Name

SHC DIO Signature

Date

**Stanford Health Care/Stanford Children's Health  
Away Rotation Program Letter of Agreement Non-Standard Off-Site Elective**

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Stanford Program Director Name & Signature  
Date: \_\_\_\_\_

**Ann M Dohn, MA**

Stanford DIO Name, Signature & Date: \_\_\_\_\_