

International Rotation Application Process Pediatric Surgery

Review Committee for Surgery

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

Chris Fox, PhD
Executive Director, Review Committee for Surgery
ACGME
cfox@acgme.org

Jo Buyske, MD American Board of Surgery 1617 John F. Kennedy Boulevard, Suite 860 Philadelphia, Pennsylvania 19103

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

In addition to the letter of request, when requesting Review Committee approval of an international rotation for the first time, the information in Column A below must accompany the request. When additional fellows request to rotate to an approved rotation and there are no changes since 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; these are considered elective rotations.

Α	В	
Request for a new international rotation	Requests for additional candidates (same international site and supervising faculty members)	
X	X	Name and location of international site
X	Х	Documentation that fellow for whom rotation is requested has appropriate license (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
Х	X	Name and PGY of fellow for whom rotation is
X	X	requested Length of rotation
V	V	Note: rotations should be 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 funding will not be provided by the Sponsoring Institution, specifics must be detailed as to the source and confirmation of funding.
X	X	Verification of the program's accreditation status and graduate performance on certification examination. Note: The program should have graduated at least two classes of fellows and have a status of Continued Accreditation. Board pass rates for the prior two years should meet or exceed Program Requirements V.C.3V.C.3.e)
X	X	List of American Board of Medical Specialties (ABMS)-certified faculty member(s) (or faculty member(s) with qualifications deemed acceptable in advance by Review Committee) who will supervise OR an international physician who will partner with an ABS-certified pediatric surgeon to supervise the fellow on the rotation

X	A description of clinical experience:
	Type of center (governmental, non-
	governmental, private, etc.)
	Brief statement of the scope of practice
	of the host center
X	Description of the fellow experience:
	a statement ensuring that the fellow will gain
	exposure to surgical care of 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.
	and ideal but not mandatory
	Operative cases are intended to be experiential and will not be
	included/counted toward case minimums or
	be recorded in the case log
X	A statement addressing the physical
	environmental issues, including housing,
	transportation, communication, safety, and
	language; this should include any current or
	recent travel advisories issued by the US
	government regarding the location of the
	educational site as well as any special travel
	documentation needed for entry and exit of the
	country
X	A description of educational resources,
	including access to a library with reasonably
	current resources and/or reliable access to
	web-based educational materials
X	Educational rationale—a statement describing
	what educational experience the international
	rotation provides that the primary institution or
	affiliates do not; specifically, what pediatric
	surgery experiences will be novel to this
	experience that would otherwise not be
	possible (refer to Addendum 1 below)
X	A statement of competency-based goals and
	objectives of 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	A copy of the fully executed program letter of
	agreement
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Х	An informational letter with the name(s) of the additional fellow(s) who plan to take advantage of this opportunity and a statement that the framework for the international rotation has not
	changed since the original application

Addendum 1

International rotations are intended to enhance the 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 fellows 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).
- Exposure to resource-limited settings, which will foster the fellow's ability to deliver costconscious care upon return home or to pursue eventual career opportunities in resourcelimited 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 patients with cancer or those with congenital conditions dependent on pathologic diagnosis.