Application for Elective Rotation  
Effective from 02/11/2010

PURPOSE

To inform residents about the process of obtaining permission for an elective rotation from the Department of Surgery.

PERSONS INVOLVED

The residents interested in completing an elective, the Lead Faculty Member (LFM) or the Teaching Education Coordinator (TEC) of the elective rotation, the Associate Program Director for curriculum, and the Department of Surgery House Staff Coordinator.

PROCEDURES

The following steps must be completed in order to obtain permission to complete an elective rotation:

1. Meet with the Associate Program Director to discuss the elective rotation and the proposed rotation three months in advance of the rotation’s start date (and one month in advance for August electives).

2. Create learning objectives for the proposed rotation. The learning objectives are written by the resident in collaboration with the TEC/LFM. These learning objectives must include:
   a. The title of the rotation
   b. The length of the rotation (exact start and end dates)
   c. The location of the rotation
   d. The Faculty Team Education Coordinator/Lead Faculty Member
   e. A summary of the goals of the rotation
   f. A summary of the learning activities
   g. An explanation of how the resident and the rotation will be evaluated

3. Once the learning objectives have been written, attach them to the Application for Elective Rotation and turn into the TEC/LFM. The application requires an approval signature from the TEC/LFM before they are given to the Associate Program Director.

4. After you have obtained a signature from the TEC/LFM, the application is given to the Associate Program Director for signature. The Associate Program Director is required to receive the learning objectives one month in advance of the rotation, so that there is adequate time to modify as needed.

5. After signatures have been received from the TEC/LFM and the Associate Program Director, the application must be turned in to the Department of Surgery House Staff Coordinator.
**Application for Elective Rotation**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title of Elective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Start Date:</td>
<td>Elective End Date:</td>
</tr>
<tr>
<td>Location of Elective:</td>
<td>Faculty Elective Supervisor:</td>
</tr>
</tbody>
</table>

*Attach the approved learning objectives to this document*, including a summary of the rotations’ goals, a summary of the learning activities, and an explanation of how the resident and rotation will be evaluated.

---

**TEC/LFM Approval**

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Program Director Approval**

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Received by Surgical Education**

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

If the rotation will take place at a non-McGaw institution, please complete the *Request for Elective GME Rotation to Non-McGaw Institution* application. Contact the Surgical Education office at 6-2106 with any questions.