

**LEHIGH VALLEY HEALTH NETWORK  
System Manual**

**GME – INTERNATIONAL ROTATIONS – DEPARTMENT OF EDUCATION (DOE)**

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**SCOPE:**

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Lehigh Valley Hospital              | <input type="checkbox"/> LVHN Surgery Center – VNA Road       |
| <input type="checkbox"/> Lehigh Valley Hospital – Dickson City          | <input type="checkbox"/> Lehigh Valley Home Care              |
| <input type="checkbox"/> Lehigh Valley Hospital – Hazleton              | <input type="checkbox"/> Lehigh Valley Hospice                |
| <input type="checkbox"/> Lehigh Valley Hospital – Pocono                | <input type="checkbox"/> Pocono VNA / Hospice                 |
| <input checked="" type="checkbox"/> Lehigh Valley Hospital – Schuylkill | <input type="checkbox"/> Lehigh Valley Home Care – Schuylkill |
| <input type="checkbox"/> LVHN Children’s Surgery Center                 | <input type="checkbox"/> Lehigh Valley Home Care – Hazleton   |
| <input type="checkbox"/> LVHN Surgery Center – Tilghman                 | <input type="checkbox"/> Transitional Skilled Unit            |

**Medical and Dental Resident and Fellow Physicians**

**LINKS TO ATTACHMENTS:**

- [APPENDIX 1 - Release and Hold Harmless Agreement](#)
- [APPENDIX 2 - Foreign Rotation Questionnaire](#)
- [APPENDIX 3 - Sample Letter of Completion from the Host Institution's Supervising Physician](#)
- [APPENDIX 4 - Graduate Trainee Documentation Responsibilities and Timeline](#)

**LIST OF ASSOCIATED FORMS:** N/A

**DISCLAIMER:**

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services, as appropriate.

**REVIEW:**

Origination: 2 / 2013  
Review / Revision: 12 / 2021

**Approved by the Graduate Medical Education Committee**

<b>Approved by:</b> Joseph Patruno (Physician)	<b>Approval Date:</b> 01/07/2025
<b>Version:</b> 3	<b>Publication Date:</b> 01/07/2025
<b>Original Creation Date:</b> 02/11/2013	<b>Next Review Date:</b> 01/07/2028

**I. POLICY:**

This policy sets the expectations for graduate trainees with regard to visiting international rotations during graduate training.

## II. DEFINITIONS:

**Graduate Trainee** - Any postgraduate M.D., D.O., D.D.S. or D.M.D. physician/dentist in training, in an ACGME/CODA approved training program.

## III. PROCEDURE:

All international rotations must receive approval from the graduate trainee's Program Director, the department chair, and the DIO before a graduate trainee is able to participate in the rotation.

A. All requests for international rotations must meet the following criteria for approval:

1. Requests for rotations to areas with U.S. Department of State Level 4 "Do Not Travel" Advisories will not be approved.
2. The rotation must have educational value that cannot be obtained at Lehigh Valley Health Network (LVHN) or through an affiliation agreement with a rotation site in the United States;
3. The rotation must be of excellent educational quality;
4. The goals and objectives of the rotation must meet RRC/ACGME applicable Institutional, Common and Specialty-specific program requirements; a copy of the goals and objectives must be attached;
5. A copy of the curriculum (service and educational), and list of core and miscellaneous responsibilities should also be included;
6. A letter from the LVHN program director stating whether or not the graduate trainee will receive credit for this rotation and procedure/case logs from this rotation toward completion of the program. If full credit will not be given, this letter must outline the terms of the extension of the period of training that will be required for completion of the program. Graduate training extension for this reason is subject to prior approval by the program director and the DIO.
7. The Graduate Trainee must be in good standing with their LVHN program and meeting all program requirements including cases logs and other educational responsibilities;
8. Graduate Trainees in programs of greater than one year in length are advised not to request international rotations during their first year or final three months of training. Similarly, Graduate Trainees in programs of one year in length are advised not to request international rotations during their final two months of training, however, requests from Graduate trainees in programs of one year of length may be considered if there are documented extenuating circumstances.
9. International rotations must be done on elective time so as not to adversely impact staffing needs of LVHN; and
10. Surgical cases and clinical procedures will be counted (or not) in the graduate trainee's case logs as permitted by the relevant ACGME·RC.

B. During approved rotations graduate trainees shall abide by the LVHN and ACGME/RRC policies, rules and regulations governing their graduate training programs including, but not limited to, those rules that address duty hours.

C. A Letter of Agreement is required between LVHN and the receiving Program/Institution, signed by authorized representatives of both LVHN and the receiving foreign institution to include the following:

1. Receiving program/institution accepts responsibility for graduate trainee training, supervision, evaluation and staying within ACGME/RRC guidelines on duty hours;
  2. The supervising physician(s) at the host institution has skills sufficient to provide appropriate supervision (e.g., experience with medical education and competencies); and
  3. The foreign program agrees to take full responsibility for any liability arising out of the LVHN graduate trainees' participation in the program and will defend and hold harmless the graduate trainee and LVHN in any legal actions brought against the graduate trainee as a result of the graduate trainees' participation in the program. The host institution must provide satisfactory documentation that it maintains sufficient insurance coverage for itself and its teaching/attending physicians consistent with the local standard of coverage. Satisfactory documentation may include copies of insurance documentation or a signed letter from hospital administration stating the specific coverage types and amounts held for itself and its teaching/attending physicians.
- D. The graduate trainee must complete the Release and Hold Harmless Agreement attached to this policy (Appendix 1).
- E. The graduate trainee must complete and return the Foreign Rotation Questionnaire attached to this policy (Appendix 2). The completed form must be submitted with all required paperwork to the program director, who will forward copies to the Office of Graduate Medical Education and the LVHN Department of Risk Management, as outlined in Appendix 4.
- F. Graduate trainees must provide a full disclosure of their financial support pertinent to their trip (e.g., university, private company grants) as part of the approval process. All trip related expenses are the responsibility of the graduate trainee.
- G. Graduate trainees are solely responsible for obtaining travel immunizations, medications, visas, passports, travel insurance (if desired), and meeting other administrative travel requirements. Graduate trainees must provide the graduate training program coordinator with an emergency contact in the United States and a means to contact them while out of the country.
- H. Graduate trainees are strongly advised to take out a medical evacuation insurance policy from a carrier of their choosing.
- I. Graduate trainees 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. LVHN prohibits trainees from engaging in any political, military or religious activities that would damage the reputation of LVHN;
  3. Practicing any medical procedures or treatments that clearly contradict the standards of ethical practice in the United States or the program or LVHN; or
  4. Distributing controlled substances as part of a plan of patient care without appropriate authorization in accordance with the laws and regulations of the country in which the rotation takes place.
- J. The graduate trainee assumes all travel-related risks when visiting any countries outside the United States. The graduate trainee is instructed to follow all U.S. Department of State travel advisories in place at the time of travel, and to continue to monitor and follow those advisories until return to the United States.
- K. After the rotation:
1. Graduate trainees 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. This one competency-based evaluation must be completed by the supervising physician who directly observed the graduate trainee in the international location. The graduate trainee must also supply a letter of completion from the host institution's supervising physician in order to receive credit for the rotation. A sample template letter is provided in this policy (Appendix 3); and

2. Graduate trainees 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.

**IV. REFERENCES: N/A**

**V. ATTACHMENTS:**

[APPENDIX 1 - Release and Hold Harmless Agreement](#)

[APPENDIX 2 - Foreign Rotation Questionnaire](#)

[APPENDIX 3 - Sample Letter of Completion from the Host Institution's Supervising Physician](#)

[APPENDIX 4 - Graduate Trainee Documentation Responsibilities and Timeline](#)

**APPENDIX 1 - RELEASE AND HOLD HARMLESS AGREEMENT**

[Program] Graduate Training Special Project

\_\_\_\_\_  
NAME (PLEASE PRINT)

As part of the consideration for being allowed to do my [Program] Graduate Training Special Project in [Location of Rotation], I hereby release, hold harmless and forever discharge Lehigh Valley Health Network, its subsidiaries and affiliates and the respective directors, officers, employees and agents of each (collectively referred to as "LVHN") from any and all liability, claims, demands and actions whatsoever arising out of, or related to, any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while I am traveling or participating in this Special Project.

I understand and acknowledge that, while I have chosen to fulfill this Special Project by gaining exposure to medicine in an international setting, an international Special Project is not a Graduate Training Review Committee requirement of my [Program] Graduate Training Program, nor does the LVHN [Program] Graduate Training Program require me to travel to [Location of Rotation], nor does it require me to obtain my practicum experience in [Location of Rotation]. I understand that I would be able to fulfill this requirement successfully and completely without participating in this trip or these particular activities. I acknowledge that my participation in this activity is elected by me and not required nor recommended and I assume all risk if I participate in an international rotation.

I acknowledge, understand and accept the risks of travel in [Location of Rotation] issued by the United States Department of State on [Issue Date] (receipt of which is hereby acknowledged), and that it is my responsibility to obtain current safety information on travel to, and within [Location of Rotation] from [the U.S. State Department web page http://travel.state.gov/](http://travel.state.gov/) .

I hereby waive any and all claims against Lehigh Valley Health Network, its subsidiaries and affiliates, together with their directors, officers, employees and agents, for any injury, harm or damages I suffer as a result of my participation in this Graduate Training Special Project.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This the \_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Graduate Trainee Physician (Seal) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness (Seal) Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

## APPENDIX 2 - Foreign Rotation Questionnaire

Name of Graduate Trainee:

Graduate trainees current PGY Level:

Name of Institution for rotation:

Address:

Type of rotation:

Dates of service:

Has the graduate trainee done an overseas rotation before on behalf of LVHN? If yes, please list other locations.

Is this a one-time position or will this be recurring, if so how often do you expect this person to travel to \_\_\_\_\_ (insert Country)?

Will the graduate trainee provide direct patient care?

- If no, will the graduate trainee observe others providing direct patient care?

Who will oversee the graduate trainee at all times? (provide name and position)

**APPENDIX 3 - Sample Letter of Completion from the Host Institution's Supervising Physician**

(Date)

(Program Director Name)  
Lehigh Valley Health Network  
Department of (Program)  
(Mailing Address of Program)

Dr. (Program Director):

Please accept this letter of confirmation that Dr. (Graduate Trainee Name) was on an international visiting rotation at (Name of Institution). As the supervising physician, I can attest that the graduate trainee was on service between the following dates (Start Date) - (End Date) in the department of (Program). This graduate trainee satisfactorily completed the requirements of this rotation.

Sincerely,

(Name of Supervising Physician)

**APPENDIX 4 - Graduate Trainee Documentation Responsibilities and Timeline**

1. The graduate trainee must receive preliminary approval from the Program Director, Department Chair, and DIO/Office of Graduate Medical Education. **This request must be made in writing and submitted to the DIO no later than 3 months prior to the requested start date of the rotation.**

With this request the following documentation must be provided:

- Statement that educational value cannot be obtained at LVHN or through a US rotation
- Goals and objectives of the rotation
- Copy of the Curriculum
- Satisfactory documentation that the host institution maintains sufficient insurance coverage for itself and its teaching/attending physicians consistent with the local standard of coverage. Satisfactory documentation may include copies of insurance documentation or a signed letter from hospital administration stating the specific coverage types and amounts held for itself and its teaching/attending physicians.
- Letter from LVHN Program Director in support of the rotation, stating if the graduate trainee will receive credit for this rotation and procedure/case logs from this rotation toward completion of the program. This letter should be signed by the Department Chair indicating the Chair's support of the rotation.

2. **Following preliminary approval but no later than 1 month prior to the requested start date of the rotation, the following documentation must be provided to the Program Director and the Office of Graduate Medical Education:**

- Letter of agreement between LVHN and the receiving Program/Institution, signed by authorized representatives of both LVHN and the receiving foreign institution to include items outlined in section III of policy.
- Completed Release and Hold Harmless Agreement
- Completed Foreign Rotation Questionnaire
- Full disclosure of financial support pertinent to the trip
- Emergency contact in the US and a means to contact graduate trainee while out of the country

3. After the rotation, the following documentation must be provided to the Program Director:
  - A minimum of one evaluation completed by the supervising physician who directly observed the graduate trainee in the international location
  - A letter of completion from the host institution's supervising physician
  - A report/journal of activities, functions, achievements, social, medical, and educational impact/contribution of the experience