

## **International Rotation Application Process Surgical Critical Care Review Committee for Surgery**

When applying 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:

Caleb Mitchell  
Senior Accreditation Administrator, Review Committee for Surgery  
[cmitchell@acgme.org](mailto:cmitchell@acgme.org)

Barbara Jalbert-Gerkens  
Examination Manager, American Board of Surgery  
[bjgerkens@absurgery.org](mailto: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 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 the rotation (or equivalent approvals, which could be from the hospital at which the fellow will be rotating)
X	X	Name and PGY of the fellow for whom the rotation is requested
X	X	Dates of the rotation (must be at least two weeks and no longer than one month, 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 an accreditation 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		Description of the clinical experience: <ul style="list-style-type: none"> <li>• Type of center (governmental, non-governmental, private, etc.)</li> <li>• Scope of practice of host center</li> <li>• Description of the fellow experience, including a statement ensuring the fellow will gain exposure to surgical critical care</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 the 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 country.
X		Description of educational resources, including access to a library with reasonably current resources and/or reliable access to web-based materials
X		Rationale describing the unique educational experience the international rotation provides that the primary and participating sites do not; specifically, what critical care 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 framework has not changed since the original application

## **Addendum 1**

International rotations are intended to enhance the education and training of surgical critical care fellows by providing novel and/or additional education and training opportunities that the primary clinical site and its affiliates cannot. These additional opportunities include:

1. Exposure to critical illness and diseases that the fellows would not usually encounter in the US;
2. Exposure to resource-limited settings that will foster a fellow's ability to deliver cost-conscious care after returning home;
3. Exposure to patients from different ethnic and linguistic backgrounds, which will promote cultural competence and enhance diversity, equity, and inclusion;
4. Appreciation for the capability, or lack thereof, of critical care modalities in a resource-limited environment; and,
5. Appreciation for the value of on-site capable specialty expertise in influencing the treatment plan for critically ill patients (e.g., nephrology, cardiology, pulmonology).