

## POLICY AND PROCEDURE

### THOMAS JEFFERSON UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICY ON INTERNATIONAL ROTATIONS

#### **POLICY:**

All international rotations must receive approval from: 1) the Resident/Subspecialty Resident's Program Director; 2) the Department Chair; and 3) the Office of Graduate Medical Education before a resident is able to participate in the rotation. International rotations must also receive prior ACGME approval, as appropriate.

- I. All requests for international rotations must meet the following criteria for approval:
  - A. The rotation must have educational value that cannot be obtained at TJU Hospitals or through an affiliation agreement with a rotation site in the United States;
  - B. The rotation must be of excellent educational quality;
  - C. The goals and objectives of the rotation must meet ACGME applicable Institutional, Common and Specialty-specific program requirements, and a copy of the goals and objectives must be attached to the special projects application;
  - D. A copy of the curriculum (service and educational), and list of core and miscellaneous responsibilities should also be included; and
  - E. A letter from the program director stating whether or not the resident 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.
  - F. Documentation from the host institution or representative outlining the procedures for exposure of blood borne pathogens (specifically the availability of post-exposure prophylaxis for HIV) and/or other infectious diseases commonly encountered in patient care environments. HIV post-exposure management MUST be consistent with US Public Health Service guidelines (Kuhar D, et al. Infection Control Hospital Epidemiology 2013;34:875-892).
- II. During approved rotations Residents/Subspecialty Residents shall abide by the TJU and ACGME policies, rules, and regulations governing their residency programs including, but not limited to, those rules that address duty hours.

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- III. A Letter of Agreement similar to the sample below is required between TJU Health Care System and the receiving Program/Institution, to include the following:
  - A. Receiving program/institution accepts responsibility for resident training, supervision, evaluation, and staying within ACGME guidelines on duty hours;
  - B. The supervising physician(s) at the host institution must have skills sufficient to provide appropriate supervision (e.g., experience with medical education and competencies);
  - C. The resident must complete the Voluntary Participation and Assumption of Risk Agreement attached to this policy.
- IV. Residents/Subspecialty Residents 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 resident, unless such expenses are paid by the training program and agreed to prior to the rotation.
- V. Residents/Subspecialty Residents participating in elective international rotations must sign a Voluntary Participation and Assumption of Risk Agreement, similar to the sample attached to this policy, acknowledging that there are inherent risks in international travel, that participation is completely voluntary, and releasing TJU Hospitals, Thomas Jefferson University, and the Thomas Jefferson University Health System, from liability for property loss or personal injury incurred while participating in the program, except that the resident does not waive any rights they are entitled to under the Pennsylvania Workers' Compensation Act. The Agreement must include an acknowledgement that the resident has reviewed Consular Information Sheets issued by the United States Department of State and provided by the Office of Graduate Medical Education concerning the country in which the rotation will take place, and that the resident understands and accepts the risks associated with such travel.
- VI. Residents/Subspecialty Residents should contact Jefferson Occupational Health Services 6-8 weeks before departing the country to receive a pre-travel medical evaluation, prescriptions for prophylactic medications, as recommended by the Center for Disease Control and Prevention (CDC) (e.g., malaria prophylaxis), and administration of necessary immunizations as per current CDC guidelines. Residents are responsible for obtaining personal medications, visas, passports, travel health and evacuation insurance and meeting other administrative travel requirements,

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including registering in the TJU global travel registry. Residents/Subspecialty Residents must provide the Residency Coordinator with an emergency contact in the United States and a means to contact them while out of the country. If these steps are not completed prior to travel, the Residency Program Director will be made aware and the resident of subspecialty resident will not be allowed to travel.

- VII. Residents/Subspecialty Residents 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” or on the TJU Global “no travel” country or area list;
  - C. Engaging in any activities that have direct political, military, or religious implications on foreign soil while in training as a TJU resident on an international rotation;
  - D. Practicing any medical procedures or treatments that clearly contradict the standards of ethical practice in the United States of the program or TJU Health Care System; 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.
- VIII. After the rotation:
- A. Residents 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 resident in the international location. The resident must also supply a letter of completion from the host institution’s supervising physician in order to receive credit for the rotation; and
  - B. Residents 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.

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- C. Residents/Subspecialty Residents who develop post-travel illnesses should report to Occupational Health Services.

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PROGRAM DIRECTOR AGREEMENT  
BETWEEN  
THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC.  
DEPARTMENT OF ( )  
AND  
(PARTICIPATING SITE)

**(Participating Site Name)** agrees to serve as a clinical training site for the **(Program Name)** residents of Thomas Jefferson University Hospitals, Inc. This agreement will begin on **(Date)** and will continue until **(Date)** unless terminated sooner. This agreement will automatically renew each year for a period of ten years beginning July 1, upon the same terms and conditions except for the rate of payment which shall be negotiated if applicable. This Agreement may be terminated upon 90 days written notice prior to the expiration of the term of any renewal term.

### 1. Persons Responsible for Education and Supervision

- a. TJUH Program Director:
- b. Participating Site Director:
- c. Participating Site Faculty:

The individuals listed above are responsible for the education and supervision of the residents or fellows while rotating at the Participating Site.

### 2. Responsibilities

The faculty at **(Participating Site)** must provide appropriate supervision of **(residents or fellows)** in patient care activities and maintain a learning environment conducive to educating the **(residents or fellows)** in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment using the evaluation tool required.

### 3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to ACGME **(Residency or Fellowship)** Program Requirements and is outlined in the attached goals and objectives.

In cooperation with the TJUH Program Director, the Site Director, and the faculty at **(Participating Site)** are responsible for the day-to-day activities of the **(Residents or Fellows)** to ensure that the outlined goals and objectives are met during the course of the educational experiences at **(Participating Site)**.

The duration of the assignment is as follows: **(fill-in appropriate information)**

### 4. Policies and Procedures that Govern Resident Education

The House Staff Agreement between Jefferson and members of the Jefferson House Staff shall serve as the primary employment contract for residents. Jefferson's policies regarding stipends, fringe benefits, professional liability insurance, vacations, grievance and appeal of academic or administrative decisions shall prevail while the resident is at the Facility. Jefferson's residents shall comply with all applicable policies of the Participating Site not governed by the House Staff Agreement. **(Participating Site)** shall inform residents of all applicable policies, rules, procedures and practices and shall provide any training necessary for compliance with them.

\_\_\_\_\_  
**(Name of Program Director)**  
Program Director  
Thomas Jefferson University Hospitals, Inc.

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**(Name of Program Director)**  
**(Title)**  
**(Participating Site)**

\_\_\_\_\_  
**(Address)**

\_\_\_\_\_  
Date

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### VOLUNTARY PARTICIPATION AND ASSUMPTION OF RISK AGREEMENT

#### [Program] Residency Special Project

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

In consideration for being approved to participate in the [Program] Residency Special Project in [Location of Rotation], I hereby agree to the following:

1. My participation in the international rotation program is entirely voluntary. I understand and acknowledge that, while I have chosen to participate in this Special Project to gain exposure to medicine in an international setting, an international Special Project is not a requirement of my [Program] Residency Program. I understand that I would be able to fulfill all requirements of my residency without participating in this trip or traveling internationally.
2. I acknowledge that foreign travel may entail risks of personal and/or bodily injury, property loss, or death, including as a result of kidnapping, criminal activity, war, terrorist attacks, lack of access to health care, food or beverage contamination, public health problems, and unsafe local transportation.
3. I acknowledge, understand, and accept the risks of travel to [Location of Rotation], including those listed on the attached Consular Information Sheet 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/>.
4. I agree to assume all risks relating to this trip and I hereby waive any and all claims against Thomas Jefferson University Hospitals, Thomas Jefferson University, and the Thomas Jefferson University Health Care System for 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 in connection with this trip, except that I do not waive any rights that I may have under the Pennsylvania Workers' Compensation Act.
5. I understand that I am personally responsible for all my visa, public health and customs compliance, and that if I am not a U.S. citizen or permanent resident alien, reentry to the United States may not be automatic.

**I have carefully read this document with the opportunity to consult an attorney if I wish. I understand that it is binding on myself, my heirs, my assigns, and personal representatives.**

**FOR AND ON BEHALF OF THE  
THOMAS JEFFERSON UNIVERSITY  
HEALTH CARE SYSTEM**

**RESIDENT PHYSICIAN**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date