

## **OPDA Work Group on Away Rotations**

The Organization of Program Director Associations (OPDA), a convened group of the Council of Medical Specialty Societies (CMSS), is dedicated to promoting the role of residency and fellowship program directors and program director societies in achieving excellence in graduate medical education (GME). The following organizations comprise the OPDA membership:

- Association of Professors of Dermatology (APD)
- Council of Residency Directors in Emergency Medicine (CORD)
- Association of Family Medicine Residency Directors (AFMRD)
- Association of Program Directors in Internal Medicine (APDIM)
- Association of Professors of Human and Medical Genetics (APHMG)
- Program Directors of the Academic Council of Society of Nuclear Medicine and Molecular Imaging (SNMMI)
- Program Directors of Society of Neurological Surgeons (SNS)
- American Academy of Neurology Consortium of Neurology Program Directors (CNPD)
- Council on Resident Education in Obstetrics and Gynecology (CREOG)
- Association of University Professors of Ophthalmology (AUPO) Program Directors Council (PDC)
- American Orthopaedic Association (AOA) Council of Residency Directors
- Association of Academic Departments of Otolaryngology (AADO)
- Pathology Residency Directors Society (PRODS) Association of Pathology Chairs (APC)
- Association of Pediatrics Program Directors (APPD)
- Association of Pediatric Surgery Training Program Directors (APSTPD)
- Association of Academic Psychiatrists/ Resident Program Directors Council (AAP)
- Association of Academic Chairs of Plastic Surgery (AACPS)
- American Association of Directors of Psychiatry Residency Training (AADPRT)
- Association of Program Directors in Interventional Radiology (APDIR)
- Thoracic Surgery Directors Association (TSDA)
- Assn For Hospital Medical Education and Council of Transitional Year Program Directors (AHME CTYPD)
- Society of Academic Urologists
- Surgical Critical Care Program Directors Society
- Association of Program Directors in Vascular Surgery

In response to the UGRC recommendation for further study of the impact of Away Rotations and in anticipation of the AAMC Transitions to Residency meeting on July 22, 2022, a work group met to discuss the current state of Away Rotations in different specialties, examine any literature related to the impact of Away Rotations, and determine next steps for alignment/consensus across specialties, specialty specific considerations, and development of best practices. Each of the member organizations was asked to complete a brief survey on behalf of their specialty.

### Work Group Members

Adena Rosenblatt (Dermatology)  
Karen George (Obstetrics/Gynecology)  
Megan Aylor (Pediatrics)  
Melanie Camejo (Emergency Medicine)

Marie DeFrances (Pathology)  
Nikola Dragojlovic (Physical Medicine and Rehabilitation)  
Brandi Hartley (Orthopedic Surgery)  
Cormac Maher (Neurosurgery)  
Steven Pletcher (Otolaryngology)  
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### Importance of Away Rotations

In general, away rotations are important for many students, including the opportunity for students to be exposed to a variety of educational experiences (particularly in specialties without required clinical rotations such as orthopedics, pathology, dermatology etc.), the opportunity for students to learn more about programs of interest, and as a way for students to demonstrate their interest and possibly be considered for a position in a program. Away rotations allow early exposure to undersubscribed clinical disciplines (e.g., half of pediatrics subspecialties are undersubscribed with only 33-50% of fellowship spots filled), and may provide the only exposure to subspecialty experiences not available in their home institutions. Away rotations allow students to learn and interact with faculty outside of their home program which increases mentorship and networking opportunities. Away rotations are also necessary for “orphan” students without a home program in their desired specialty at their medical school. Without the opportunity to experience a specialty firsthand, students may not understand the breadth and demands of a specialty and be at risk for attrition.

Students can observe different types (academic vs community) and sizes of programs which can assist in finding the optimal learning environment for their residency training. Students can also be evaluated more holistically, and students with perceived application deficiencies can compensate with strong in-person clinical performance demonstrating work ethic, teamwork, etc.

There is considerable variation across specialties regarding the necessity of away rotations for matching, with some specialties rating them as entirely optional (e.g. ophthalmology, obstetrics/gynecology, pediatrics) and other specialties deeming them as vitally important to matching (PM&R, orthopedic surgery, neurosurgery).

Away rotations are often invaluable for students that are couples matching, from osteopathic, and international medical schools.

### Advantages for Programs

Away rotations provide an opportunity for programs to highlight their strengths to applicants and to observe how an individual may function within their program and align with their mission and specific learning environment.

### Disadvantages of Away Rotations for Program

Away rotations may limit scarce resources available to students within the institution especially with regard to faculty time and energy. Away rotations may impart bias into the recruitment process.

## Consideration of Equity

A majority of specialties are discussing equity concerns with away rotations especially for those students that are URiM or from financially disadvantaged backgrounds. Some specialties have either specialty-sponsored or program-sponsored funding for URiM students. There is a need for a central hub for specialty organizations regarding recommendations and possible funding to ensure equity amongst all students.

## Involvement of Program Director in Selecting Away Rotators

Selection of rotating students should be a collaborative discussion between UME and GME leadership. There may be some advantage to programs to involve program directors but the benefit to students is not clear especially for those with a perceived deficiency in their application.

## Recommendations

The work group recommends the following:

1. Each specialty publish guidelines for students with regard to necessity and number of away rotations. Several best practices include those published by pediatrics, neurosurgery, orthopedics, emergency medicine, and ophthalmology.
2. Specialty societies should publish direction regarding the need to send preference signals to programs where applicants are completing away rotations.
3. Programs should be transparent with students about the purpose and value of an away rotation in their institution including stating whether or not rotating students will be guaranteed a formal interview at the program.
4. The AAMC create a repository of specialty-specific recommendations with regards to away rotations to assist students and their advisors in planning their final year of medical school.

## References

1. [https://www.appd.org/wp-content/uploads/2022/06/2022\\_06\\_13-Pediatrics-Residency-Recruitment-Recommendations.pdf](https://www.appd.org/wp-content/uploads/2022/06/2022_06_13-Pediatrics-Residency-Recruitment-Recommendations.pdf)
2. <https://www.societyns.org/medical-students/external-medical-student-rotations>
3. [https://aupo.org/sites/default/files/2022-05/Residency%20Match%20FAQs\\_2022.pdf](https://aupo.org/sites/default/files/2022-05/Residency%20Match%20FAQs_2022.pdf)