

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
GRADUATE MEDICAL EDUCATION
Standard Policy and/or Procedure

TITLE: Out of Country Rotations Policy

APPROVED: 03/14/2014

REVISED: 11/30/2015

EFFECTIVE DATE: 03/14/2014; 11/30/15

PURPOSE: For the Sponsoring Institution, through the GMEC, to assure that individual residency/fellowship programs have established procedures for documentation and approval of out of country rotations by residents and fellows.

POLICY STATEMENT: The purpose of an out-of-country rotation is to provide a training experience that enhances the educational curriculum of the trainee. The rotation should be in alignment with the respective Accreditation Council for Graduate Medical Education (ACGME) program, American Board of Medical Specialties (ABMS), and departmental requirements. It is the responsibility of the Resident's/Fellow's program to secure the proper funding for these rotations.

All trainees seeking *humanitarian healthcare activities* in other countries should be aware that these activities **are not considered educational in nature**. If trainees would still opt to pursue this action, they must understand the sole responsibility falls on them.

Generally, Residents/Fellows interested in out-of-country rotations should begin their search for potential educational opportunities through our Global Health Council office.

All out-of-country rotations must have a fully executed Affiliation Agreement and Program Letter of Agreement already in place with a **U.S. residency/fellowship training institution** prior to requesting a rotation.

PROCEDURE: All out-of-country rotations must receive approval from (1) the Graduate Medical Education Committee (GMEC), (2) the Resident's/Fellow's Program Director, (3) the department chair; and (4) the Office of Graduate Medical Education (GME) before a Resident/Fellow is able to participate in the rotation.

1. Prior to obtaining final approval and departing for an out-of-country rotation, the Resident/Fellow must submit the following documents to GME.
 - a. Rotator Request Form. The requesting program must submit the Rotator Request Form via GMESharePoint at least **six months** prior to start of the out-of-country rotation.
 - b. Curriculum. The host institution must provide the institution's curriculum (service and educational), and list of core and miscellaneous responsibilities for the Resident/Fellow.
 - c. Letter from the Resident's/Fellow's Program Director. This letter must state whether or not the Resident/Fellow 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.
- d. Contact Sheet. The contact sheet (attached to this policy) must include the Resident's/Fellow's contact information in country (address, phone), emergency contact information (both in the United States and the host country), a copy of the travel itinerary, and a copy of the Resident's/Fellow's passport, as well as any authorization for TTUHSC at El Paso to contact emergency points of contact.
 - e. Emergency Evacuation Insurance and Repatriation Insurance. The Resident/Fellow must procure, at the Resident's/Fellow's expense, emergency evacuation and repatriation insurance and provide evidence of same.
 - f. Resident/Fellow Out of Country Release, Hold Harmless, and Indemnification Agreement. The Resident/Fellow must fully execute and provide the Out of Country Release, Hold Harmless, and Indemnification Agreement in the form attached to this policy.
 - g. Statement of Understanding. The Resident/Fellow must fully execute and provide the Out of Country Statement of Understanding in the form attached to this policy.
2. Rotations must be arranged so as not to create significant service coverage problems.
 3. Resident/Fellow may request an out-of-country rotation **once** during their entire residency or fellowship training program. The Resident/Fellow must have completed at least his/her first year of residency or fellowship training and must be in good standing before requesting approval for an out-of-country rotation.
 4. If the Resident/Fellow is not fluent in the host country's language, arrangements should be considered for translation services.
 5. Any services provided should be under the supervision of a U.S. residency/fellowship training institution faculty member at the host institution.
 6. Health Insurance may be available under the Resident's/Fellow's current plan. Residents/Fellows should check with Human Resources regarding whether their insurance will provide coverage while the Resident/Fellow is on rotation.
 7. The length of each out-of-country rotation must be for a maximum of a **continuous one-month block** or **4 weeks**, as applicable.
 8. Residents/Fellows are solely responsible for obtaining travel immunizations, medications, visas, passports, travel insurance (if desired), and meeting other administrative travel requirements prior to approval of this rotation.
 9. Resident/Fellow will be responsible for arranging and paying for their own travel, room, board, and incidental expenses during any out-of-country rotation.
 10. Resident/Fellow will continue to be employed and receive salary and/or employee benefits ("Compensation") while assigned to the out of country rotation.

11. Residents/Fellows are prohibited from the following:
 - a. Using any financial resources provided by foundations or companies that have direct ties with pharmaceutical, formula, or biomedical companies;
 - b. Visiting any country with a U.S. State Department “travel warning”;
 - c. Engaging in any activities that have direct political, military or religious implications on foreign soil while in training as a Resident/Fellow on an out-of-country rotation;
 - d. Any medical procedures or treatments that clearly contradict the standards of ethical practice in the United States or the program or TTUHSC at El Paso; or
 - e. 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.

12. After the rotation:
 - a. The Resident/Fellow 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 supervised the Resident/Fellow in the international rotation.
 - b. The Resident/Fellow must also supply a letter of completion from the host institution’s supervising physician in order to receive credit for the rotation; and
 - c. Resident/Fellow 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.

CONTACT SHEET

Resident/Fellow's Name: _____ Date: _____

U.S. Address: _____
Street Address City State Zip

Email Address: _____

U.S. Phone Number: _____ U.S. Cell Phone Number: _____

Means to contact Resident/Fellow while outside the United States:

Phone: _____ Address: _____

Email: _____

Emergency Contact Information (USA)

Primary Contact Name: _____ *Relationship:* _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Secondary Contact Name: _____ *Relationship:* _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Emergency Contact Information (Host Country)

Name of Facility and/or Contact Person: _____

Phone number (including country code): _____

Email Address: _____

Street Address: _____ City: _____

Relationship to Resident: _____ Supervisor Other: _____

I (Resident/Fellow) authorize the Texas Tech University Health Sciences Center at El Paso and its agents or representatives (1) to share any information relative to my situation with the individuals listed while I am on my out-of-country elective rotation and (2) to consent on my behalf to any medical or hospital care or treatment (including treatment in locations inside and outside of the United States) to be rendered upon the advice of any licensed physician during this rotation. I agree to be responsible for all necessary charges/expenses incurred by any hospitalization or treatment rendered pursuant to this authorization. If I require medical treatment or hospital care, in a foreign country or in the United States during this rotation, TTUHSC EP is not responsible for the cost or quality of such treatment or care.

Signature of Resident/Fellow: _____

Signature of Witness: _____ Printed Name: _____ Date: _____

**RESIDENT/FELLOW OUT OF COUNTRY ROTATION
RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT**

CHECK ONE: RESIDENT FELLOW

NAME (PLEASE PRINT) _____ NAME OF HOST FACILITY _____ LOCATION OF ROTATION _____

ROTATION DATES: FROM _____ TO _____

I understand that in connection with my voluntary participation in this out of country training experience, I may train in settings which could be harmful and hazardous. In these settings, I may come into contact with:

- Hazards or conditions which are present in any workplace or other environment;
- communicable or infectious diseases, including by way of example, but not limited to, tuberculosis, human immunodeficiency type- (HIV-1), and hepatitis;
- radioactive devices and substances;
- biologically hazardous materials;
- dangerous equipment; and
- other substances or things which are unfamiliar to me, any or all of which could cause serious injury to me, including death.

Additionally, I may be exposed to other potentially harmful situations and equipment commonly encountered in a medical environment where patients are treated, such as operating suites, emergency departments, labor and delivery suites, and intensive care units. As a result of these potentially hazardous environments at the host facility and its affiliated hospitals and clinics, I understand that a possibility exists where I may be seriously injured, sustain serious damages or even die.

I also understand and acknowledge that an international training experience is not a requirement for my training program, nor does the Texas Tech University Health Sciences Center at El Paso require me to travel to the above-named country. I understand acknowledge that I have been advised against travel to said country for participation in this activity and that my participation in this activity is elected by me and not required. I acknowledge, understand and accept the risks of travel listed by the United States Department of State, which may include political unrest, and that it is my responsibility to obtain current safety information on travel to, and within said country.

RELEASE AND HOLD HARMLESS: In consideration for the experience and/or training which I will receive, which I expressly state will be of great value to me and my career, and which will greatly enhance my educational or training experience, I _____,
(Resident/Fellow Name)

DO HEREBY RELEASE, ACQUIT, DISCHARGE, AND INDEMNIFY THE TEXAS TECH UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, BOTH INDIVIDUALLY AND COLLECTIVELY, TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO (TTUHSC EP), ITS OFFICERS, EMPLOYEES, FACULTY, STAFF, AGENTS OR SERVANTS, AND THEIR AFFILIATED HOSPITALS AND CLINICS, FROM ANY AND ALL CLAIMS, DEMANDS, LAWSUITS, CAUSES OF ACTION, KNOWN OR UNKNOWN, OF WHATEVER NATURE, WHETHER FOR PERSONAL INJURY (INCLUDING SERIOUS DISEASE OR DEATH), OR OTHERWISE WHICH MAY ACCRUE TO ME, MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES, SUCCESSORS OR ASSIGNS FOR OR ON ACCOUNT OF MY VOLUNTARY PARTICIPATION IN AN OUT OF COUNTRY TRAINING EXPERIENCE, ITS AFFILIATED HOSPITAL OR CLINICS, EVEN IF SUCH INJURY OR DEATH IS A RESULT OF THE NEGLIGENCE OF THE TRAINING SITE. THIS INDEMNITY AGREEMENT IS EXPRESSLY INTENDED TO INDEMNIFY TTUHSC EP AGAINST THE CONSEQUENCES OF THEIR OWN SOLE NEGLIGENCE OR FAULT AND AGAINST THE CONSEQUENCES OF THEIR NEGLIGENCE OR FAULT OCCURRING JOINTLY OR CONCURRENTLY WITH MY FAULT OR NEGLIGENCE OR THE FAULT OR NEGLIGENCE OF ANYONE ELSE.

I certify that I am over the age of 18 and have knowingly and voluntarily signed this Agreement. This Agreement shall be construed under the laws of the State of Texas and venue shall be in the state or federal courts of El Paso County, Texas.

Participant's Printed Name: _____ Department: _____

Signature: _____ Date: _____

Witness' Printed Name: _____

Signature: _____ Date: _____

**Out-of-Country Elective Rotation
Statement of Understanding**

Resident's/Fellow's Name: _____

International Elective Rotation to (name of country): _____

Name of Rotation: _____

Rotation Dates: _____

Please initial each statement.

___ I have verified this country is not on the U.S. State Department "Travel Warning".

___ I understand that I must obtain international insurance to cover Emergency Medical Evacuation, Security Extraction, Travel Assistance, Repatriation of Remains and Personal Effects in addition to the standard Accidental Death and Dismemberment coverage.

___ I understand that I am responsible for obtaining travel immunizations, medications, visas, passports and other administrative travel requirements. I will provide a copy of my passport and/or visa and travel itinerary to my Program Director and the Office of Graduate Medical Education at Texas Tech University Health Sciences Center at El Paso (TTUHSC EP), at least two weeks prior to my scheduled departure date.

___ I will provide my Program Director and the Office of Graduate Medical Education at TTUHSC EP with an emergency contact in the United States and a means to contact me while I am out of the country (attached).

___ I understand that trip-related expenses are my responsibility.

___ I am attaching documentation that describes the requirement/no requirement for Medical Licensure for visiting U.S. Physicians to this country.

___ I understand that if this country requires medical licensure, I will have obtained and provided a copy of such license to the Office of Graduate Medical Education at TTUHSC EP prior to my travel.

___ I have purchased the required level of professional liability insurance and provided a copy of this insurance policy to my Program Director and the Office of Graduate Medical Education at TTUHSC EP prior to my travel.

Resident/Fellow Signature

Date