

Request to Establish Rotation Away from Base Hospital within NMHC

Please complete at least 60 days prior to desired start of rotations.

Name of Program: _____

Name of Base Hospital: _____

Site of Proposed Rotation within NMHC (i.e. LFH, CDH, Grayslake, etc.):

Describe the objectives and content of rotation:

Describe limitations preventing base hospital from providing this rotation:

If limitation at base hospital is a persistent or long-standing issue, is complement reduction a viable solution?

Indicate qualifications and commitment of individual(s) who will act as local site director / supervisors for rotation:

What is plan to monitor duty hours, rotation outcomes, and resident satisfaction (e.g., travel time factors into duty hours):

What about the proposed site makes it the best setting for this training experience? (Case volumes; unique technologies (protons), etc.):

Describe any additional positive impacts of rotation (e.g., local volumes, potential talent pipeline in this specialty, etc.)

Summarize prior experience with proposed rotation if any:

Describe plan to ensure coverage at base hospital during the rotation:



Describe any impact of this proposal on other rotations both within McGaw and outside McGaw (e.g., Stroger, VA, etc.):

Identify any incremental expenses beyond stipend & fringe required by this rotation at either the base hospital or the receiving site and why these costs are necessary:

Identify the individual who will be responsible for supervising the resident during the rotation.

Site Supervising Physician Signature: _____

Date: _____

Program Director signature: _____

Date: _____

Chief Medical Officer, Host Site: _____

Date: _____

Please return this from to Angie Delk via email at a-delk@northwestern.edu.

All requests must be reviewed and approved by the Associate Dean of GME and the NMHC Director of Academic Affairs.

Associate Dean of GME: _____

Date: _____

Director, Academic Affairs, NMHC: _____

Date: _____