POLICY: INTERNATIONAL ROTATIONS

Scope: All residents and fellows participating in NYU Winthrop Hospital (NYUWH) specialty and subspecialty graduate medical education training programs (i.e. residencies and fellowships).

PURPOSE

To establish an institutional policy regarding International Rotation requirements

POLICY

All international rotations must be approved by the program director and department chair, and submitted to the Graduate Medical Education Office. The plan with goals and objectives should be submitted 4 months prior to the start of the requested rotation.

A. Eligible international rotations must include the following criteria:

1. The rotation must have educational value and be of superior educational quality.
2. The goals and objectives of the rotation must be competency-based, meet RRC/ACGME standards, and a copy must be attached to the application.
3. A copy of the rotation curriculum (service and educational), and a list of core and miscellaneous responsibilities should also be included.

B. A Letter of Agreement or is required between NYU Winthrop Hospital and the receiving site/Program/Institution, to include the following:

1. Receiving site/program/institution accepts responsibility for resident training, supervision, evaluation and staying within ACGME/RRC guidelines on duty hours.
2. The supervising physician at the host institution must have skills to provide appropriate supervision (i.e. experience with medical education, competencies, etc.).

C. All trip related expenses are the resident's responsibility unless a predefined part of the training program and agreed to prior to the start of the rotation.

D. Residents must purchase the International Travel Insurance that will cover Emergency Medical Evacuation, Security Extraction, Travel Assistance, Repatriation of Remains and Personal Effects in addition to the standard Accidental Death and Dismemberment coverage.

E. Residents are responsible for obtaining travel immunizations, medications, visas, passports and other administrative travel requirements.

F. Residents must provide the Residency Coordinator with an emergency contact in the US and a means to contact them while out of the country.
G. Residents are prohibited from the following:

1. Using any financial resources provided by foundations or companies that have direct ties with pharmaceutical, formula, or biomedical companies

2. Visiting any country with a *U.S. State Department “travel warning”*.

3. Engaging in any activities that have direct political, military or religious implications on foreign soil while in training as a NYU Winthrop resident on an international rotation.

4. Practicing any medical procedures or treatments that clearly contradict the standards of ethical practice in the United States or the program or our institution.

H. Residents must provide the program director with a minimum of one evaluation at the end of their trip, using core ACGME competencies and goals and objectives for the rotation. They must also supply a letter of completion from the host institution’s supervising physician in order to receive credit for the rotation.

I. Residents must provide the program director with a report/journal of their activities, functions, achievements, social, medical, and educational impact/contribution at the end of their rotation.

Approved by the GMEC: 10/15/12

Reviewed and Approved 6/6/16
NYU Winthrop Hospital
International Rotation Application

Name of the applicant: ______________________________________________________

Residency Program: ______________________________________________________

Year in training: __________

International rotation site (hospital/clinic, state/province, and country):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

State Department’s Safety Category for American visitors: ________________________

Supervising physician & title: ________________________________________________

Dates of rotation: _________________________________________________________

How will you be accessible by phone/email? (Please list contact information.)
__________________________________________________________________________
__________________________________________________________________________

Please summarize the purpose of your rotation, including your role as a physician. Please also highlight your anticipated humanitarian and educational contributions during this trip:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How will this improve your training as a physician?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Goals and objectives (competency-based):
Program director and/or advisor should assist with defining these.

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List of core responsibilities during the rotation:

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Program Director Signature: ________________________________
Program Director Name:_________________________________________ Date: __________

Dept. Chair Signature: ________________________________
Dept. Chair Name: ___________________________________________ Date: __________

DIO Signature: ____________________________________________ Date: __________

6/6/16
International Rotation Application Resident Commitment

Resident Name: ______________________________
Program: _______________________________

I agree to the following in order to participate in this international rotation (please initial each statement):

_____ All trip related expenses are my responsibility unless a predefined part of the training program and agreed to prior to the start of the rotation.

_____ I will purchase International Travel Insurance as defined in the GME international rotation policy.

_____ I will obtain the appropriate travel immunizations.

_____ I will provide my program director with at least one evaluation at the end of my trip,

_____ I will provide my program director with a letter of completion from the host site in order to receive credit for this rotation.

_____ I will provide my program director with a report/journal of my daily functions, achievements, social, medical and educational impact/contribution at the end of the trip in order to receive credit for this rotation.

Resident Signature: _______________________________ Date: ______________________