Criteria for Approved Elective Rotations
Review Committee for Thoracic Surgery

Introduction
The Review Committee will consider exceptions to Program Requirement IV.A.5.g).(8):

    Residents must have a minimum operative experience that includes chief year
    experiences in the Sponsoring Institution or participating sites of the program. (Core)

Review Committee approval for this experience must be obtained in advance of implementing
such a plan.

Elective “away” rotations may only occur in the final two years of training for Independent (two-
and three-year programs), Integrated, and Joint program formats. The maximum length
permitted would be three months in each training year; for a total of six months across the last
two years.

Approval Process
When applying for elective away rotations for chief residents or fellows, a letter of request, co-
signed by both the program director and the designated institutional official (DIO), must be sent
to the Executive Director of the Review Committee for Thoracic Surgery at the following
address:

    Donna Lamb, DHSc, MBA, BSN
    Executive Director, Review Committee for Surgery
    ACGME
    401 North Michigan Avenue, Suite 2000
    Chicago, Illinois 60611
    dlamb@acgme.org

The table that follows outlines the submission requirements. Column A clarifies what is required
when the request is made to send residents/fellows to sites that have no ACGME-accredited
programs and are not an approved participating site of the requesting program. Column B
clarifies what is required for requests to send residents to other ACGME-accredited thoracic
surgery programs that are not currently approved as a participating site of the requesting
program.
For programs sending residents/fellows to away sites that have no ACGME-accredited programs, and are not an approved participating site of the requesting program, the following information is required of the requesting ACGME program:

For programs sending residents/fellows to another ACGME-accredited thoracic surgery program that is not currently an approved participating site of the requesting program, both programs must have Continued Accreditation status, and the request must include a cover letter signed by the program director and DIO, as well as the following information:

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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<tbody>
<tr>
<td>a) Cover letter signed by both the program director and the DIO</td>
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<td>b) Attestation that the requesting program holds a status of Continued Accreditation</td>
<td>b) Attestation that requesting and receiving programs hold a status of Continued Accreditation</td>
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<tr>
<td>c) Name of the resident, his/her PGY level, and dates of the rotation</td>
<td>c) Name of the resident, his/her PGY level, and dates of the rotation</td>
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<td>d) Name and location of the site</td>
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<td>e) Fully executed program letter of agreement (PLA) between the two sites</td>
<td>e) Attestation of Column A items e through k</td>
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<td>f) Goals and objectives of the rotation</td>
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<td>g) List of teaching/supervising faculty members and their CVs</td>
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<td>h) Verification that the site will be in compliance with ACGME duty hour requirements while the resident is on the rotation</td>
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<td>i) Attestation of the institutional data of the receiving program</td>
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<td>j) A statement regarding the resident’s/fellow’s safety</td>
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<td>k) Letter attesting to the agreement from the receiving site director</td>
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