

## **OFF-SITE “AWAY” ELECTIVE ROTATION POLICY**

### **Penn State Hershey Graduate Medical Education**

Residents and fellows may desire to take an elective rotation at an outside institution within the United States or abroad. Such away elective rotations should have as its primary goal an educational focus that cannot be obtained at Penn State Milton S. Hershey Medical Center. During the elective rotation Hershey Medical Center will continue to pay the resident’s or fellow’s salary, benefits, and malpractice insurance as currently provided. Malpractice coverage is not provided for rotations outside the United States. All other associated expenses (housing, meals, travel, etc.) will be the responsibility of the resident/fellow. Additional malpractice insurance beyond the current coverage will not be provided by Hershey Medical Center.

#### Requirements and Process:

1. The “Application for Off-Site ‘Away’ Elective Rotation” must be completed and signed/approved by the applicant’s Program Director and the Associate Dean for Graduate Medical Education and DIO (or his designee).
2. The preceptor at the outside elective site must provide a letter agreeing to accept the resident/fellow for the time period requested, agreeing to the stated goals and objectives of the rotation, and agreeing to complete an evaluation of the resident’s/fellow’s performance during the rotation and to send this evaluation to the resident’s Program Director.
3. Except for unusual circumstances, no more than one elective away month may be taken per resident/fellow during their training period.
4. Elective rotations to countries either on the U.S. State Department’s Travel Warning list [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html) or those with U.S. Treasury OFAC restrictions will not be permitted.

## APPLICATION FOR OFF-SITE “AWAY” ELECTIVE ROTATION

### Part I (To be completed by resident/fellow)

1. Name:
2. Date:
3. Program:
4. Requested time away:
5. Location of rotation:
6. Description of facility:
7. Preceptor’s name and contact information:
8. Educational goals and objectives for this elective rotation:
9. Brief personal statement (How will this elective fulfill my educational/career goals?)
10. Please attach a letter of agreement from the preceptor stipulating: a) agreement for the rotation during the requested time period; b) acceptance of the stated goals and objectives for the rotation; and, c) agreement to complete and send an evaluation on your performance to your Program Director at the completion of the rotation.

### Part II (To be completed by Program Director)

Recommend Approval?      Yes                  No

Additional comments?

Program Director (sign/date): \_\_\_\_\_

### Part III (To be completed by GME Office)

Approved?      Yes                  No

Associate Dean for GME (or designee; sign/date): \_\_\_\_\_