

## **International Rotation Application Process Pediatric Surgery Review Committee for Surgery**

When applying for an international rotation, a letter of request signed by both the designated institutional official (DIO) and the program director must be sent to both the Review Committee for Surgery and the American Board of Surgery (ABS) at the following addresses:

Caleb Mitchell  
Senior Accreditation Administrator, Review Committee for Surgery  
cmitchell@acgme.org

Barbara Jalbert-Gerkens  
Examination Manager, American Board of Surgery  
bjgerkens@absurgery.org

The program will receive separate approval letters from the Review Committee and the ABS. Both approval letters must be received prior to implementation of the requested international rotation.

When requesting Review Committee approval for an international rotation for the first time, the information in Column A below must accompany the letter of request. When additional fellows plan to rotate to the same site and there have been no changes since initial approval, a notification letter from the program director, co-signed by the DIO, with the information marked in Column B below, must be submitted to the Review Committee. An acknowledgment letter will be sent to the program when the request is processed.

US territories are not considered international sites and do not need approval; rotations to sites in US territories are considered elective rotations.

Direct question to Review Committee staff members (contact information is listed on the [Surgery section](#) of the ACGME website).

A	B	
Request for a new international rotation	Request for additional candidates (same international site and supervising faculty members)	
X	X	Name and location of international site
X	X	Documentation that the fellow for whom the rotation is requested has the appropriate license to practice in the country of rotation (or equivalent approvals, which could be from the hospital offering the rotation). Note: Due to the short nature of the rotation, it may be very difficult to obtain a license in many countries.
X	X	Name and PGY of fellow for whom the rotation is requested
X	X	Dates of rotation (must be at least two weeks in length, exclusive of travel time)
X	X	Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution. If alternate funding is to be used (other than the Sponsoring Institution), specifics must be outlined as to the source and confirmation of funding.
X	X	Verification of the program's accreditation status and graduate performance on the board certification examination. The program should have a status of Continued Accreditation and have graduated at least two classes of fellows. Board pass rates for the prior two years should meet or exceed Program Requirements V.C.3.-V.C.3.e).
X		<p>Description of clinical experience:</p> <ul style="list-style-type: none"> <li>• Type of center (governmental, non-governmental, private, etc.)</li> <li>• Scope of practice of the host center</li> <li>• Description of the fellow experience, including a statement ensuring the fellow will gain exposure to surgical care of pediatric patients. (The fellow may provide multi-disciplinary care of pediatric surgery patients when feasible. Outpatient or clinic experience is expected and ideal but not mandatory.)</li> <li>• <b>Operative cases are intended to be experiential and will not be included/counted toward case minimums or recorded in the ACGME Case Log System</b></li> </ul>
X		Statement addressing physical environmental issues, including housing, transportation, communication, safety, and language. This should include any current or recent government-issued travel advisories regarding the location of the rotation as well as any special travel documentation needed for entry and exit of the country.
X		Description of educational resources, including access to a library with reasonably current resources and/or reliable access to web-based educational materials
X		Rationale describing the unique educational experience the international rotation provides that the primary and participating sites do not; specifically, what pediatric experiences will be novel to this experience that would otherwise not be possible (refer to Addendum 1 below)
X		Copy of the competency-based goals and objectives for the rotation
X		Verification that there will be an evaluation of fellow performance based on the stated goals and objectives, and who will conduct the evaluation
X		Verification that the rotation is an elective

X		List of American Board of Medical Specialties (ABMS)-certified faculty member(s) or CV(s) of non-ABMS-certified faculty member(s) who will supervise the fellow on the rotation. The Review Committee will determine if the qualifications of the non-ABMS-certified faculty member(s) are acceptable.
X		Copy of the fully executed program letter of agreement
	X	Informational letter with the name(s) of the additional fellow(s) who plan to take advantage of the approved rotation and a statement that the rotation has not changed since the original application

## **Addendum 1**

International rotations are intended to enhance the education and training of pediatric surgeons by providing novel and/or additional training and educational opportunities that the primary site and its affiliates cannot provide.

These additional training and educational opportunities include:

1. Exposure to unique cases in higher volume or that the fellow would not usually encounter in the US. Examples include congenital conditions and rare cancers.
2. Exposure to varied surgical approaches due to differences in surgical practices across the world.
3. Exposure to newer surgical techniques such as robotic procedures (e.g., gastrectomy, thyroidectomy).
4. Exposure to resource-limited settings, which will foster the fellow's ability to deliver cost-conscious care upon return home or to pursue eventual career opportunities in resource-limited environments.
5. Exposure to patients from different ethnic and linguistic backgrounds, which will promote cultural competence and enhance diversity.
6. Appreciation for the value of or lack of on-site capable pathologic expertise in influencing the treatment plan for cancer patients or those with congenital conditions dependent on pathologic diagnosis.