



Undergraduate Medical Education
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CLERKSHIP GLOBAL HEALTH ELECTIVE/SELECTIVE PROGRAM FACULTY OF MEDICINE

Part A (to be completed by the student)

Name: _____ MUN e-mail: _____

Mailing Address: _____

Telephone Number: _____ Anticipated graduation year: _____

Elective/Selective (circle one) in the Discipline of: _____

Location of Elective/Selective Placement _____ Urban or Rural¹

Name of Hospital/University _____

Address of Hospital/University _____

Contact and Supervision:

Name of contact person at site: _____

Email or Telephone (including country and area codes): _____

Name of Placement Supervisor (Preceptor) if known (may be the same as contact person):

_____ Email: _____

Telephone (including country and area codes): _____

Placement Supervisor's medical discipline: _____

Date: From: _____ To: _____ Total No. of Weeks _____

Contact information at placement

Emergency contact person: _____

Phone Number: _____ Email: _____

¹ See the Memorial University of Newfoundland Faculty of Medicine guidelines on what constitutes a rural community for purposes of medical education objectives: <http://www.med.mun.ca/UGradME/Curriculum/Clerkship/Overview/Rural-Selective.aspx>

Contact information in Canada

Emergency contact person: _____

Phone number: _____ Email: _____

Alternate Phone Number _____

Accommodation/Housing

Describe arrangements that have been made for housing/accommodations.

Where are accommodations located relative to electives/selectives site?

Objectives

Training site description/context: (Describe briefly the training site, project and institution including types of services offered and patients seen at the elective/selective site.)

Educational objectives: (Describe how this international site will contribute to the achievement of educational goals)

Personal objectives: (Include the insights that student hopes to gain from choosing an international elective/selective)

Include a brief overview (**500 words**) about the country to be visited. Include information on key factors such as geography, the political system, climate, language, religion, local customs, healthcare system, economy.

Pre-departure Checklist

Upon completion of a pre-departure consultation with the appropriate campus authority, the following items should be examined, evaluated and actioned **prior to your departure for your learning abroad experience.**

- I have read and understand Memorial University's Travel Outside of Canada policy (<https://www.mun.ca/policy/site/policy.php?id=279>)
- I have visited travel.gc.ca to research advisories, security, entry and exit requirements, health, laws and culture, natural disasters and climate and assistance.
- I have registered as a Canadian abroad (ROCA) through <https://travel.gc.ca/travelling/registration> and sent a confirmation of registration to my home coordinator.
- I have registered for and completed the course "MOBI 1000" (CRN: 87841)
- I have entered my travel information into Memorial Self-Service's "Students Travelling Abroad"
- I have applied for the appropriate visa or study permit as is required by the destination country
- I have updated my overseas contact information and emergency contact information in Memorial Self-Service
- My passport is valid for at least 6 months beyond my date of return
- I have access to banking facilities in my host country and have notified my local bank of my travel plans
- I understand my level of access to communications in the destination county (cell phone access; how to make calls)
- I have an appropriate action plan in place in case of an emergency

I will travel to my destination with the following:

- Letter of invitation from host organization
- Passport and photocopy/scan of passport + additional passport photos (if necessary)
Airline tickets/travel itinerary and boarding passes (printed)
- Travel Insurance policy
- Health insurance policy
- Property insurance policy (loss / theft of personal goods)
- Medical permission forms (travel with needles / prescription information)
- Photocopy/scan of visa
- Contact information for home coordinators, host coordinators, and the Canadian Embassy / Consulate in phone (and written)
- Enough cash funds to sustain me for a limited amount of time in my destination
- Record of credit card, passport, health insurance, telephone numbers and other important information somewhere safe (one copy with me, one left at home).

I have taken the following necessary health pre-cautions prior to travelling:

- Health & Dental check-up with family doctor (e.g. flu shot)
- Visited an International Travel Clinic or Primary Health Care provider to learn of recommended vaccinations, and health precautions for my primary destination and any other countries to which I plan to travel. Name of clinic/physician: _____

- Food and waterborne illness - what are the risks in the location you plan to visit?
How will you mitigate this risk?

- Infectious diseases – are the following diseases endemic or seasonal in the area where you plan to work?
 TB – (N95 masks recommended)

- Malaria – (*prophylaxis recommended, treated bed net recommended*)
- Rabies – (*Pre-exposure vaccine recommended in high risk areas*)
- Japanese Encephalitis – (*Vaccine recommended for high risk areas*)
- Cholera - (*Oral vaccine against traveler’s diarrhea may offer limited protection*)
- Typhoid – (*Vaccine recommended*)
- Dengue – (*protection against mosquitos*)
- HIV/HCV – (*See risk mitigation recommendations on Global Health Office website*)
- Others (*state here*)

If ‘yes’ to an infectious disease question, what steps will you take to reduce the risk?

- Completed my MCP out-of-province coverage certificate (NL Residents)
- Investigated my current health insurance coverage for international coverage (taking note of the inclusion / exclusion of such items as “repatriation/air evacuation,” “parental bedside visits to host country,” “follow-up care,” “pre-existing medical conditions,” “travel to locales for which Canada has issued a travel warning,” etc.) and secured additional health insurance as necessary.
- I have contacted my health insurance provider to request information on how to proceed if I become ill and require medical attention (phone number, recommended hospitals, payment, language of service)
- I have disclosed relevant medical information to a travel companion / coordinator (allergies, medical emergency information) in the event I will require in-country assistance due to a medical concern
- I have investigated gender-based and sexual orientation attitudes and beliefs in my host country and know what resources and support is available to me in the event of gender discrimination or sexual harassment.

Upon Arrival to my Destination Country:

- I will send a confirmation email/message to the Global Health Coordinator (gobalhealth@mun.ca) or (011) 709 864 4938 and provide updated contact information.
- I have made arrangements to meet with a partner contact / a support person in the host institution / destination city to help me settle in to the destination country, and provide advice and assistance as necessary.
- I have identified a local contact: someone who will advocate for me, and with whom I will share personal contact information should I contract any illness, for purpose of helping me seek medical care and follow-up care.
- I will seek information on the health and emergency medical systems, access to services and consular supports in any other country(ies) I plan to visit outside of my destination country.
- I have a communications plan in place should I become ill or am quarantined and unable to attend classes. I have considered the following factors and will:
 - Ensure smooth communication with home: long distance calling cards, unlocked or low cost mobile phones or access to laptop computer in the host country.
 - Discuss communication plan with exchange coordinator, identifying who they should communicate with on our home campus in case of an emergency.
 - Use MUN Self-Service to report illness and avoid academic consequences of losing class time.
 - Carry phone numbers/emails of anyone else that needs to be contacted should I be unable to attend classes or work.
- I will discuss with the supervisor/preceptor the process for final assessment of student performance. (Where One45 is not accessible, student must provide a paper copy of assessment form to the supervisor/preceptor).

Terms and Conditions

The student agrees to the terms and conditions described on this form and further agrees to discuss his/her educational objectives with the supervisor/preceptor.

The student's signature indicates that the information provided on this form is complete and accurate to the best of his/her knowledge and ability.

The student must immediately notify the supervisor/preceptor and the UGME Office of any changes to the above plan.

The supervisor's/preceptor's assessment and student's evaluation of the elective/selective must be returned to the UGME Office within two weeks of the completion of the elective/selective.

Student's Signature

Date (year/month/day)

Part B
Approved by the Global Health Office

Global Health Coordinator (Signature)

Date (year/month/day)

Part C
Approved by Undergraduate Medical Education Office:

Electives/Selectives Coordinator (Signature)

Date (year/month/day)