Leaving the nest: Looking at the pros, cons of away rotations

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Away rotations—those in which a trainee takes a clinical elective outside their medical school—offer medical students an opportunity to explore other programs and specialties. They are fairly common: An October 2015 Academic Medicine study of 1,367 med students found that more than half of those surveyed completed at least one month-long away rotation.

The study also found that “the number of students taking away electives varied by career specialty, ranging from approximately 42 percent for internal medicine to approximately 89 percent for emergency medicine.”

So, as a medical student, are away rotations right for you? AMA Wire® spoke with Kelly Landeen, MD, a recent medical school graduate who did elective rotations at four different institutions during her final year of undergraduate medical training. Dr. Landeen offered her thoughts on the pros and cons of leaving the nest.

Pro: Exposure to opportunities

Dr. Landeen will begin her residency in residency in otolaryngology (ENT) at Vanderbilt in July. Her medical school—the University of South Dakota—didn’t offer the specialty.

“When I finally decided to go for it, I realized it is a really competitive field, so I had to put myself out there,” she said. “I had really great mentors who advised me to do away rotations. I really wanted to ensure that ENT was the right choice for me, because I had not had as much exposure to it as people at larger academic institutions. By doing an away, I could really put myself into that network, get to know the community of residents and obtain the letters of recommendation I would need for my [residency] application.”
Con: Expense

Of the students surveyed in 2015, “the majority of students who completed away or audition electives spent between $1,000 and $4,000” to do rotations away from the medical school. Much of that cost relates to renting short-term lodging. To offset that cost, Dr. Landeen stayed with friends and family in three of the four cities in which she did an away rotation.

“The ENT rotations I did, I tried to incorporate geographic diversity to demonstrate that I was willing to move anywhere to be an ENT,” she said. “Especially coming from the Midwest, there tends to be a bit of biased thinking to the effect that, ‘Oh, she’s a Midwesterner, she won’t leave the Midwest.’ I was aware of that and I did rotations in Denver, Atlanta, Minneapolis and Rochester. “I did four away rotations but I only had to pay for housing at one of them. That was huge. It saved me so much money. They can be really expensive. Especially in cities like Denver where the rent is astronomical.”

Pro: Realistic look at resident life

“The most accurate depiction of residency comes from the residents themselves,” Dr. Landeen said. “I had some residents tell me how wonderful things were and how they never would have changed anything for the world. Then I had others who were blunt and they would I’m a little overworked or sometimes I wish things were different. It’s important to build trust with the residents so you can see how the residency is affecting them, how supportive the program is of them and they are of each other.”

Push: Away rotations are auditions

“For me, I’m an outgoing person,” Dr. Landeen said. “So I knew that an away rotation could benefit me because I could get to know people. Someone who is more reserved and shy or quiet might not make the best impression on their away rotation. So that’s something to consider as well—how will you be perceived?

“It’s hard to be on 24/7. It’s hard to feel like you’re always interviewing and to always feel like people are watching you,” she added. “You have to perform at your best, you have to be top-notch. So prepared for every surgery, know all the vital signs of every patient, it’s physically demanding and mentally exhausting.”