

**INOVA FAIRFAX MEDICAL CAMPUS  
GRADUATE MEDICAL EDUCATION POLICY**

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**Institutional Policy on Off-Site Electives**

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**I. Purpose**

To establish a policy for all post-graduate training programs at Inova Fairfax Medical Campus who wish to obtain a specific education experience outside of the program and outside of Inova Fairfax Medical Campus, i.e. an elective rotation.

**II. Scope**

This policy will apply to all graduate medical education programs at Inova Fairfax Medical Campus.

**III. Definitions**

“House Staff/House Officer” refers to interns, residents and fellows enrolled in post-graduate training programs.

**IV. Responsibilities/Requirements**

- A. House officer must be in good academic standing with their department.
- B. The house officer must demonstrate that the proposed rotation will provide professional experience which is important for the house officers’ education/professional development.
- C. The house officer must demonstrate that the experience will be appropriately supervised by faculty at the elective site.
- D. The house officer should submit the “Application for Off-Site Elective Rotation” form to their Program Director for approval. The application must include written approval from elective site program director/site supervisor to be considered. The Program Director will either accept or deny the application and complete and sign the appropriate space on the form.
- E. The house officer is responsible for completing any and all application paperwork from the elective site program and/or GME office. If the elective site requires a medical training license, the house officer is responsible for obtaining the license prior to the commencement of the rotation.
- F. If the Program Director approves the application, it will be forwarded to the GME Office for review and approval.
- G. Approved off-site electives will require that either the accepting institution provide malpractice insurance or that malpractice insurance will continue to be covered by the Inova Health System. This will be determined on a case by case basis. If the accepting institution agrees to cover malpractice insurance, verification of said coverage will be required.

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**V. General Guidelines**

- A. PGY-1 house staff will not be permitted to participate in non-standard off-site electives. The maximum length of time that a house officer may be on an off-site rotation with salary paid is to be determined by each individual program but may not exceed ACGME/CPME program requirements for off-site electives. Each request must be approved by the Program Director and the Director of Graduate Medical Education.
- B. Application form for non-standard off-site rotations must be submitted to the Program Director, and when approved should be submitted to the GME Director at least 90 days prior to the commencement of the rotation. Incomplete applications may result in denial of a request.
- C. IFH is committed to providing the necessary resources for compliance with this policy and with ACGME requirements.
- D. Questions about the application of this policy should be directed to the individual residency program director and/or the Director of GME.

**VI. Procedure Overview**

- A. Any house officer PGY-2 or higher, in good academic standing, wishing to rotate in a non-standard off-site location must complete Section 1 and 2 of the Application for a Non-Standard Off-Site Elective Rotation. Applications can be obtained on the Inova GME website, in your program office or in the Office of Graduate Medical Education.
- B. Applications should be submitted to the Program Director for review and completion of Section B.
- C. If approved, the Program Director will forward the application to the Office of GME.
- D. The Office of GME will review the application and notify the program of the final decision regarding the application. If the application is approved, a Program Letter of Agreement will be drafted by the Office of GME.
- E. Any costs for travel, living expenses, transportation, malpractice insurance, etc... will be incurred by the house officer and will not be the responsibility of the Inova Health System.
- F. House Officer should be aware that credit will not be granted for the rotation until receipt of a completed evaluation documenting satisfactory performance is received from the site director at the visiting institution.

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**Application for a Non-Standard Off-Site Elective Rotation**

Program Name: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

PGY Level \_\_\_\_\_ Pager \_\_\_\_\_ Phone \_\_\_\_\_

**Section A. Rotation Information (to be completed by resident)**

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_  
\_\_\_\_\_

Rotation Name: \_\_\_\_\_

Purpose of Rotation: \_\_\_\_\_  
\_\_\_\_\_

*\*Attach a copy of the educational goals and objectives for the rotation to this application\**

Proposed Rotation Dates: From \_\_\_\_\_ To \_\_\_\_\_

Length of Rotation: \_\_\_\_\_ weeks

Name of Supervising Physician: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

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*\*Attach copy of written approval from elective site program director/supervising physician\**

Outside Institution will provide professional liability coverage Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of person contacted and phone number \_\_\_\_\_  
\_\_\_\_\_

If no, name of malpractice insurance company where policy was purchased and phone number \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Attach copy of the malpractice coverage certificate either from the institution or from the insurance company\*\*\***

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B. Program Director Review**

Is this experience available at IFH? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why is this rotation to be taken off-site? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident is in good academic standing Yes \_\_\_\_\_ No \_\_\_\_\_

Rotation Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for non-approval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section C. Graduate Medical Education Director Review**

Date Application Submitted \_\_\_\_\_

Rotation Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for non-approval \_\_\_\_\_

GME Director Signature \_\_\_\_\_ Date \_\_\_\_\_