



Advising Students Committee in EM (ASC-EM)

# How to Get an Away Rotation Guide



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Congratulations on choosing Emergency Medicine (EM) as your future career! You may be wondering, what is next? If you are reading this guide on “How to Get an Away Rotation” you probably already know that one of the most important parts of your application to EM residency programs is the SLOE (Standardized Letter of Evaluation), which evaluates your performance on an EM rotation. Most residency directors like to see two SLOEs - which means you’ll need to do two rotations. Usually, one is done at your “home” school, but the second will need to be done at another program. This necessity leads to several more questions: How do I apply to EM away rotations? How many away rotations do I need to apply to? What is VSAS? How do I apply to programs that don’t use VSAS? Who do I talk to for advice? These are just a few of the many questions we hope to address in this “How to Get an Away Rotation” guide.

A very good place to start is the [2019 EMRA and CORD Student Advising Guide](#).<sup>1</sup> This free, downloadable resource contains a wealth of information to help you navigate the process from choosing EM all the way through applications and matching. Chapter 5 specifically addresses how to apply for away rotations, including details like making sure your vaccines and titers are up to date and how to assess your competitiveness. It can be helpful to use the EMRA & CORD guide in addition to seeking mentorship at your home institution. Not every institution has mentorship available for EM, so there is also a guide available for those students. The [CORD Orphan Applicant Emergency Medicine Guide](#)<sup>2</sup> offers advice on applying in EM if you are at a school that doesn’t have an affiliated EM residency. [EMRA](#)<sup>5</sup> offers additional assistance with mentoring. Needless to say, these two resources are a good basis for applying and succeeding in EM during this exciting time and should serve as a reference when needed.

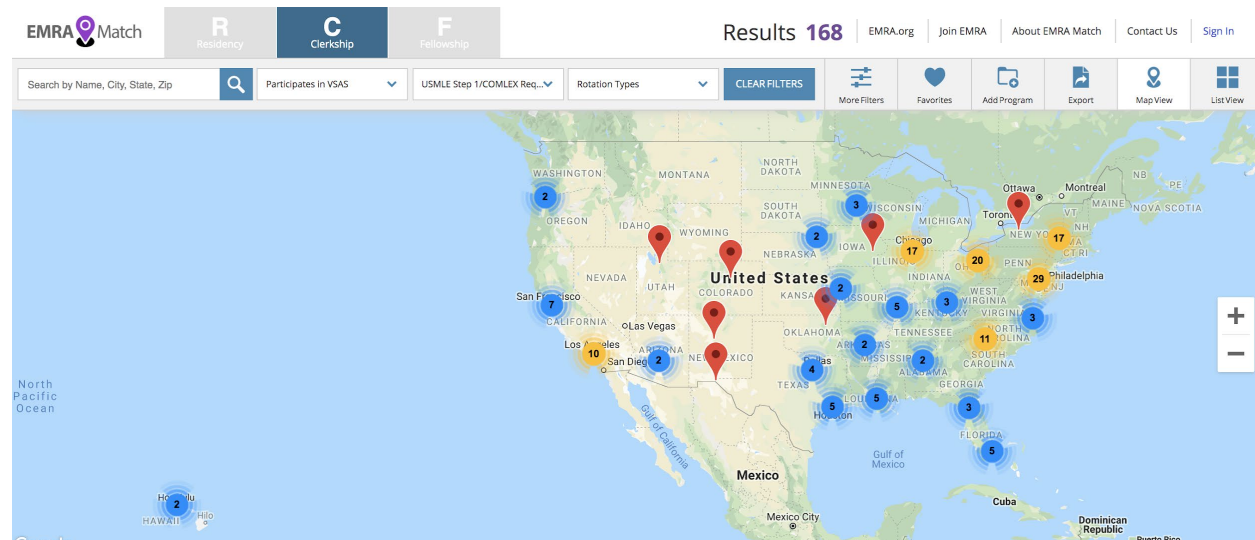
The majority of applicants to EM only need 2 SLOEs and no more. While many of you can do more EM rotations and will be drawn to do more for various reasons, keep in mind that more SLOEs will not necessarily make you a better applicant. More rotations often lead to mixed reviews. Students have been found to perform better at their home/1st EM rotation in comparison to their third rotation <sup>10</sup>.

## Deciding Where to Apply

Do not apply to programs just to get a rotation. Apply with a purpose! Ideally, you will do your away rotation at a program that would be one of your top choices for residency. It is also advisable to do a rotation at a program that is different from your home institution to allow yourself exposure to different training environments. It can seem overwhelming at first, but the [EMRA Match tool](#)<sup>3</sup> for Clerkships or the official [VSAS](#)<sup>4</sup> website are great places to start. As you can see in Picture 1, you can filter programs by whether or not they participate in VSAS, USMLE/COMLEX score requirements, type of rotation (some programs offer other electives aside from traditional adult EM), and more. EMRA Match

also allows you to organize “favorite” programs into a list. It may be helpful to start a spreadsheet in order to keep yourself organized as you start your application journey. You will be considering many of these same factors when you decide where to apply for residency, so thinking through them as you consider your away rotation is good practice.

### Picture 1



Pic: <https://webapps.emra.org/utls/spa/match#/search/map>

## When Should I Rotate?

If possible, do your home EM rotation first. Availability and timing will depend on the school, but some students can complete their home rotation for a SLOE as early as late spring of 3rd year, such as April or May. Check with your advisor or registrar from medical school about your options. Keep in mind that when you rotate early, you may be compared to students from the last cycle for grading purposes (that is, not those classmates graduating in the same year you are, but rather those who rotated earlier in the same academic year and may be graduating). If you are unable to rotate at your home program first or if this is not an option for you, you can do a visiting rotation elsewhere first. If you do a visiting rotation as your first rotation, let the program (clerkship director/coordinator) know that this is your first EM rotation so you can be evaluated accordingly. You might also contact the clerkship director or your EM adviser at your home program to see if you can do some shadowing or otherwise prepare for the visiting rotation before you go. The [CORD Medical School Advising Resource List<sup>7</sup>](#) has a section devoted to succeeding in your clerkships.

July and August are the most “competitive” months to complete a rotation. If your schedule is flexible, it may be easier to get a rotation at your most desired program outside of July and August. Rotating during peak interview season, November and December, is typically not a good idea because you will need to be available to go on

interviews and you also want to be fully present to make a good impression on your audition rotation. While there are no guarantees, and programs will vary, clerkship directors are usually understanding about this to a degree and may work with you to help arrange a few days off. Keep in mind that it's hard to really "sell" your interest in the program where you are doing a rotation if you ask for 10 days off to interview elsewhere.

Both VSAS and EMRA Match attempt to track the availability of rotations with open slots, but this is dependent on regular updates from programs so the listed availability may not be accurate and you can reach out to the programs directly to ask about availability before you apply, especially if it is getting later in the season.

The vast majority of programs will offer invitations for a residency interview with a single SLOE, with the expectation that a second SLOE will be available later in the application season. This means that you should aim to complete at least one of your EM rotations in time to have the SLOE uploaded to the Electronic Residency Application Service (ERAS) by September 15th when ERAS opens. If you are able to get both SLOEs submitted, that is even better, but it can be difficult logistically to get this done.

According to EMRA Match, there are currently 75 programs that will not review your application until you have uploaded 2 SLOEs. If you are not dead set on interviewing at one of these 75 programs, you might have some flexibility to do your second rotation in September or October -- as long as you have one SLOE ready to upload when ERAS opens. If you only have one SLOE uploaded by Sept 15th, make sure you have at least one additional, non-SLOE letter uploaded as well so that you have a total of two letters of recommendation. Non-EM letters that can be helpful include trauma and ICU sub-I's, but this letter can also be from a 3rd-year rotation you performed well in.

## **Where Should I Rotate?**

When choosing where to apply for visiting rotations, there are many factors to keep in mind. Surveys have shown that for many students one of the most important factors in residency selection is geographic location. If you are trying to match in a particular geographic location different from where you are now, your away rotation is an opportunity to show how serious you are about changing locations. Program directors in a different region will often consider your application more seriously if you rotate in that region (or if you demonstrate a connection to that region). That is if you grew up in the Midwest and are in medical school in the Southwest, a program director in New England may doubt that you really want a residency position at their program; rotating in the region can help. Rotating in a location where you have friends or family can help defray some of the cost of a visiting rotation. You don't *have* to rotate outside of your region,

and if you're fortunate enough to live in a city with multiple EM residencies, you may not even have to leave home to do an "away" rotation.

The cost of applying and rotating serves as a significant barrier to many students applying to emergency medicine. We recommend choosing where to apply and rotate in a cost-conscious manner. Some programs also offer free/discounted housing or diversity scholarships which can defray some of the costs. A list of the available diversity scholarships can be found [here](#)<sup>8</sup> and [here](#)<sup>9</sup>.

Talking to your classmates and recent grads from your medical school may give you some ideas, but keep in mind that most clerkships can only accept a limited number of visiting students. If all 30 of the EM-bound students in your class want to go to the same program, and they only accept 15 students a year, you'll probably need to apply to a few more programs.

## **What Kind of Learning Environment am I Looking For?**

It is worth emphasizing that **your letter should be a SLOE authored by the EM residency program leadership**. These SLOEs are the most useful for your residency application. You can ensure this by participating in an academic EM rotation hosted by an EM residency program. Community EM rotations (not to be confused with "community hospitals") take place in emergency departments without host EM residencies. While these community rotations can be a great opportunity to see the environment in which the majority of EM residency graduates eventually practice, they are not as helpful in advancing your residency application. A community rotation can provide you with a letter of recommendation, but such a letter is not held in as high a regard as a SLOE from a residency program. Academic rotations may also be offered at "community affiliate" sites that residents spend a part of their time in, but are not the "academic home" of the residency. Regardless of the site you choose, the key is to make sure you will receive a SLOE authored by the residency leadership. If you're unsure, ask an adviser or the clerkship director about the rotation you are considering.

Different institutions have different strengths and learning opportunities. Some rotations allow you to rotate at multiple locations/types of hospitals while others are located at one main location/hospital. County, or public, hospitals are often located in urban areas and have high patient volumes and patient populations made up disproportionately of uninsured or Medicaid patients. Hospital resources can vary depending on the institution.

Academic residency programs are often affiliated with a medical school and host all sorts of learners: medical students, residents, and fellows from a variety of specialties

and sub-specialties. Community residency programs are typically not affiliated with medical schools and can often be found in more suburban or rural areas. There may still be medical students, other residents, and fellows, but often from a smaller range of specialties or sub-specialties. These hospitals may have lower volumes and more resources in comparison to a county hospital, but there may not be as many consultants available at all hours of the day and night. You may have more opportunities to do procedures and might speak directly with an attending when calling consults. There are usually fewer rotating medical students, so you may get more individualized learning and teaching opportunities from the attending physicians. There is also a spectrum of Academic/Community hybrids like a residency in a hospital geographically remote from its host medical school. There are no hard-and-fast rules, but noticing a program's location (urban/suburban), its patient volume, and whether it has an affiliation with a medical school can shed some light on the type of experience you can expect.

Another factor you may want to consider is the trauma designation of the hospital. According to the [American Trauma Society](#)<sup>6</sup>, there are 5 levels of trauma centers. A Level I Trauma Center offers the most comprehensive trauma care. This trauma center can take care of any and all trauma. There is 24 hour in house coverage by trauma surgery and a myriad of surgical subspecialty coverage. A level II trauma center provides 24-hour in-house coverage with similar surgical, emergency and critical care specialists, but advanced traumatic needs may need to be transferred to a Level I Trauma Center. A Level III Trauma Center provides 24-hour coverage by EM physicians and 'on-call' surgeons and anesthesiologists, with the expectation to arrive within 30 minutes of major trauma cases. Level IV/V should be able to provide ATLS and stabilization with the need to transfer most critically ill patients to a higher level of care.

The amount of responsibility that the ED has varies from program to program when it comes to trauma. Some hospitals allow equal "hands-on" experience for both EM and surgery residents in traumas. Some programs have EM residents only do airways (head of the bed) and others have a separate trauma/anesthesia team that manages all major traumas separately and EM faculty are not involved.

With all that in mind, figure out what level trauma center your current institution is, how much "hands-on" experience EM has with trauma, what consultants are available (i.e stroke center or a STEMI center, etc), and perhaps try to rotate somewhere that is different. Keep in mind that no matter where a program is located or what trauma level it is, there is a lot to be learned and experienced.

## **What will be Expected of Me?**



Each program and clerkship experience is unique and different. You may be expected to attend resident conferences at some programs, but not at others. Some have regular lectures for students while others have online modules you can work through at your own pace. At some programs, you'll be assigned a resident or attending whom you'll work most of your shifts with; at others, it will be random and you may not work with the same person twice. You may present to a senior resident or directly to the attending. Almost all programs use end-of-shift evaluations for the clinical component of your grade, but what is evaluated and by whom may differ from program to program. At many programs, there are other components to your final grade such as an exam, a case presentation, a reflective paper, or simulation cases. Every clerkship is different. Consider what will be expected of you and how you might perform under different grading conditions so that you can maximize your learning and performance.

### **How Do I Find More Information About the Program?**

Although it is hard to figure out whether you “fit in” at a program without actually being there, thanks to technology there are ways to further explore programs remotely. It is always a good idea, once you have considered the above topics, to look at program websites. You will learn information about the hospital (trauma level, number of ED visits in a year, STEMI capability, stroke capability, association with other hospitals, etc). On these websites, there is usually a program overview where you can find information about:

- Resident schedules/what rotations they do out of the department
- Didactics/Journal Club/Simulation Exposure/Research Requirements
- Residents (what regions they came from, etc)
- Faculty
- Fellowships, information about Clerkship or other programs the department is involved in (ex: Wellness, Diversity, etc)

It is also a good idea to look at the program's official Facebook, Instagram or Twitter. It is not a program requirement to have any of these social media outlets, but when they are available, they can help give you an inside look at the program. Twitter is often used as more of an educational platform for disseminating journal articles or posting about regional/national conferences, etc. Instagram and Facebook can also be educational, but these social media tools may help you to see the “fun” social aspect of the programs. You can find these within the program entries on [EMRA Match](#).

### **Putting it Together: What's the Right Rotation for Me?**

There are many factors in choosing the right rotation for you. Consider the following questions:

- When can I rotate? Does their schedule match mine?

- Where is the rotation? Do I want to go there? Is it easy to be there for a month?
- Is this a rotation that will maximize my learning and match potential in EM?
  - Will this rotation get me the SLOE I need?
  - Will this rotation get me a unique learning experience?
  - Does this hospital serve a patient population I'm drawn to serve?
  - How hands-on do I want to be? How academic do I want to be? Do I want to work with many or fewer specialists?
  - Do I want to see patients pre-differentiated by acuity or by categories like pediatric or trauma or do I want to see patients completely undifferentiated?
  - How do I want to be graded? Am I a good test taker?

This probably seems like a lot, and it is. These are just a few of the things you'll have to consider when it's time to apply to residency -- choosing a clerkship can be a good warmup. That said, in the end, as long as you get a SLOE authored by residency faculty, the specific program where you do your rotation is not as important. Perhaps the biggest piece of advice is to use your rotation as an opportunity to explore a program that is different from your home institution in a way that is meaningful to you.

## Nuts and Bolts of Applying

**Choosing a Medical Career** | **Applying to Medical School** | **Attending Medical School** | **Applying to Residency** | **Training in a Residency or Fellowship**

Home > Attending Medical School > Visiting Student Learning Opportunities

### Visiting Student Learning Opportunities

The AAMC Visiting Student Learning Opportunities® (VSLO®) program enables medical and public health students to pursue short-term learning opportunities in locations away from their home institutions. Program participants include medical and public health students and institutions in the U.S. and around the globe.

[Sign In to VSAS »](#)

**Search for Electives**  
Browse our catalog of away electives at participating host institutions by location, keywords, specialty, and more.  
[Search now »](#)

**Find Participating Host Institutions**  
Find a complete listing of participating host institutions.  
[Find now »](#)

#### Learning Opportunities For Medical Students

The VSLO program helps medical and public health students connect with institutions offering short-term elective opportunities that can enhance their medical education. These elective opportunities include observerships, summer research programs, clinical opportunities, away rotations, away electives, clinical rotations and visiting opportunities.

Offered by participating host institutions in the U.S. and around the world, elective opportunities are available in teaching hospitals, community clinics, and urban or rural sites and are open to preclinical, clinical, or final-year students, as determined by the host institution.

Pic: <https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/>



What does VSAS stand for? VSAS stands for Visiting Student Learning Opportunities (VSLO) Application Service. Approximately 75% of emergency medicine clerkships are offered through VSAS. Whether or not a program uses VSAS is stated in EMRA Match for Clerkships as well as on the program's website. For programs that do not participate in VSAS, look to their website for instructions on how to apply.

VSAS also gives you the opportunity to explore what dates the program has available. Different medical schools have unique "blocks" their schedule fits into, so choosing a rotation that fits your schedule is the simplest path. You may want to start looking at your schedule to see if you need to move any blocks around to make an away rotation work. EMRA Match, VSAS, and the program website should also say if they accept/consider students who may be "off" schedule and need different start dates. Alternatively, you may be able to work with your dean's office to align the schedule (*for example, you might take an "online" course for one week, do your visiting rotation for 4 weeks, and complete the online course over the next 3 weeks, for a total of 2 rotations over 2 months*)

The application process generally requires submission of a lot of paperwork on the part of the applicant including a CV, personal statement, BLS certification, and immunization records to name a few (see Table 1 below for details). These components are standard, but what each institution requires may vary. Programs will begin accepting applications at different times and can vary by year, hence having a spreadsheet might help. Earlier programs can open as early as January while later ones might not begin accepting applications until May. It is always a good idea to complete your application documents as soon as you can. Your application will not get reviewed until all the supplemental information is received, so make sure you are aware of all the program's requirements and have all the documentation ready to go by the key dates. How and when rotation offers are sent out also varies by institution, with some sending out acceptances in bulk on a single day and others offering positions on a rolling basis.

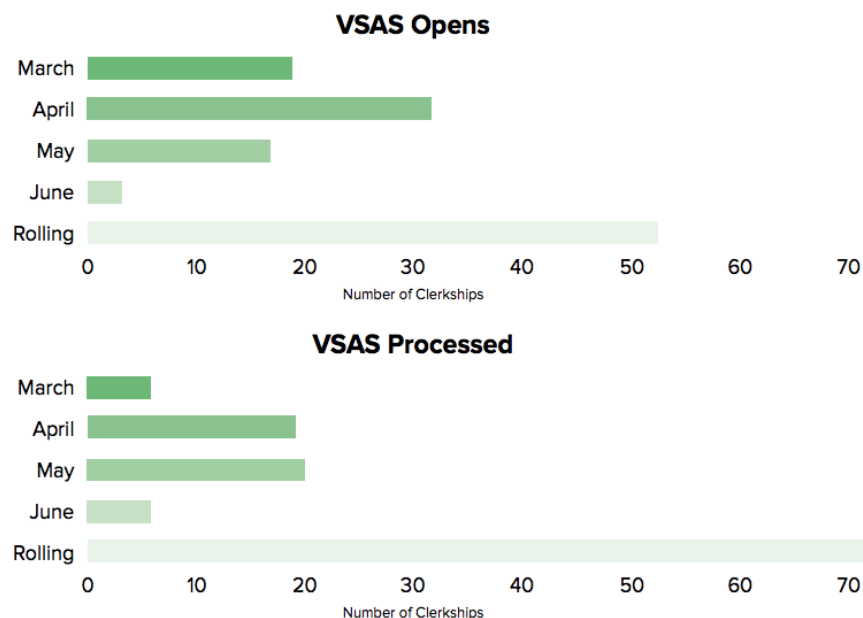
As with all things, the visiting rotation process is still actively improving, and you will want to apply to an appropriate number of programs to increase your odds of getting a rotation. A recent survey of student outcomes suggests that for most applicants (MD and DO), 1 in 6 applications resulted in a rotation offer. While your chances of receiving an away rotation offer increase with the total number of away applications submitted, remember that most applicants only need one away rotation. Overapplication increases your psychological and financial burden. It will worsen reviewer fatigue, hampering holistic review. It also creates the need to cancel or decline rotations you were accepted to, and that time delay may keep your peers from getting rotations that they need and

lead to more overapplication. The whole process requires some trust and a lot of patience.

## Decisions Around Acceptance

Please keep in mind that Clerkship Directors need to work with their school of medicine and may have little, if any, control over the visiting student process. At many schools, “home” students are fully scheduled before any scheduling of “visiting” students begin. Thus, while you may apply to a program in March, you might not be officially accepted to a rotation until June or later. (See below, Figure 5.2 in the [CORD/EMRA advising guide](#) shows the wide variety in dates; note the differences between when VSAS opens and when applications are processed).

**FIGURE 5.2. Months that VSAS/VSLO applications are accepted and processed as reported by clerkship directors on EMRA Match**



Pic: <https://www.emra.org/globalassets/emra/publications/books/2019-studentadvisingguide-final-web-version.pdf>

Ask for a timeline early in the process, so you know when to expect a response. Keep in mind that badgering the clerkship director won't make things move any faster but may create a negative impression. *(If you're a clerkship director reading this guide, you should know that surveys show that lack of clarity/communication about acceptance for a rotation is one of the biggest frustrations expressed by students. Do your best to keep them informed. Lay out an estimated timeline & post it along with other information for visiting students if you can. If there will be a delay, preemptively notify the applicants if able. If you are one of the many programs on a "rolling" schedule, give students an*

*estimate of how long it usually takes to process an application & notify a student that they've been accepted).*

With variation in when Clerkship Directors can “accept” visiting students and with students applying to multiple rotations, you may face a difficult situation where you are offered one rotation while waiting to hear from your preferred rotation. It’s OK to cancel a rotation should you later be accepted at another rotation - but do so with as much notice as possible, ideally a month or more. It can be difficult for a clerkship director to find another student rotator on short notice, and your spot might otherwise go unfilled. Be kind to your fellow students, and free up a spot for them as early as possible! Surveys have shown that as long as the rotation is canceled early and communications are professional, the cancellation does not affect your chances of matching at that program.

The VSAS/EMRA Match/course website should list contact information for the appropriate representative to direct any questions or issues to (often an administrator). Emails are usually preferred over phone calls. Depending on your question or issue, the contact person may pass you along to someone else. When contacting a program, please be mindful of its frequency and be patient while waiting for a response. Multiple contacts will not result in a faster response.

## Summary

As you can see, there is a lot more to setting up your visiting rotation in Emergency Medicine than you might think. Set up a timeline, start early, and circle back often to make sure you’re doing what needs to be done to secure a rotation.

- **Important Dates:** VSAS applications are accepted at varying times depending on the program. ERAS opens on September 15th.
- **Think about Where:** Look for a program that is different from your home program in a way that is important to you. Think about which region you would like to train in.
- **Think about When:** July and August are the most common months for students to rotate in, making it difficult to secure a rotation then. Being flexible with your dates will increase your odds of getting a rotation at your top choice program.
- **Find Out How to Apply:** Look at VSAS or the program’s website.
- **Gather Up Everything You Need:** transcripts, certifications, immunization records, etc.
- **Submit:** sit back, and wait for your offer to roll in. It may take several weeks to months.

- **Withdraw or Cancel:** any outstanding applications or other rotations you were offered once you have accepted the right rotation for you.

Table 1 Common EM Away Rotation		Check List
Checklist Items		Comments
<b>Institution requirements (can vary from program to program)</b>		
Application form		
CV		
Transcript		Need updated within 30 days
USMLE Step 1/COMLEX level 1 result		Usually Official Transcript (order in bulk from USMLE/COMLEX website if you can and keep forever).
BLS/ACLS		
HIPAA Training		
Mask fit		
Malpractice Insurance		
Drug screening		
<b>State requirements</b>		
Criminal background check		May need to be within 1 year of clinical elective. Depends on state, will need to pay for this.
Child abuse clearance		May need to be within 1 year of clinical elective.
<b>Health related</b>		
Proof of TB testing		
Proof of influenza vaccination		(Season dependent)
Proof of immunizations (month and year) and titers (MMR, Hep B, Varicella)		May need to go to your doctor to get titers drawn.
Proof of health insurance		
<b>Optional</b>		
Letter of support		Can get from EM mentor/advisor, they vouch for you and your intentions to pursue EM.
Letter of intent		You are vouching for your own intentions/motivation for the rotation. It is your chance to communicate "fit."
Personal statement		You write it, similar to what you need for applications, different than letter of intent.

#### Resource list:

1. EMRA and CORD Student Advising Guide  
<https://www.emra.org/globalassets/emra/publications/books/2019-studentadvisingguide-final-web-version.pdf>
2. CORD Orphan Applicant Emergency Medicine Guide  
<https://www.cordem.org/globalassets/files/student-resources/applying-guide---orphan.pdf>
3. EMRA Match Tool  
<https://webapps.emra.org/utls/spa/match#/search/map>
4. VSAS Website  
<https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/>
5. EMRA Student-Resident Advising  
<https://www.emra.org/students/advising-resources/student-resident-mentorship-program/>
6. American Trauma Society  
<https://www.amtrauma.org/page/traumalevels>
7. 2019 Medical Student Advising Resource List  
<https://www.cordem.org/globalassets/files/committees/student-advising/final---asc-em-existing-advising-resources-list-2019.docx.pdf>
8. Visiting Elective Scholarship Programs for Underrepresented Minorities  
<https://www.saem.org/cdem/resources/medical-student-resources/underrepresented-minority-scholarships>
9. Diversity Oriented Away/Scholarship Programs  
<https://www.emra.org/students/advising-resources/apply-for-away-rotations/diversity-oriented-scholarship-programs/>

#### References:

10. Boysen-Osborn, M., Andrusaitis, J., Clark, C., Saadat, S., Billimek, J., Paradise, S., ... Toohey, S. (2019). A Retrospective Cohort Study of the Effect of Home Institution on Emergency Medicine Standardized Letters of Evaluation. *AEM Education and Training*, 3(4), 340–346. doi: 10.1002/aet2.10374  
<https://onlinelibrary.wiley.com/doi/full/10.1002/aet2.10374>