



41 , Jackowskiego Str.  
60-512 Poznań, Poland  
[www.pums.edu.pl](http://www.pums.edu.pl)

Phone: + 48 61 854 71 43, (-47)  
Fax: + 48 61 847 74 89  
E-mail: [pums@pums.edu.pl](mailto:pums@pums.edu.pl)

## **ELECTIVES REGULATIONS**

Dear Students,

Please be informed that in the sixth year of studies in the academic year 2024/2025 you are required to complete 16 weeks of elective clinical rotations. The electives may be completed at our University or at any other hospital (affiliated with the University) or alternatively in other medical center that has been chosen by the student (after the consent from the Director of the Center for Medical Education in English).

Below please find the most important information and requirements.

### **IMPORTANT!**

#### **ELECTIVES AT PUMS**

If a student decides to do his/her electives at PUMS, he/she is obliged to arrange for them on his/her own. The student should contact a teaching assistant in the chosen University department and make arrangements directly with the elective supervisor. Then, the student must provide the Dean's Office with the original hard copy of the attached document (ELECTIVE REQUEST FORM). This form should be submitted at least two weeks prior to the start of the elective rotation. It should specify the following: name of elective coordinator, department name, dates of instruction, number of weeks and scope of instruction – and it must have been signed, stamped and approved by the elective supervisor. Following the Dean's approval, the student may start the elective.

#### **ELECTIVES OUTSIDE PUMS**

If a student decides to do his/her electives outside PUMS, he/she is obliged to arrange for them on his/her own. The student should contact a teaching assistant in the chosen University/Institution department and make arrangements directly with the elective supervisor.

If University/Institution requires an affiliation agreement to be signed by PUMS a student must provide our University with the following:

- ✓ name of the rotation that requires an affiliation agreement
- ✓ contact details to the person responsible for elective rotations at host University/Institution: full name, e-mail address, phone number
- ✓ draft of an affiliation agreement (**at least 60 days before start date of the rotation**), please send it at [schedules@ump.edu.pl](mailto:schedules@ump.edu.pl)
- ✓ copy of malpractice insurance policy covering period of chosen rotation (at least 14 days before start date of the rotation), please send it to [schedules@ump.edu.pl](mailto:schedules@ump.edu.pl)
- ✓ copy of health insurance policy covering the period of chosen rotation, please send it to [schedules@ump.edu.pl](mailto:schedules@ump.edu.pl)
- ✓ clear criminal background check in a state/country where a student plans to complete the rotation **as well as in Poland**, please send it to [schedules@ump.edu.pl](mailto:schedules@ump.edu.pl) (at least 14 days before start date of the rotation)

PUMS draft of an affiliation agreement is attached.

List of currently binding agreements between PUMS and US hospital centers is available here:

<https://pums.ump.edu.pl/student-zone/student-zone-6-year-md-program/practical-training-electives.html#elective-rotations>

**PLEASE NOTE:** all fees related to the conclusion of an affiliation agreement are payable by the student.

For electives performed outside POLNAD there is no need to submit ELECTIVE REQUEST FORMS to the Dean's Office before starting the elective.

It is the student's responsibility to be familiar with particular country's or state's requirements at the place where he/she is planning to do his/her residency, with respect to the maximum number of weeks of electives that could be completed outside PUMS.

Please note that in order to take a residency in the state of New York, students are allowed a maximum of 12 weeks of electives in that state and the remaining 4 weeks must be completed at PUMS.

### **TIMEFRAME TO COMPLETE ELECTIVES AND REQUIREMENTS**

- Students are required to complete 16 weeks of electives, which must be completed in four blocks of four weeks (4 x 4 weeks). Electives must not be completed in the afternoons, on days off or at weekends.
- Students are not allowed to complete all 16 weeks of electives in the same field of medicine – each block of 4 weeks of electives should be different.
- 12 out of 16 weeks of electives must be completed in the following fields of medicine (max 4 weeks in a given field):

- Internal Medicine\*
- Pediatrics
- Surgery \*\*
- Obstetrics and Gynecology
- Psychiatry
- Emergency Medicine
- Family Medicine

#### **NOTE!**

\* Internal Medicine includes Allergology, Rheumatology, Cardiology, Hypertensiology, Diabetology, Endocrinology, Nephrology, Pulmonology, Hematology, Gastroenterology

\*\* Surgery includes Orthopedic Surgery and Traumatology, Cardiac Surgery, General Surgery, Gastrosurgery, Neurosurgery, Thoracic Surgery, Vascular Surgery, Urology

#### **IMPORTANT:**

**Each student is required to provide to the Dean's Office the schedule of expected electives for approval of the Dean at least 2 weeks before the start of electives to dr Aleksandra Derwich-Rudowicz (ola.derwich@gmail.com) - Assoc. Dean for Elective Clinical Rotations and forward the approval of dr Derwich-Rudowicz to the Dean's Office.**

#### **IMPORTANT!**

All elective rotations must be completed in the semester which a student signs up for, i.e., all 16 weeks of electives must be completed either in the fall semester or in the spring semester of the sixth year. It is not possible to complete electives during the period of academic classes at PUMS – it is not possible to complete electives on days off, at weekends only or in the afternoons. They must be completed as blocks of 4 weeks.

Electives can be started only after completing the 5<sup>th</sup> year of studies.

## **ELECTIVE EVALUATION FORM**

Elective evaluation form must be completed by the elective rotation supervisor at the end of the elective rotation.

The form is available at:

[https://pums.ump.edu.pl/images/attachment/pdf/PUMS\\_elective\\_evaluation\\_form.pdf](https://pums.ump.edu.pl/images/attachment/pdf/PUMS_elective_evaluation_form.pdf)

Please make sure the form is filled out correctly and that all information is provided, including **(a) student's name and surname, (b) elective title/subject, (c) dates and length of that elective.**

This form must bear a given University's/Hospital's stamp confirming the completion of the elective at that University/Hospital. **This stamp must be affixed to the second page of the form in the place of "School's Official Stamp/Seal"** Should that institution not have a stamp available, it must furnish an official statement on its letterhead containing the following information: **(a) student's name and surname, (b) elective title/subject, (c) dates and length of that elective.** This letter must be signed and dated by the elective supervisor. Once completed and properly filled out, the original elective evaluation form – with the stamp or accompanying letter from elective supervisor – must be sent directly to the Dean's Office from the University/Hospital where the elective was taken. This allows the graduating student to receive due credits and to receive his/her graduation diploma. In some extraordinary situations there is a possibility to receive credit for elective rotations based on the elective evaluation form from the medical center where the electives were performed in case such center refuses to fill out the PUMS elective evaluation form.

If a student fails an elective rotation course, the student is required to repeat the elective course from the same clinical field that he/she chose previously.

When you provide elective forms, please make sure all required information is filled out correctly! Please make sure that the name of the institution or medical school, address, name of the elective course, dates, weeks are all provided and filled out properly before you submit the form.

Sincerely,

Dean's Office

**ATTACHMENT - PUMS draft of an affiliation agreement**

**VISTING STUDENT ELECTIVE AGREEMENT**

**This Agreement, is effective from [DD.MM.YYYY] ("Effective date")**  
*between*  
*..... ("The Host Institution")*  
*and*  
**Poznan University of Medical Sciences ("The Home Institution")**

**Whereas:** the Host Institution requires, in consideration of the Elective it offers as a result of the agreement between the Host Institution and the Home Institution, consent to the following statement of commitments and conditions which apply to it and its Students upon acceptance for an Elective:

**Now therefore,** for valuable consideration, the Parties agree as follows:

1. The Home Institution shall ensure that, during the term of the Elective, its Students conduct themselves in a manner consistent with the applicable policies, procedures and guidelines of the Host Institution, and those of the Home Institution.
2. The Home Institution confirms that it has policies addressing student conduct, academic matters and ethical conduct in research and will administer and enforce its policies that apply to Students during the Elective. For further certainty, nothing in this agreement provides Students with access to or rights under the Host Institution or the Home Institution procedures, and the Home Institution's policies and protocols will govern Students' procedural rights.
3. The Home Institution requires that its Students comply with all applicable privacy laws and confidentiality obligations during the Elective, including related policies and procedures of the Host Institution.
4. The Home Institution requires that its Students comply with applicable human rights and workplace violence and harassment law and policy of the Home Institution and the Host Institution.
5. The Home Institution and the Host Institution agree that, if the Host Institution determines that a Student's behavior during the Elective places patient or staff safety at risk or interferes with the operation of their program services, the Host Institution may remove the Student from patient or staff contact immediately and terminate the Elective and will promptly inform the Home Institution of such along with the reasons for termination.
6. The Home Institution will inform Students that they must follow the direction of the qualified supervisor assigned by the Host Institution, who is responsible for oversight of the Student's Elective activity.
7. The Home Institution shall ensure that its Students are duly registered, in good academic standing and satisfy all of the Host Institution's admissions and performance standards necessary for participation in the Elective.
8. The Home Institution shall provide the Host Institution with the form to be used by a qualified supervisor to evaluate its Students' Elective performance.
9. The Home Institution shall require that the Student holds adequate accident insurance coverage to compensate the Student as a result of injuries suffered in the

workplace<sup>1</sup> for the duration of the Elective and to provide the Host Institution with such policy.

10. For further certainty, as between the Home Institution and the Host Institution, the Students of the Home Institution assume responsibility for all uninsured losses or claims arising from workplace injuries to Students and shall indemnify, defend and hold harmless the Home Institution for such uninsured losses or claims.
11. The Home Institution represents that it shall require from its Students liability insurance for the Elective term, including medical malpractice insurance in an amount of at least \$1 000 000.00 per occurrence and \$3 000.000.00 annual aggregate, on behalf of the Home Institution and Students, for claims related to Students arising out of bodily injury and property damage and which are normally the subject of such coverage. The Students shall be responsible to purchase such policy on their own.
12. The Home Institution confirms that the Student is fluent in English.
13. The Home Institution shall require that its Students complete the Host Institution criminal background check and consent form upon application and update the Host Institution promptly if this information changes.
14. The Home Institution shall obtain all necessary consents from the Student to permit the Host Institution to disclose such personal and personal health information to the Host Institution as required to confirm Student's suitability and eligibility for the Elective, and to return the Student's completed evaluation to the Home Institution.
15. The Home Institution acknowledges that a breach of this Agreement may result in the Elective's immediate termination.
16. The Term of this Agreement is five years from the Effective Date. Either party may terminate this Agreement on 90 days' notice in writing to the other party, in which case, all Electives underway as of the date the notice takes effect will continue until their original end date, subject to the terms of this Agreement.
17. The Home Institution acknowledges that in the event of circumstances beyond the Host Institution control, such as fire, flood, earthquake, elements of nature or acts of God, natural disasters, acts of war, terrorism, riots, civil disorders, inability to secure power, rebellions or revolutions, orders of government authorities, severe disease outbreaks, strikes, lockouts or any other situation in which the continued provisions of the Host Institution's facilities for an Elective would, in the sole discretion of the Host Institution, interfere with the Host Institution's primary duty of care to its patients, the Host Institution may terminate, suspend or defer an Elective.

**For the Home Institution:** [Aleksandra Uruska, MD PhD, Director of Center for the Medical Education in English, Poznan University of Medical Sciences ]

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For the Host Institution:** [full name, surname and title]

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_