

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
Petition for Global Health Clinical Study Credit Away

STUDENT NAME: _____ **CELL PHONE:** _____

This four-week elective course aims to provide a clinical experience in the care of patients in low or middle-income countries, most often in resource-constrained environments. Countries and sites may vary, but must be pre-approved by the course director. Approval will be based on the following:

- Prior students have reported successful experiences at the site
- Safety of the location
- Adequacy of local supervision
- Individual student learning goals and objectives

* It is highly preferable if members of the VUSM faculty have well-established relationships with the intended site.

***** No credit will be given for less than 4 weeks of full-time work or for work for which a student has been paid. You must be registered for this course before beginning your rotation for liability coverage to be in effect. Students may not be supervised by a parent or relative.**

IMMERSION PHASE DATES: If the dates of the clerkship are inconsistent with these dates, please select the unit for which credit will be given.

- | | | | |
|-------------------------------------|-------------------------|------------------------------------|------------------------|
| <input type="checkbox"/> Section 7 | July (7/08 – 8/02/19) | <input type="checkbox"/> Section 1 | Jan. (1/6 – 1/31/20) |
| <input type="checkbox"/> Section 8 | Aug. (8/05 – 8/30/19) | <input type="checkbox"/> Section 2 | Feb. (2/10 – 3/06/20) |
| <input type="checkbox"/> Section 9 | Sept. (9/03 – 9/27/19) | <input type="checkbox"/> Section 3 | Mar. (3/09 – 4/03/20) |
| <input type="checkbox"/> Section 10 | Oct. (9/30 – 10/25/19) | <input type="checkbox"/> Section 4 | April (4/06 – 5/01/20) |
| <input type="checkbox"/> Section 11 | Nov. (10/28 – 11/22/19) | <input type="checkbox"/> Section 5 | May (5/11 – 6/5/20) |
| <input type="checkbox"/> Section 12 | Dec. (11/25 – 12/20/19) | <input type="checkbox"/> Section 6 | June (6/08 – 7/02/20) |

Away Location Supervising Attending or Contact Person (Please Print)

Supervising Attending or Contact E-Mail Address (Please Print)

Away Location/Institution and Address

Student Signature

Date

Course Director Approval

Date

For Office Use: PS _____ 7200 REPORT _____ EVALUATION SENT _____ CONFLICT _____

SUPPLEMENTAL AGREEMENT: Steps toward Global Health Credit

It is strongly recommended that you start the registration process at least 4-6 months in advance of travel.

STEP 1: Prepare a typewritten proposal to submit with this agreement. Your proposal will include a description of your intended experience and two-three learning goals or objectives. Schedule a meeting with the Course Director and provide this signed form, along with your written proposal.

NOTE: By signing this application, you are attesting to your acceptance of the requirements described in this document.

STEP 2: Ensure that you satisfy all administrative requirements prior to beginning your rotation.

Orientation: view all the pre-departure videos to be found at the following VIGH link;

<https://my.vanderbilt.edu/globalhealth/travelmed/pre-departure/>

Safety: Your safety and a valuable experience are our primary concerns. Before submitting this document, please check the State Department Alert List for countries where travel is not encouraged for U.S. citizens. If your country is on the list, you must be approved not only by the Course Director but also by the Vanderbilt ISSS office. If you need information about international travel, visit

http://www.campustravel.com/university/vumc_business/

Liability and Travel Insurance: You must be registered for this course before beginning your rotation for liability coverage to be in effect. You are encouraged to consider travel insurance for your upcoming travel. If for some reason the location is added to the State Department Alert after you are approved, you may not be allowed to travel.

Visa and Immunizations: You are responsible for any visas and immunizations required to enter the country and the costs associated with this travel.

Clinical Duties: By signing this document, you acknowledge that you will not engage in any clinical duties in your global site that would not be allowed at VUH. ***No credit will be given for less than four weeks of full-time work; for work accomplished prior to formal enrollment, by the Registrar's Office, in a VUMS course (clinical or research); or for work which a student has been paid.***

Evaluation and grade: Your grade will be assigned by your Preceptor at the host site and validated by the Course Director. Your grade is based upon the host preceptor's clinical evaluation, your reflection and the quality and timeliness of your compliance with other administrative requirements of an International rotation.

STEP 3: Actively participate in the evaluation process.

Preceptor's Evaluation : You will be instrumental in expediting receipt of an evaluation from your preceptor at the host site. You may be asked to hand carry a paper copy of your evaluation form to and from your rotation. An evaluation form will also be emailed to you. ****NOTE: *You may not be supervised or evaluated by a family member or by a person with whom you reside while in the host country.***

Reflective Summary: You are required to write a 2-3 page reflective summary of your experience upon returning. You will be asked to evaluate your experience as to the value of it for other VUSM students. You are required to confer with the Course Director no later than **2 weeks** after your return. This conference may take place in person, or via telephone or skype, if the rotation following is not in Nashville.

I have read and understand the requirements for Global Health travel credit.

Student Signature: _____ **Date:** _____

Course Director Approval: _____ **Date:** _____

When complete, with all signatures, please submit this form to the Office of Enrollment Services, 224 Eskind Biomedical Library, or via email to medregistrar@vanderbilt.edu.