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**Elective Experiences - Outside the University of Toronto System (Provincial, National, International)**

**Terminology**

For the purpose of this document, “Provincial, National, International Electives” refers to electives conducted outside of the University of Toronto, often in a specific clinical area where equivalent learning opportunities are not available locally and the learning objectives of the resident do not directly pertain to the care of populations made vulnerable by adverse social determinants of health. In contrast, “International Global Health (IGH) electives” refers to electives taking place outside Canada, in a resource-limited setting or with populations made vulnerable by adverse social determinants of health, for the purpose of enhancing competencies that prioritize improving and achieving health equity. To minimize confusion between these two distinct learning experiences, “International Global Health” is often shortened to “Global Health” electives.

Please see separate policies for International Global Health Electives if applicable.

**Preamble**

The Department of Family and Community Medicine expects that residents will be able to acquire the vast majority of their core educational competencies within the confines of the local program. In the case that a resident wishes to pursue a competency that they cannot acquire locally, away electives may be permitted. Away electives include International Electives or electives within Canada, but outside the University of Toronto System. By definition, away electives preclude residents from participating in their local clinics and often, academic half-days. Applications for away electives may also be considered for the purposes of career exploration; however, these experiences must also allow for the acquisition of specific and relevant clinical competencies.

**Eligibility**

Residents must be in good standing in order to participate in away electives and residents are strongly encouraged to only consider an away elective during their second year of training. This allows time for residents to establish continuity in their own practices during their first year, to reach a level of competency that optimizes their readiness to learn in new settings and to minimize the level of oversight required by the host community. All away electives will be limited to one block in the PGY-2 year. Residents who feel they have a compelling reason to participate in an away elective in their first year should communicate their request and rationale in writing to their local site director for consideration. At the discretion of the site, an away elective may be granted in the PGY-1 year. The absolute maximum number of away electives that may be granted is one block per academic year

**Supervision**

Elective supervisors must belong to a regulated health care profession, be familiar with the requirements of the family medicine residency program at the University of Toronto and be able to provide daily supervision and teaching to the resident. When required, supervisors should also be able to provide support to learners as they integrate into sometimes new and challenging learning environments. Supervisors must also agree to complete an end of rotation evaluation.

**Planning**

Your safety is paramount. Choose your away elective at a reputable site with a safe clinical and living environment. For example, is there a reference available from a past trainee?

**Application & Approval Process**

* All electives outside the University of Toronto system require approval by the Site Director and the DFCM Postgraduate Director.
* Applications are first to be submitted to the Site Director for approval.
* All requests for elective experiences outside the University of Toronto system require approval by the Postgraduate Program Director after the Site Director has provided approval.
* Applications must be submitted a minimum of 12 weeks prior to the proposed departure date in order to allow sufficient time for review, consideration and approval or rejection. *Residents are advised not to secure travel arrangements or incur* *non-refundable expenses prior to receiving final approval of their application.*

\*A purchased non-refundable ticket will not be considered a compelling reason to receive elective approval.

**Application Content**

* Residents must provide well thought-out educational objectives for their experience.
* Residents should complete a Learning Plan with their host supervisor in order to clearly define expectations of the experience.
* Residents must complete the timetable in the application in detail including how much on-call time they will be required to cover.

**Supervision**

Host supervisors must complete Section #3 of the application or substitute a signed letter of intent. Residents may submit their application pending completion of the Supervisor’s Declaration in order to prevent unnecessary delays in processing the application.

**Mandatory administrative requirements**

Residents traveling outside of the University of Toronto system must comply with all registration, licensure and insurance regulations applicable to that particular university/province/country. Residents should note the following:

* You are registered as a postgraduate trainee at the University of Toronto. You should enquire about and fulfill the registration requirements of the host institution.
* A resident’s educational license is valid in the Province of Ontario ONLY. For out of province electives within Canada, you must apply to the appropriate authorities for a temporary license in the province you are working in. For International Electives, it is the resident’s responsibility to liaise with the host institution to determine if a temporary license is required for the duration of the elective and to fulfill that requirement. You are advised to verify with CMPA that your coverage is valid on this elective. The CMPA does not provide malpractice insurance for practice outside of Canada. Residents should clarify malpractice coverage requirements in the host jurisdiction prior to departure.
* Residents must provide the program information regarding how they can be reached during their stay abroad as per Section #4 (Telephone, fax, address, email).

(telephone, fax, address, email).



**ELECTIVE EXPERIENCE APPLICATION**

**Outside the University of Toronto System (Provincial, National, International)**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Level**:\_\_\_\_\_\_ **Current Site**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location of Elective**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_ **Vacation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s University/Hospital Affiliation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List your specific learning objectives for this experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Outline your schedule during this experience.

*(Be specific -- detail teaching in both ambulatory, in-patient and on call responsibility.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SAT/SUN |
| a.m. |  |  |  |  |  |  |
| p.m. |  |  |  |  |  |  |

3. **Supervisor’s Declaration**: ***(an email letter of intent may also be substituted)***

1. I agree to provide this resident direct supervision during the experience outlined above and to evaluate the trainee in writing prior to the completion of this experience.

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**Signature** **Date**

4. **Resident’s Declaration**:

I agree to comply with all registration requirements of the sponsoring University and where required, to acquire appropriate licensure and insurance coverage for the duration of this experience. I further agree to submit an evaluation of this experience on the Postgraduate Web Evaluation and Registration (POWER) system.

1. During this experience I may be contacted at:

**Tel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⮱ *Approved by:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Director** **Date**

**For DFCM Office Use Only:**

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**University Program Director** **Date**

**Please return this form to Lela Sarjoo**

Department of Family and Community Medicine

Temerty Faculty of Medicine, University of Toronto

500 University Avenue, 3rd Floor, Toronto, ON  M5G 1V7

Email: familymed.postgrad@utoronto.ca

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