**Policy 4.14**: The Graduate School of Medicine acknowledges that there may be a legitimate need for off-site extra-curricular elective rotations in cases where residents and fellows cannot obtain training in a specific area of interest within the Sponsoring Institution or participating sites.

An off-site extra-curricular elective rotation may be valuable to resident education; however it is not a core program requirement. The rotation must meet unique educational goals, and is offered on a case-by-case basis. The rotation must comply with the specialty’s RC regulations and the ACGME work environment regulations including supervision and duty hour guidelines. An audition elective is ineligible as an off-site elective rotation.

- The program director determines the educational value for the individual resident.
- The program director may need to obtain appropriate approval of the rotation from the respective RC and specialty board.
- The resident being considered for an off-site elective rotation must have completed the first year of residency training and must be in good standing.
- Resident must not take leave or vacation during the requested rotation.
- Resident is limited to one off-site elective rotation during their training period.
- Rotation must have clear written goals and objectives and a final written evaluation of resident performance.
- Rotation must be taken in consecutive weeks and be no more than four (4) weeks in duration.
- The resident and program director are jointly responsible for determining that the resident has obtained licensure and professional liability coverage for the off-site rotation.
- As a representative of the Graduate School of Medicine, the resident on elective will conform to the GSM Institutional Policies.
- GME funding will only be allowed to support resident salary and benefits. All other expenses associated with the elective must come from sources other than GME or state-appropriated funds.
- The completed off-site elective form and supporting documentation must be submitted to the DIO 60 days prior to the rotation start date. The elective must have DIO approval prior to the submission of the travel request.
- Travel requests must be submitted to and approved by the DIO and UT prior to travel. International travel requires approval of the Dean of the Graduate School of Medicine and the Vice Chancellor for Finance and Operation at UTHSC (Memphis).

Approved by GMDEC 8/14/ 2014
Program Director Request to DIO for Approval of Elective Off-Site Rotation

Approval for the following off-site rotation is requested in order to provide training experience outside University of Tennessee (UT) affiliated hospitals or clinical training sites. Clear goals and objectives are in place and the resident(s) will receive mid-point performance feedback and a final written evaluation.

GME funding for this elective is allowed only to support resident salary and benefits. All other expenses associated with this elective derive from sources other than GME or state-appropriated funds.

The resident and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the dates of the rotation. The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs.

The following must be included in the submission of the request to the DIO:
1) Completion of these two pages;
2) Attached written goals and objectives of the rotation;
3) If required by rotation site, the host institution’s Off-site Academic Affiliation Agreement.

Name of Resident(s): Program PGY

Name and location of off-site rotation including names of all sites where resident(s) may have contact with patients (practice sites, hospitals, etc.):

Name of physician responsible for the oversight of the resident during the rotation

Dates of Rotation: From To

Describe the educational value of this rotation:

Description of resident activities:
OFF-SITE EXTRA-CURRICULAR ELECTIVES

Professional liability coverage arranged?  Yes ____ No ____ N/A ___

Licensure requirements arranged?  Yes __ No ____ N/A ___

If the elective is outside the U.S., verified and completed the requisite vaccinations for travel to this country? Yes ____ No ___

If no, explain _____________________________________________

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Program Director

I have verified with the site director (or GSM faculty supervising on site) that this resident will have the proper supervision and educational learning opportunities, and have an established commitment from the site director to complete an evaluation of the resident’s performance on this elective.

________________________________ _________________________

Program Director Signature     Date

Please return these pages and attachment(s) to the DIO at least 60 days prior to the start of the rotation:

Notice of approval  □

Notice of denial  □  Signature of DIO             Date