

B. Rules of Electives – revised 10/2011

1. Forms and Method of Approval: in addition to the Agreement Certification (A) checklist above

- a. An elective form is required for ANY week of elective, even if it is a traded week. For any trades, a completed and signed **Change of Vacation or Elective** form must be attached to the **Elective Schedule Request** form.
- b. Participation of the Resident in each half day of Elective must be verified by the Resident obtaining the supervisor's signature on the **Elective Verification** form each half day
 - i. Failure to obtain this verification will result in the resident owing an equivalent half day of work.

2. Non Submission or Late Submission of Elective Schedule Request (E) and the Agreement Certification (A)

- a. Residents who do not submit ALL REQUIRED FORMS AND DOCUMENTATION for approval by their advisor 4 weeks in advance of a HERE Elective and 6 weeks in advance of an AWAY Elective will incur the following consequences . **There will be NO negotiations. The consequences will stand. The forms must be submitted 4 and 6 weeks in advance of the start date of the rotation in which the Elective is scheduled..**
 - i. Assigned to see patients in AFMC or AFMC Urgent Care for 10 half-days during the first week of the Elective rotation for which they were late. This would be instead of elective experiences.
 - ii. Forfeit access to 25% of their "Book Money" for the PGY year of the elective in question.
- b. If the required forms are submitted complete but later than the due date the consequences will conclude with the enforcement of #1 and #2 .
- c. If they are not submitted at all before the beginning day of the rotation the resident will :
 - i. Do AFMC clinic 10 half days per week for the remainder of the Elective
 - ii. Research and develop a conference on a topic approved by the resident's Advisor . The resident will present the conference at either the Required Residency Didactic Conference or AM medical staff conferences. This would be prepared in addition to the Elective hours.
 - iii. Forfeit 50% of their "Book Money" for the PGY year of the Elective in question
- d. If the resident leaves on Elective without submission of all required paperwork and without obtaining all required approval they will:
 - i. Extend their residency beyond 6/30 for an amount decided upon by the faculty but which will not exceed the duration of the Elective
- e. If Away elective expenses are not preapproved by the Program Director they will not be accepted nor submitted for reimbursement.

- f. If Away elective expenses are not submitted to Medical education within 1 rotation ie 4 weeks of the completion of the Elective they will not be accepted nor submitted for reimbursement

3. Vacations:

- a. Cannot be carried over from one academic year to the next.
- b. Vacations must be taken in one-week blocks.

4. Partial Weeks of Elective:

- a. Do not exist
- b. You cannot split a week into less than 7 day blocks.

5. AFMC Requirement:

- a. A minimum of 4 half days of AFMC Clinic must be in each week of HERE Elective. If there is a holiday during your elective you may do 3 half days of AFMC..
- b. All AFMC half-days during elective time need to be approved by the AFMC manager or designee. The AFMC manager must sign the **Elective Schedule Request** form (D) confirming the AFMC days have been scheduled.
- c. The majority, if not all, AFMC clinics during Electives will be in the morning.

6. Here Electives:

- a. **Must** be approved at least 4 weeks in advance. This would allow for meaningful scheduling of continuity patient visits into the resident schedule. Scheduling of the AFMC clinic time just prior to the beginning of the Elective does not promote optimal use of the appointments.

7. Away Electives:

- a. If you are not “on track” for achieving the ACGME minimum number of continuity patient visits at the beginning of the PGY3 year you will not be permitted to take an AWAY elective
- a. **Must** be approved a MINIMUM 6 WEEKS in advance. A letter or email detailing the location, dates expected, supervisor and educational nature of the rotation must be submitted. **Do not** purchase airline tickets prior to obtaining approval from the Residency Director **AND** your Faculty Advisor.
- b. NOTE that pre-approval does not guarantee reimbursement of expenses from book money. This must be submitted for pre-approval to the Residency Director. The receipts must be submitted to the Medical Education staff for submission to the “County” within four weeks of the Elective completion. The receipts will not be accepted nor submitted for reimbursement if presented later than 4 weeks form completion of the Elective.
- c. The maximum away elective time is 6 weeks during the entire 3 years. If transferring here as a second year, the maximum is 4 weeks.
- d. All electives outside of Los Angeles, Ventura and Santa Barbara counties are considered Away Electives. You cannot come back for a day or two of AFMC and consider it a “Here Elective”. You can not group your AFMC half days all at the beginning or end of a week , go away for part of the week and call it a Here Elective. It is an Away Elective.
- e. If doing an elective in an institution that has other residents, a letter confirming that the institution will not be counting you in their numbers for Medicare billing purposes must be obtained prior to approval by the Residency Director and Faculty Advisor.
- f. An Elective location that is sufficiently far enough away to require access by plane or a drive longer than 4 hours will be accommodated by travel time

being incorporated into daytime hours. Eg. a conference in San Francisco will be given a ½ day of travel time for driving to SF.

8. Reading Elective:

- a. Can be taken for (1) one week in the 3 years of residency. This must be taken all in ONE week. It cannot be split up.
- b. This is a “HERE ELECTIVE” and must include a minimum of **four (4)** AFMC half-days.
- c. One of the AFMC clinic days will always be scheduled on Friday AM.
- d. A bibliography must be typed up, reviewed with and approved by the faculty advisor with signature. It should be submitted with the **Elective Schedule Request** form and this
- e. You must arrange to meet with your faculty advisor at least once during the Reading week
- f. You will be required to present the clinical pearls or highlights of your reading week during Didactic Conference on Tuesday afternoons. This will be scheduled with your Faculty Advisor and the Family Medicine Faculty responsible for scheduling didactic conferences.

9. A Scholarly Project / Research Development week or Examination Preparation:

- a. May be taken instead of the reading week. One is allowed in three years.
- b. The requirements are the same as for the reading week (except for examination preparation where no conference is required).
- c. The exam preparation week must be taken within 2 months prior to the examination date.

10. Practice Management elective:

- a. This can be taken for a maximum of one week during the 3 years of Residency .
- b. When submitting the **Elective Schedule Request** form, provide detailed information about the practice site or practices that you will be working with. As with other away electives, a letter from the physician or practice should be attached to the **Elective Schedule Request** form.

11. On Being a Patient Elective and the Maternity or Paternity Elective:

- a. Must be discussed with and approved by the Program Director , Associate Director and the Chief Residents in addition to your Faculty Advisor.
- b. A detailed description of the policy rules regarding these rotations is available from Medical Education. Read it before you attempt to arrange this elective. It was also provided to you during Residency orientation.

12. Elective Educational Activities on Weekend Days:

- a. The minimum number of hours for any Elective = 40 hours/ week. and no less than 5 days/week. If the Elective educational experience includes weekend days, the weekend days can be counted as one of the 5 days of the week. e.g. A conference that is Tuesday through Saturday. The resident physician could be off Sunday and Monday.

C. Due dates for Submission

Rotation	Rotation Start Date	4 Weeks Prior / 1 Rotation Prior	6 Weeks Prior
1	6/30/11	6/6/11	5/23/11
2	8/1/11	6/30/11	6/20/11
3	8/29/11	8/1/11	7/18/11
4	9/26/11	8/29/11	8/15/11
5	10/24/11	9/26/11	9/12/11
6	11/21/11	10/24/11	10/10/11
7	12/19/11	11/21/11	11/7/11
8	1/16/12	12/19/11	12/5/11
9	2/13/12	1/16/12	1/2/12
10	3/12/12	2/13/12	1/30/12
11	4/9/12	3/12/12	2/27/12
12	5/7/12	4/9/12	3/26/12
13	6/4/12	5/7/12	4/23/12

E. Rotation ___ Elective Schedule Request / Verification Form

Date Received at Med Ed: _____

Name _____

Dates _____

Vacation Week _____

Week 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							
PM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							

WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							
PM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							

WEEK 3	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							
PM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							

WEEK 4	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							
PM Elective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisor (INITIAL BOX WHEN COMPLETED)							

Resident Signature _____ Date _____

Faculty Advisor Signature _____ Date _____

AFMC Director _____ Date _____