

Policy for International Elective Experience for JHS Residents and Fellows

Background and Principles:

- Residents/fellows are employees of JMH and PHT, and are governed by their policies, procedures and regulations;
- Educational rationale must be clearly demonstrable (i.e. G&O, competencies, mentorship/preceptorship, outcome evaluation) and consistent with RRC program requirements;
- There must be a reasonable expectation of safety;
- Institution and its GMEC support trainees interested in international health experiences;
- Institution and its GMEC recognize programs that have defined international health tracks;
- International health tracks are defined as residency programs that have multiple opportunities for required or elective international rotations interspersed throughout the training period;
- An international rotation will be counted as an elective rotation according to RRC guidelines for elective experiences;
- International tracks and rotations will not interfere with ACGME requirements for categorical or combined residency training programs;
- Participants in international tracks and rotations will adhere to guidelines set forth by GMEC.

Resident/Fellow Eligibility:

- Good program standing (no remediation or borderline performance, no outstanding medical records, etc.);
- Scheduling approved by Program Director (PD) and/or Chief Resident;
- No health-related or other contraindication to international travel, health attestation or approval from physician, immunizations, prophylaxis as per prevailing CDC guidelines.

Administrative Issues:

- Experience must be approved by PD, GMEC/DIO and JHS administration (with recommendation from GMEC/GMEC Exec/DIO);
- Preceptor/Course Director must have appropriate academic credentials or equivalent (as judged by PD) and reliable means of contact/communication;
- Resident salary/benefits continue during rotation;
- All travel/living/extra insurance expenses are borne by resident;
- Resident must sign PHT waiver;
- Resident must purchase medical travel and medical evacuation insurance;
- Medical liability must be adequately addressed (with approvals from Risk Management and County Attorney):
 - immunity granted from an authority recognized and approved by Risk Management and PHT, e.g. government of Haiti, or;
 - malpractice policy for international work purchased by the resident.

Limits:

- Up to 8 weeks in ≤ 3 year program; up to 12 weeks in ≥ 3 year program. May be consecutive at the discretion of the PD. Anything additional must be taken during personal time.

Other:

- Upon return, residents must share details of their experience to educate other residents at multi-departmental forum ("Resident Global Grand Rounds?") to discuss health care delivery in that country, medical challenges, endemic diseases, resources, etc.

Recommendation for GMEC/GMEC Exec/DIO Approval Process for International Experiences

Any international elective rotation is part of a GME program's educational curriculum, and as such must comply with RRC and institutional requirements. All requests for international rotations must be submitted with the following information:

- Provide the name and location of the international site;
- Provide the name and PGY level of the resident for whom the rotation is requested;
- Provide a copy of a properly executed Program Letter of Agreement between the ACGME-accredited program and the international site at which the rotation will take place;
- Provide the dates of the rotation;
- A minimum of 14 days at the site is required;
- A complete application, including all of the documentation noted here, must be submitted at least 90 days prior to the start date of the rotation (Category I applicants may be approved no fewer than 30 days in advance).

Provide a description of the site that includes:

- Type of center (governmental, non-governmental, private);
- Evidence that there is local authority approval for the site;
- Demonstration of the requirement that the center must have an established ongoing relationship with the program (at least prior two visits to the center before any resident involvement);
- A statement describing the general patient population, burden of disease, and anticipated duty hours;
- A description of the educational resources available, including reliable access to web-based educational materials;
- A description of availability of reliable communication (phone, e-mail, fax, internet) between center and primary institution.

Describe the rotation:

- Explain how the proposed rotation will provide experience not available at the sponsoring institution or current participating sites;
- Provide verification that the rotation is an elective as described in RRC program requirements;
- Provide competency-based goals and objectives for the rotation;
- Provide a statement that the site director or supervising physician has appropriate qualifications and meets approval of the program director to serve as a teaching physician. This physician must supervise the resident during the rotation and evaluate the resident at the end of the rotation. The designated teaching physician must have a relationship with individual physician(s) at the home institution (e.g. UM or JM) or another established medical organization or entity;
- Provide samples of the end-of-rotation evaluations that will be used;
- Provide a statement addressing physical environmental issues, including housing, transportation, communication, safety, and language.

Two categories of approval processes are available:

I. Pre-approved “fast track” requests

Category I will have a limited number (2-4) of pre-approved, fully vetted experiences. These will be experiences where UM/JMH has an established track record, and where many UM and JMH physicians have already worked. All of the required information (e.g. PLA, rotation descriptions, etc.) will already be on file. These will require approval at the resident/fellow and program director level, but will have the benefit of “pre-approval” by the GMEC, DIO and JMH administration. Category I requests may be granted no fewer than 30 days prior to the start of the rotation.

II. Initial or ad hoc requests

New or ad hoc Category II rotations will be reviewed on a case by case basis by a subcommittee of the GMEC (GMEC Subcommittee on International Experiences) and a recommendation made to the GMEC Exec Committee and DIO. GMEC Exec may also review and approve applications itself. These reviews will require all described documentation and information, and must be submitted no later than 90 days prior to the start date.

Application for International Rotation

A complete application, including all of the documentation noted here, must be submitted at least 90 days prior to the start date of the rotation (Category I applicants may be approved no fewer than 30 days in advance*).

Resident Name _____ PGY _____

Program _____ Date _____

International Rotation Site _____

Dates of Rotation _____ (A minimum of 14 days at the site is required)

Supervising Faculty _____

Is this elective rotation available at Jackson Memorial Hospital/Jackson Health System or its affiliated institutions? Yes _____ No _____

I, _____ agree,

- that all costs of travel, meals, room and board, insurance are my responsibility;
- to obtain medical clearance and obtain appropriate immunization and/or prophylaxis as recommended by CDC;
- to purchase medical evacuation, health, and malpractice insurance;
- to sign the waiver holding PHT harmless for travel related injury or harm;
- to make all travel arrangements;
- to remain under the direct or indirect supervision of the site director at all times;
- to share information and reflection on the experience upon return to home program;
- obtain GME office approval before starting the rotation

Resident Signature

Site Description:

Type of center (governmental, non-governmental, private)

Demonstration of the requirement that the center must have an established ongoing relationship with the program (does the site has residents rotating from other US institutions?, if yes, list examples)

Describe the general patient population:

Describe the burden of disease

Describe the anticipated duty hours

List educational resources available, including reliable access to web-based educational materials

Identify forms of reliable communication (phone, e-mail, fax, internet) between your rotation site and the training program

Rotation Description:

Explain how the proposed rotation will provide experience not available at the sponsoring institution or current participating sites

Provide verification that the rotation is an elective as described in RRC program requirements

Describe the physical environmental including housing, transportation, communication, safety, and language

Program Director Approval

_____ is a Resident/Fellow in good standing in the _____ Residency/Fellowship Training Program.

Dr. _____ has requested an elective at _____ in _____.

This is to confirm my approval of his/her request to be away from his residency/fellowship duties from _____ to _____.

Dr. _____ has appropriate qualifications and meets my approval to serve as a supervising physician. This physician must supervise the resident during the rotation and evaluate the resident at the end of the rotation. The designated supervising physician must have a relationship with individual physician(s) at the home institution (e.g. UM or JMH) or another established medical organization or entity;

I will maintain and document regular communication (e.g. weekly) with the resident abroad; notify the GMEC, Risk Management and JMH HR immediately in the event of injury, harm or loss of contact with Dr. _____.

Program Director Name

Program Director Signature Date

REQUIRED SUPPORTING DOCUMENTATION/ATTACHMENTS

- Completed and signed application
- Copy of travel insurance policy
- Completed and signed : The Public Health Trust International Rotation Release, Covenant Not To Sue and Waiver
- Signed program letter of agreement
- Copy of supervising physician CV
- Evidence that there is local authority approval for the site
- Provide competency-based goals and objectives for the rotation
- Copy of Evaluation form that will be completed by the supervising physician at the completion of the rotation

FOR GME OFFICE USE ONLY

GME-EC Approved: ___ Yes ___ No

Date: _____

DIO Signature: _____

CMAO Signature: _____

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03/03/2015

**THE PUBLIC HEALTH TRUST INTERNATIONAL ROTATIONRELEASE,
COVENANT NOT TO SUE AND WAIVER**

The Public Health Trust, an agency and instrumentality of Miami-Dade County, Florida, which operates Jackson Health System, including Jackson Memorial Hospital, located at 1611 NW 12th Avenue, Miami, Florida, United States 33136, (hereinafter referred to as the “PHT”), has been advised that you have volunteered to further your medical training and experience by traveling to and spending time in a foreign country, specifically at the _____ in _____ (hereinafter the “Foreign Training Program”) beginning _____ and ending _____.

Please read the following Release, Covenant Not to Sue and Waiver (“Release”) carefully, and once you have thoroughly read and agreed to its contents, sign where indicated below.

I understand and acknowledge that, while I have chosen to gain exposure to medicine in an international setting, an international training experience is not a requirement of my PHT residency program, nor does my PHT residency program require me to travel to _____, nor does it require me to obtain experience in _____. I understand that I would be able to fulfill my residency requirements successfully and completely without participating in the Foreign Training Program. I acknowledge that my participation in the Foreign Training Program is elected solely by me.

I further understand that there are significant inherent risks involved with study, research, work, training and living abroad, and I acknowledge and voluntarily accept all of these risks. These risks include, but are not limited to actual travel to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; foreign medical conditions; and foreign weather conditions. These risks also include the risk of criminal activity, violence, sexual battery and terrorist activity.

I specifically acknowledge that I will abide by any warnings, travel alerts and orders to evacuate that the U.S. Department of State has issued or may in the future issue to U.S. citizens traveling to the foreign location(s) where I have chosen to travel. I further agree to obtain medical advice about and receive current immunizations that are recommended by the U.S. Department of State and the Centers for Disease Control and Prevention for U.S. citizens traveling to the foreign location(s) where I have chosen to travel.

I understand that the PHT does NOT provide professional liability insurance coverage while I participate in the Foreign Training Program. I agree to notify the Program of this fact and understand that it is my responsibility to obtain such coverage if it is required.

I agree to indemnify and hold harmless the Public Health Trust and Miami-Dade County and their respective Trustees, Commissioner, medical staff, officers, employees, agents and instrumentalities (the “Indemnified Parties”) from any and all liability, losses or damages, including attorneys’ fees and costs of defense, which the Indemnified Parties may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from my participation in the Foreign Training Program.

It shall be my obligation to obtain additional health insurance coverage during the term of my international residency. This insurance will be for the purpose of securing health care services in the international location of the international residency rotation. I understand that the current PHT health insurance provider does not provide regular insurance coverage outside the territorial United States. I further understand that if I currently have PHT family coverage, I will be responsible for all requisite payments to maintain the dependent coverage. Additionally, I agree to purchase and provide proof of Medical Repatriation insurance coverage which includes provisions for emergency medical evacuation to the United States. Proof of coverage will be submitted to the Program Director.

I understand that any and all travel expenses, fees and costs shall be my financial responsibility, even if my rotation at the Foreign Training Program is cancelled or terminated for any reason.

I understand that either the PHT or the Foreign Training Program may unilaterally terminate my participation in the Foreign Training Program if it is determined that I have failed to abide by the terms of this Release, applicable policies, procedures, rules, regulations, or the instructions of any supervising clinician or I have, in any manner whatsoever, compromised patient care or endangered the safety of a patient. In the event of such termination, I may be required to immediately return to the PHT, and any costs for travel and any other costs associated with the termination will be my financial responsibility.

It shall be my responsibility to take into account travel time to and from the location of the Foreign Training Program and to make sure that it does not affect my clinical or other responsibilities at the PHT.

As part of the consideration for the PHT allowing me to participate in the Foreign Training Program, I hereby release, covenant not to sue and forever discharge the PHT, Miami-Dade County, a political subdivision of the State of Florida, their past, present or future commissioners, trustees, employees, agents, officers, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes or action, demands, rights, damages, costs, attorney's fees, loss of service, expenses and compensation whatsoever, which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen events or circumstances during the course of my participation in the Foreign Training Program and/or any travel incident thereto.

I further expressly agree that the terms of this Release shall be legally binding upon me, my heirs, executors and assigns, and all members of my family.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida without regard to its conflict of laws principles. I further consent, stipulate and agree that the exclusive venue of any lawsuit or any other legal proceeding arising from or relating to this Release or my participation in or travel to the Foreign Training Program shall be in a state or federal court located in Miami-Dade County, Florida, United States.

In the event that any clause or provision of this Release is held to be invalid by any court, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

I further declare and represent that no promise, inducement or agreement not herein expressed has been made to me, and that this Release contains the entire agreement between PHT and me regarding my participation in the Foreign Training Program and/or any travel incident thereto, and that the terms of this Release are contractual and not a mere recital.

In signing this Release, I hereby acknowledge that I have carefully read this entire document, that I understand and agree to comply with its terms, and that I have signed it voluntarily.

Signature

Printed Name

Date

TRAVEL INSURANCE COMPANIES

Frontier MEDEX

Toll Free - 1 800 537 2029

Email: info@frontiermedex.com

Website: <http://www.medexassist.com/>

International SOS Assistance, Inc.

1 800-523-8662

Email: customersupport@internationalsos.com

Website: <https://buymembership.internationalsos.com/>

Europ Assistance USA

(240) 330-1000

Email: info@europassistance-usa.com

Website: <http://www.europassistance-usa.com/>

http://www.worldwideassistance.com/pages/about_us/about_us.html

Travel Guard

1.800.826.4919

Email: webmaster@travelguard.com

Website: <http://www.travelguard.com/>

Ace

Email: TravelInsurance@acegroup.com

<http://www.ace-travel-insurance.com/>

GEO Blue

1.855.481.6647

Email: customerservice@geo-blue.com

Website: <https://geobluetravelinsurance.com/>

CIGNA

(877) 539-6296

Email: cgi@cigna.com

Website: <https://www.cignaglobal.com/>