Program for Away Rotation: Post-Rotation Report

Submit this completed report to the GME Office, missi.whiteluster@health.slu.edu, within 30 days of return from the away rotation. Also, please attach any PowerPoint presentations, reflections, blog pages, or reports that were created as a result of the away rotation experience.

Name of Resident____________________________________ PGY level________

Department___________________________________________ Program____________

SLU Faculty Mentor______________ Off-Site Supervisor/Evaluator______________________

Away Rotation Dates:_______________________________

Away rotation location:  Country ___________________________ City____________________

Away Rotation University/Organization/Program (if applicable)________________________________

Away Rotation Contact Information (phone, email, address) ______________________________

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1. Description of the Clinical Experience (approximately 350 words): Describe your actual clinical activities including number of patients seen, procedures/conditions treated, hours worked, clinical/physical working environment, interactions with other health care providers, and clinical locations.

2. Describe the unique challenges, solutions, resources and learning opportunities of this clinical site (approximately 200 words).

3. Describe how this experience will change your outlook or your practice of medicine (approximately 100 words).

4. Suggestions for future trainees interested in rotating at this location/country (optional).