

Application for Special Assignment Electives (aka Away Electives)

Student name _____ Email _____

Please see detailed instructions on curriculum website: <https://sites.uw.edu/medevalu/special-assignment-electives/>

Eligibility Requirements/Student Responsibilities:

- Work with Department to confirm pre-requisites have been met
- Complete Section 1 (Special Assignment Elective Approval Form)
- Complete Section 2 (Student Special Elective Agreement)
- If elective **WAS NOT** approved in VSAS, work with institution to complete Sections 3 & 4 (Special Elective Information- not approved in VSAS & Preceptor Special Elective Agreement)
- If elective **WAS** approved through VSAS or if you are a military student participating in an elective that is LCME or ACGME accredited, please out Section 5 (Special Elective Information- VSAS approved/military student)
- Obtain Departmental and Regional (as needed) approvals.

Is this elective a virtual clerkship?

YES, this clerkship is virtual

NO, this clerkship is 100% in-person

If **yes**, please attach documentation outlining how the clerkship spends at least 50% of time engaged in patient care activities.

Timeline for Approval:

For non-LCME or non-ACGME electives, applications must be submitted a minimum of **2 months** before the clerkship start date. For LCME or ACGME electives, applications must be submitted no later than **2 weeks** before clerkship start date.

Departmental Responsibilities:

- Review the proposed rotation for its educational and clinical merit and approve if department expectations are met
- Complete the Departmental Authorization Section (page 2)
- **Electives within WWAMI region:** Work with student to obtain appropriate regional signatures (page 2).
- Forward approved packet to medevalu@uw.edu

Application Process:

<p>Step 1: Site Approves Student Request</p>	<p>Step 2: Student Completes and Submits Application to Department</p>	<p>Step 3: Department Approves or Denies Request. If Approved, Department Forwards Application to Curriculum for Final Decision</p>	<p>Step 4: Curriculum Approves or Denies Application. Notifies Student and Department of Decision</p>	<p>Step 5: Student Submits Schedule Change Form Forwards Approval to somreg@uw.edu</p>
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Special Assignment Elective Approval Form [Section 1]

STUDENT INFORMATION

First Name: _____ Last Name: _____ UW Email: _____

HOST INSTITUTION INFORMATION

Institution Name: _____ Department: _____ Preceptor Name: _____

Institution Address: _____ Preceptor Email: _____

Admin Contact: _____ Admin Email: _____ Admin Phone: _____

Is this rotation at a Liaison Committee on Medical Education (LCME)-accredited institution **OR** an ACGME-approved residency program in the specialty for which you are applying? (NOTE: Most university programs are LCME accredited, whereas private clinics and community-based programs are not. Check at <http://lcme.org/directory/> for LCME institutions or <https://apps.acgme.org/ads/Public/Programs/Search> for ACGME programs if you are unsure.)

YES, either LCME or ACGME accredited

NO, neither LCME nor ACGME accredited

ROTATION INFORMATION

Department: _____

Clerkship Start Date: _____

Clerkship End Date: _____

UW SOM Quarter & Year: _____

Total Number of Weeks: _____

NOTE: Clerkships must start on a Monday, and end on a Friday.

DEPARTMENTAL AUTHORIZATION

To be completed and signed by a UWSOM Clerkship Director or Clerkship Administrator

Name: _____ Title: _____

Course Number: _____

- This clerkship is approved by our Department, and an eValue evaluation will be submitted.
- The student will receive _____ clinical elective credits upon successful completion of this clerkship.
- For clerkships in the WWAMI Region: Per UW School of Medicine Policy, the Department acknowledges that this clinical experience can only be approved at the same site once per academic year (exceptions will be considered for military-required clerkships).

Signature: _____ Date: _____

REGIONAL APPROVAL (FOR CLERKSHIPS IN THE WWAMI REGION)

To be completed by the Regional WWAMI Office for away clerkships in the WWAMI Region:

Name: _____ Title: _____

Signature: _____ Date: _____

DEAN'S OFFICE APPROVAL

Name: _____ Title: _____

Signature: _____ Date: _____

Student Special Elective Agreement [Section 2]

Student Name: _____ Email: _____

What are your reasons for doing an away elective, and how will this elective contribute to your medical education?

Please review the following student responsibilities. Your signature on this document below is your agreement to these requirements:

1. I will be proactive and learn about any clinic or hospital credentialing requirements.
2. I will submit all credentialing paperwork in a timely fashion. I understand that failure to do so could result in cancellation of this elective.
3. I will coordinate with my preceptor a time to meet dedicated to mid-rotation feedback.
4. I will forward to my preceptor information about the approving department's final evaluation process, which may include either an online link or paper form, before the end of the rotation.
5. I understand it is my responsibility to follow-up with my preceptor to ensure the final evaluation is submitted to the approving department within 2 weeks of the clerkship last day.
6. I will complete all of my end of clerkship evaluations.
7. I understand that any time off must be vetted through the department approving this elective.

ER Care statement

Non-Involvement of Providers of Student Health Services in Student Assessment

As a medical student, do you agree to not seek health services, including psychiatric/psychological counseling, from your preceptor and educators with whom are also involved in providing your academic assessment?

Yes No

The only exception to this rule is if a medical emergency arises and they are the only provider available. If they provide emergency medical services, they will not be allowed to provide input on your assessment. In the event they are your only educator on this rotation, you would not receive credit for this rotation. Please initial here to indicate your understanding of this policy. _____

Student Signature: _____ Date: _____

Special Elective Information- not approved in VSAS [Section 3]

PART 1

Thank you for volunteering to precept a University of Washington medical student for an elective. Please complete the requested information, and review the following elective requirements.

Name: _____ Email: _____

Clinical Address: _____

Direct Phone # _____

List the goals and objectives for this elective (the student can forward you G&O's for similar UWSOM courses):

Describe the students work schedule to account for 40 hours of elective time (clinical, rounding, conferences, etc.), with additional outside preparatory work (reading, presentation prep, etc.) up to 60 hours per week.

PART 2

If you do not currently have a faculty appointment with UW School of Medicine please fill out the following section. If you do currently hold a faculty appointment at UWSOM, please continue to page 5.

Education

Medical School _____

Residency _____

Fellowship _____

Are you Board Certified or Board Eligible Yes No

Specialty _____

Do you have any malpractice convictions Yes No

If Yes, please describe the circumstances:

Do you have any criminal convictions Yes No

If Yes, please describe the circumstances and any sentence/sanctions:

Describe your experience in clinical medical education:

Preceptor Special Elective Agreement [Section 4]

As a clinical preceptor, do you agree to the following elective requirements:

1. Provide the student with mid-rotation feedback, both summative and formative. Yes No
2. Submit the final evaluation within 2 weeks from the end of the rotation. Yes No
3. Provide any clinical or hospital credentialing instructions to students with enough time for students to complete and be approved before their rotation. Yes No
4. Agree to the UW Time Off policy. No time-off for two week electives, four week electives students can have up to 2 days off for illness or unforeseen emergencies, but any time off that exceeds this, or requests for personal events such as interviews, conferences or special events must be approved by the department overseeing this elective.
 Yes No
5. Do you agree to provide an educational environment that adheres to the UW Policy on Professional Conduct?
<http://www.uwmedicine.org/about/policies/professional-conduct>
 Yes No
6. Are there risks to the health and safety of patients, students, and the community that are unique to the location or nature of your clinic? These may include the possibility of natural disasters, political instability, and exposure to disease. Yes No
If yes, please specify: _____
7. Is there availability of onsite emergency care at your facility? Yes No
If not, please specify the number of miles to the nearest emergency care: _____

Non-Involvement of Providers of Student Health Services in Student Assessment

As a clinical preceptor, do you agree to not provide health services, including psychiatric/psychological counseling, to a medical student with whom you're also involved in providing academic assessment?

Yes No

The only exception to this rule is if a medical emergency arises and you're the only provider available. If you provide emergency medical services, do you agree to not provide input on the student's academic assessment?

Yes No

Working with relatives

Students cannot work with relatives who are supervising and/or assessing the student's performance. Relative is defined as parent, child, grandparent, sibling, uncle, aunt or cousin by birth or marriage.

Will the student be working with any relatives? Yes No

If yes, please explain:

I agree to the above University of Washington requirements. In the event there are any unforeseen emergencies or student concerns, I will contact medevalu@uw.edu as soon as possible.

Preceptor Signature: _____ Date: _____

Special Elective Information- VSAS approved/military student [Section 5]

ELECTIVE INFORMATION (VSAS)

Please fill out the section below if you have been approved for this Special Assignment Elective on VSAS. If you are a military student, fill out section below. If your Special Assignment Elective has not been approved on VSAS, please complete Sections 3 & 4.

Date elective was approved on VSAS: _____

Please provide a brief summary or list the goals & objectives for this elective (information can be copy/pasted from VSAS course description):

ELECTIVE INFORMATION (Military Student)

Please fill out the section below if you are a military student who is applying for a special assignment elective that is at an LCME or ACGME accredited institution.

Please provide a brief summary or a list of the goals & objectives of this elective: