## UW Health Creating Access for Rural and Underserved Populations through Education & Service (CARES) Elective Requirements & Expectations

In accordance with UW Health's (UWH) mission to advance the health of the people of Wisconsin through service, scholarship, and social responsibility, UWH will support up to 104 rotation weeks per academic year. The CARES elective may be a <u>minimum of one week and a maximum of four weeks</u> in length.

UWH aims to support rural health experiences for the medically underserved that:

- Provides educational experiences for residents and fellows that foster leadership skills in promoting health equity and caring for urban and rural medically underserved communities in Wisconsin;
- Will be responsibly implemented with appropriate supervision and structure;
- Offer benefit to both trainee and host site;
- Are ethically sound and culturally appropriate; and
- Will allow for prioritization of the safety and welfare of trainees.

## **General Overview:**

- 1. Review UW Health CARES Elective Requirements & Expectations document.
- 2. Discuss CARES Elective rotation options with PD.
- 3. Once approved by PD, confirm site, and secure supervising faculty.
- 4. Work with Program Director and Supervising faculty to complete the <u>CARES Elective</u> Endorsement Form.
- 5. Work with your Program Coordinator/GME Institutional Coordinator to ensure that a signed Institutional Agreement/Program Letter of Agreement has been obtained.
- 6. Complete the <u>UW Health CARES Elective Application</u>. Of note, the application can be accessed/edited at any time prior to submission.
- 7. Submit to GME for final review and approval.

For support materials provided by GME, go to '<u>CARES Elective'</u> in UW-Madison Box GME Resources. Please review detailed process and requirements below.

## **PHASE 1:** CARES Elective Requirements

All requirements outlined <u>must be met</u> to be considered for the UWH CARES Elective. Given the limited number of rotation slots available, please note that fulfilling all requirements does not guarantee that an applicant's rotation will be approved.

Residents and fellows must have completed their first year of training and be in good academic standing (residents in academic failure are not eligible for application)
The CARES Elective endorsement form must be reviewed, signed off by the applicant's program director and supervising faculty, and uploaded to the application <u>prior</u> to final submission.  Only rotations in resource-limited settings in the state of Wisconsin will be considered (residents wishing to complete an international rotation, or a rotation in a non-resource limited setting, do not qualify for this process and may wish to pursue an alternate process through their program and the GME office).
On-site supervision by a locally certified health professional must be guaranteed for the
duration of the resident's rotation.
The on-site supervisor or an accompanying UW faculty member must be able to provide an evaluation of the resident's performance.

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	Residents/Fellows must identify a physician willing to serve as their supervising faculty in
	preparing for and completing their CARES rotation.
	The goals & objectives for the rotation must supplement the curriculum offered at UWH and be reviewed by the resident's program director.
	The proposed rotation should allow the resident to remain compliant with the ACGME Review
	Committee requirements of the resident's program.
	on militage requirements of the resident oping.
Preferr	ed Characteristics for UWH CARES Rotations
	ARES rotations will be prioritized based upon educational merit, fit with the goals of UWH, and
	lity to contribute to a sustainable and mutually beneficial relationship between UWH and partner
	he following criteria will increase the likelihood that a rotation will be approved and are
	ted to provide a more optimal experience:
•	Sites that have previously hosted trainees, can provide ongoing UW Health involvement, have
	longstanding or well-developed UWH partnerships, or are staffed by UW faculty or UW-affiliated
	faculty members.
•	Departments that have identified a faculty member (with protected time and administrative
	support) responsible for discipline-specific rural health education for trainees.
•	Departments in which a longitudinal rural health curriculum with competency-based goals &
	objectives and a standardized evaluation system is available.
DHACE	2. CARES Application 9. Approval Process
	2: CARES Application & Approval Process quirements and qualifications are met, please complete the following steps:
	Submit the 'GME UW Health CARES Elective Application' by the prescribed deadline of May 1st,
	for the following academic year.
	<ul> <li>Applications received after May 1<sup>st</sup> will be accepted on a rolling basis and reviewed</li> </ul>
	within 4 weeks of submission. Due to the competitiveness of these placements,
	accepted late applications does not guarantee a placement. The UWH CARES
	Subcommittee must approve all applications for elective rotations prior to the resident
	or program director finalizing plans for the elective rotation. The GME Office will notify
	the resident applicant, Program Director, supervising faculty, and Program Coordinator,
	via email regarding final committee decision.
	Pre-Departure
	<ul> <li>Complete all necessary paperwork and provide all necessary documentation to the</li> </ul>
	residency program and the GME office prior to rotation.
	<ul> <li>Ensure that any clinical obligations at the UWH will be covered in their absence.</li> </ul>
	note, incomplete applications will not be considered/reviewed. Applicants approved for CARES
	es will continue to receive salary support and malpractice coverage from UWH during their CARES
	e rotation. Vacation time used during the rotation may not exceed typical vacation allotted during otations within the resident's/fellow's program. *UWH liability/medical malpractice insurance
	otations within the resident syjellow's program. Town hability/medical malpractice insurance of cover vacation time.
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PHASE	3: Post Rotation Expectations
	Submit a copy of the evaluation from their on-site supervisor to their residency/fellowship
_	program director.

□ Complete a written evaluation of the rotation and provide a copy to their program director.

 $\hfill \square$  Comply with any program-specific requirements.