

## Figure 1. Dermatology Away Elective Questionnaire

**Goal:** To demonstrate the opportunities and barriers that exist for U.S. medical students who wish to gain an increased exposure to the field of dermatology through away electives at other U.S. medical schools.

### A. Visiting Medical Students for Dermatology Electives

Does your school accept visiting U.S. allopathic medical students for dermatology electives?

Yes  No

If yes, how many completed a dermatology elective in the 2008-2009 academic year?

\_\_\_\_\_

Does your school accept visiting U.S. osteopathic medical students for dermatology electives?

Yes  No

If yes, how many completed a dermatology elective in the 2008-2009 academic year?

\_\_\_\_\_

*Note: If your school does not accept visiting students, respond only to sections A and B.*

### B. Dermatology Electives

How many different types of dermatology electives does your school offer?

1  2  3  4  5  6  7  8

What types of dermatology electives does your school offer? (Please check all that apply.) If the elective is offered, please indicate how many positions are available per period. (Indicate N/A if unknown.)

Research  N/A  1  2  3  4  5  6  7  8

Introductory Clinical  N/A  1  2  3  4  5  6  7  8

Dermatology Subspecialty

Dermatological Surgery  N/A  1  2  3  4  5  6  7  8

Dermatopathology  N/A  1  2  3  4  5  6  7  8

Pediatric Dermatology  N/A  1  2  3  4  5  6  7  8

Cosmetic Dermatology  N/A  1  2  3  4  5  6  7  8

Other (Please specify.)

\_\_\_\_\_  N/A  1  2  3  4  5  6  7  8

\_\_\_\_\_  N/A  1  2  3  4  5  6  7  8

\_\_\_\_\_  N/A  1  2  3  4  5  6  7  8

Acting Internship  N/A  1  2  3  4  5  6  7  8

Other (Please list: \_\_\_\_\_)  N/A  1  2  3  4  5  6  7  8

Does your school have a dermatology residency program?

Yes  No

### C. Dermatology Elective Offering to Visiting Medical Students

Does your school offer any dermatology electives that visiting students cannot take?

Yes  No

If yes, which electives are unavailable to visiting students? \_\_\_\_\_

If the elective is offered to visiting students, what is the maximum number of positions that can be filled by visiting students per period? (Indicate N/A if not offered to visiting students or if unknown.)

|                            |                              |                            |                            |                            |                            |                             |                                   |
|----------------------------|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------------|
| Research                   | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Introductory Clinical      | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Dermatology Subspecialty   |                              |                            |                            |                            |                            |                             |                                   |
| Dermatological Surgery     | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Dermatopathology           | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Pediatric Dermatology      | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Cosmetic Dermatology       | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Other (Please specify.)    |                              |                            |                            |                            |                            |                             |                                   |
| _____                      | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5  | <input type="checkbox"/> No limit |
| _____                      | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| _____                      | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Acting Internship          | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |
| Other (Please list: _____) | <input type="checkbox"/> N/A | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5+ | <input type="checkbox"/> No limit |

What is the maximum number of dermatology electives a visiting student can take at your school?

- 1                     2                     3                     4                     No Limit

**D. Academic Requirements for Visiting Medical Students**

Does your school require your own students to be in their 4<sup>th</sup> year prior to participating in a dermatology elective (including research elective)?

- Yes                     No

If No, which electives can be taken prior to the 4<sup>th</sup> year and when is it possible to take them?

\_\_\_\_\_

Does your school require visiting students from U.S. medical schools to be in their 4<sup>th</sup> year prior to participating in a dermatology elective (including research elective)?

- Yes                     No

If No, which electives can be taken prior to the 4<sup>th</sup> year and when it is possible to take them?

\_\_\_\_\_

Does your school require visiting students from U.S. medical schools to complete all core clinical clerkship requirements prior to participating in a dermatology elective (including research)?

- Yes                     No

If No, which electives can be taken prior to completion of the core clerkships and when it is possible to take them?

\_\_\_\_\_

Does your school require visiting students from U.S. medical schools to complete an introductory dermatology elective prior to participating in a specialized dermatology elective?

- Yes                     No

Does your school require visiting students from U.S. medical schools to complete an introductory dermatology elective prior to participating in an acting/sub internship in dermatology?

- Yes                     No

Are the academic requirements for your own students different from visiting students?

Yes  No

If yes, how are they different?

\_\_\_\_\_

If your school is a U.S. allopathic medical school, are there additional requirements for U.S. osteopathic medical students?

Yes  No

If yes, please specify.

\_\_\_\_\_

### E. Timing of Dermatology Electives

What is the duration (in weeks) of each type of dermatology elective in your program?

|                            |                              |                            |                            |                            |                            |                                       |
|----------------------------|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|
| Research                   | <input type="checkbox"/> N/A | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 | <input type="checkbox"/> Other: _____ |
| Introductory Clinical      | <input type="checkbox"/> N/A | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 | <input type="checkbox"/> Other: _____ |
| Dermatology Subspecialty   | <input type="checkbox"/> N/A | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 | <input type="checkbox"/> Other: _____ |
| Acting Internship          | <input type="checkbox"/> N/A | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 | <input type="checkbox"/> Other: _____ |
| Other (Please list: _____) | <input type="checkbox"/> N/A | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 | <input type="checkbox"/> 8 | <input type="checkbox"/> Other: _____ |

If specialized clinical electives in your program vary in length of time, please specify.

\_\_\_\_\_

What is the maximum time (in weeks) a visiting student can take electives at your school?

2  4  6  8  Other  No limit

When does the first clinical rotation of year 4 begin in 2009?

Monday June 1<sup>st</sup>  Monday June 8<sup>th</sup>  Monday June 15<sup>th</sup>  Monday June 22<sup>nd</sup>  
 Monday June 29<sup>th</sup>  Monday July 6<sup>th</sup>  Other (Please specify): \_\_\_\_\_  
 None of the above, we are on a monthly schedule (Please specify: \_\_\_\_\_)

Are visiting students allowed to join the dermatology electives late?

Yes  No  Depends on the elective (Please specify: \_\_\_\_\_)

If yes, how late can they join?

Before the end of the first week  
 Before the end of the second week  
 We try to accommodate their schedule

How many months out of a single year are the dermatology electives offered?

12  11  10  9  8 or less

If there are any exceptions, please specify. (e.g., Dermatopathology is not available in Dec.)

\_\_\_\_\_

### F. Cost of a Dermatology Elective for Visiting Medical Students

Is there an **application fee** for visiting students who wish to take a dermatology elective at your school?

Yes  No

If yes, what is the cost? \$ \_\_\_\_\_

Does your school charge **tuition** to visiting students taking a dermatology elective?

Yes  No

If yes, what is the cost? \$ \_\_\_\_\_

### **Malpractice Coverage**

Is malpractice coverage required for visiting students to take a dermatology elective at your school?

Yes  No

Is a minimum malpractice coverage required for visiting students to take a dermatology elective?

Yes  No, we accept the amount that is provided by their home school.

If yes, what is the minimum amount of single occurrence malpractice coverage required for visiting students participating in a dermatology elective at your school?

\$0 - \$49,999  \$50,000 – \$249,999  \$250,000 – \$499,999  
 \$500,000 - \$999,999  \$1,000,000 or more

What is the minimum aggregate malpractice coverage required for visiting students participating in a dermatology elective at your school?

\$0 - \$99,999  \$100,000 - \$499,999  \$500,000 - \$999,999  
 \$1,000,000 - \$2,999,999  \$3,000,000 or more

Are visiting students required to have malpractice coverage if they are taking a research elective?

Yes  No  Only for research with human subjects

Does your school offer means to obtain malpractice coverage to those who do not have it?

Yes  No

If yes, how much does it cost?  
\_\_\_\_\_

### **G. Housing for Visiting Medical Students**

Is student housing available for visiting students at your school?

Yes  No

If not, do you offer assistance in locating housing?

Yes  No

### **H. Residential Preferences**

Is priority for course registration in dermatology electives given to medical students attending your school over medical students attending other U.S. schools?

Yes  No

Is priority for course registration in dermatology electives given to medical students attending a different school in your state over medical students at U.S. schools out of your state?

Yes  No

Does your school accept visiting students from international medical schools for dermatology electives?

Yes  No

If yes, is priority for course registration in dermatology electives given to visiting students from other U.S. Medical Schools?

Yes  No

### **I. Miscellaneous**

When are visiting student applications to participate in a dermatology elective at your school due?

\_\_\_\_\_

Are visiting students required to complete a separate application for each elective that they wish to take?

Yes  No

Who is the best person to contact regarding information about dermatology electives at your school?

Registrar  Dermatology Department Coordinator  Other (please specify): \_\_\_\_\_

What is the best way to contact them? (Please list phone number or email address if possible.)

Phone: \_\_\_\_\_  Email: \_\_\_\_\_

Name of School: \_\_\_\_\_

Source of Information: \_\_\_\_\_

