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**Electives Experiences - International Global Health Electives**

Elective Experiences

**International Global Health Electives**

**Terminology**

For the purpose of this document, “International Global Health (IGH) electives” refer to electives taking place outside Canada, in a resource-limited setting or with vulnerable populations, for the purpose of enhancing competency in the area of global health\*. In contrast, “International Electives” refer to electives conducted outside Canada, often in a specific clinical area (addiction medicine, emergency medicine, etc.) where equivalent learning opportunities are not available locally and where the learning objectives of the resident do not directly pertain to the care of vulnerable populations. To minimize confusion between these two distinct learning experiences, the first is often shortened to “Global Health electives”.

**Background**

The Department of Family and Community Medicine is supportive of global health electives for which no similar experience is available locally insofar as they are academically sound and thoughtfully prepared and adequately debriefed.

The process presented below is intended to support learners in the selection, preparation and debriefing of their global health elective experience.

**Eligibility**

Residents must be in good standing in order to participate in global health electives abroad. Residents are strongly encouraged to undertake global health electives during their second year of training. This allows time for residents to establish continuity in their own practices during their first year, to reach a level of competency that optimizes their readiness to learn in the global health setting and to minimize the burden of oversight they inevitably bring to the host community. Residents who feel they have a compelling reason to participate in a global health elective abroad in their first year should communicate their request and rational in writing to their local site director for consideration.

**Supervision**

Elective supervisors must belong to a regulated health care profession, must

be familiar with the requirements of the family medicine residency program at the University of Toronto and must be able to provide daily supervision and teaching to the resident.

**Planning**

* The Global Health Program should be contacted as soon as a resident is considering a global health elective, **at least three months before the proposed date of departure**
* Residents who require assistance identifying a suitable host institution are encouraged to contact the Global Health Program of the DFCM or to consult the resident handbook.
* **All Global Health Electives must be at least four weeks long.** That is to say, residents are expected to spend four weeks working in the international learning setting. Electives that do not meet this requirement will be declined.

Residents should familiarize themselves with the Global Health Elective Experience Report Form to be completed within one month of return prior to committing to a global health elective abroad. The form can be found at the end of your application form.

* **Flights should not be purchased until the elective has been approved by the DFCM Postgraduate Director.**
* **A purchased non-refundable ticket will not be considered a compelling reason to receive elective approval.**

**Application & Approval Process**

* All global health electives require approval by the site director, the DFCM global health director and the DFCM postgraduate director.
* Applications can be obtained from the site director.
* Applications must be submitted a minimum of 12 weeks prior to the proposed departure date in order to allow sufficient time for review, consideration, approval or rejection. *Residents are advised not to secure travel arrangements or incur* *non-refundable expenses prior to receiving final approval of their application.*
* Applications are submitted to the site director for approval. If approved by the site director, the application will then be reviewed by the Global Health Program at the DFCM. Residents **must** contact the Global Health Program in advance to inform them of their plans.

**Application Content**

* Residents must provide well thought-out, SMART educational objectives for their experience (Specific, Measurable, Achievable, Relevant and Time). Appendix A provides information to assist residents in defining their objectives including a) Global health competencies for family medicine, b) A short description of SMART objectives and c) examples of SMART educational objectives
* Residents are encouraged to complete the Learning Plan with their host supervisor in order to clearly define expectations of the experience.
* Residents must complete the timetable in detail including how much on-call time they will be required to cover.

**Supervision**

Host supervisors must complete Section #3 of the application or substitute a signed letter of intent. Residents may submit their application pending completion of the Supervisor’s Declaration in order to prevent unnecessary delays in processing the application. However, **final approval of the application will not be granted until the supervisor’s Declaration has been received**.

**Mandatory administrative requirements**

Residents traveling outside of the University of Toronto system must comply with all registration, licensure and insurance regulations applicable to that particular university/province/country. Please note the following:

* Residents are registered as a postgraduate trainee at the University of Toronto. They should enquire about and fulfill the registration requirements of the host institution.
* A resident’s’ educational license is valid ONLY in the Province of Ontario
* It is the resident’s responsibility to enquire with the host institution to determine if a temporary license is required for the duration of the elective and to fulfill that requirement.
* The CMPA does not provide malpractice insurance for practice outside of Canada. Residents should clarify malpractice coverage in the host jurisdiction prior to departure.
* Residents must provide the program information regarding how they can be reached during their stay abroad as per Section #4. (Telephone, fax, address, email).
* Residents are required to comply with Faculty of Medicine’s requirements for pre-departure preparation by completing Pre-Departure Training provided by Post Graduate Medical Education (PGME). More information can be found on their website at <http://gh.pgme.utoronto.ca/?page_id=7001>

**Mandatory Post Return Report**

To consolidate their learning experience residents are expected to fulfill the following post-return requirements:

* 1. Submit a Global Health Experience Report Form
	2. Submit a post return report within 4 weeks of their return (see directions below)
	3. Participate in a 30 minute debrief meeting with the DFCM Global Health director or a designate within 2 weeks of their return. A field note will be completed following this conversation.

|  |
| --- |
| In 3 to 5 pages, please describe your global health elective experience, including the following:* Proposed educational outcomes of the rotation and whether they were achieved
* A description and evaluation of the host setting including quality of clinical interaction and supervision, language requirements, openness of the host community to receiving other learners and recommendation to other learners. Highlights of the experience and a description of how it might inform/benefit your practice in the future.
* Comparison of country’s PHC system and services to Canada’s, and what Canada can learn from this country and vice-versa
* If possible, please include pictures of the site.
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Please email dfcm.globalhealth@utoronto.ca to schedule a meeting with the DFCM Global Health Program director and to submit your post-return report. **Global Health Elective Check list**

**Getting the ball rolling**

Thinking of doing a global health elective abroad? Please review this check list.

* Check with your site director to confirm that you can start planning.
* **At least 12 weeks prior to departure**, contact the Global Health Program (mailto:dfcm.globalhealth@utoronto.ca) to either:
* Get information about possible host communities
* Inform them of your intent to apply.

**DO NOT PURCHASE A FLIGHT UNTIL YOU HAVE RECEIVED APPROVAL**

* Contact the host preceptor and:
* Develop/discuss your educational objectives
* Fill out the activity and supervision schedule
* Let them know you need their signature or a letter of commitment to receive approval
* Enquire about licensing and registration requirements
* Confirm language requirements
* Enquire regarding housing and ground transportation on site

**DO NOT PURCHASE A FLIGHT UNTIL YOU HAVE RECEIVED APPROVAL**

* Submit your completed form to your site director, to be forwarded to the DFCM GH Director and then to the DFCM postgraduate director for final approval.
* Call the CMPA to clarify coverage

**ONCE YOU RECEIVE FINAL APPROVAL**

* Book your flight!
* Complete the pre-departure training requirements of the Faculty of Medicine
* If the host community is an established DFCM partner ([See here](http://www.dfcm.utoronto.ca/programs/globalhealth/gh-programs/International_Electives.htm)) meet with the DFCM country lead

**UPON YOUR RETURN**

* Within 4 weeks of leaving your host community, submit your trip report
* Contact the DFCM program director for a 30 minute debrief conversation
* Receive a field note!

**GLOBAL HEALTH ELECTIVE APPLICATION**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Level**: \_\_\_\_\_ **Current Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location of Elective**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Vacation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Host Supervisor**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Host Supervisor’s University/Hospital Affiliation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Host Supervisor’s Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List your SMART learning objectives for this experience:

**SMART** stands for: **S**pecific, **M**easurable, **A**ttainable/Achievable, **R**elevant, **T**ime bound

(If you would like to receive more resources on writing your SMART objectives please contact the Global Health Program at: dfcm.globalhealth@utoronto.ca)

Educational Objectives:

You may use another page if necessary.

2. Outline your schedule during this experience.

 *(Be specific -- detail teaching in both ambulatory, in-patient and on call responsibility.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SAT/SUN |
| a.m. |  |  |  |  |  |  |
| p.m. |  |  |  |  |  |  |

3. **Supervisor’s Declaration**: ***(an email letter of intent may also be substituted)***

1. I agree to provide this resident direct supervision during the experience outlined above and to evaluate the trainee in writing prior to the completion of this experience.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature** **Date**

4. **Resident’s Declaration**:

1. I agree to comply with all registration requirements of the sponsoring University and where required, to acquire appropriate licensure and insurance coverage for the duration of this experience. I further agree to submit a written evaluation of this experience to my Site Director.
2. During this experience I may be contacted at:

 **Tel**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⮱ *Approved by:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Director** **Date**

**⮱ *For Global Health Electives***

 **Reviewed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Global Health Program**  **Date**

**For DFCM Office Use Only:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University Program Director** **Date**

**Please return this form to Lela Sarjoo**

Department of Family and Community Medicine

University of Toronto

500 University Avenue, 3rd Floor, Toronto, ON  M5G 1V7

Fax: 416-978-8179

Email: familymed.postgrad@utoronto.ca

***Updated: March 2016***

**GLOBAL HEALTH ELECTIVE EXPERIENCE REPORT FORM**

The purpose of this form is to document your experience so other students who are considering a Global Health Elective will have a resource to turn to. Please provide as much detail as possible listing any information that you found helpful in planning your elective, or would have like to have known before you left. Return completed forms to Lela Sarjoo at the DFCM office.

Location of the elective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of the elective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s contact information (including email if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Briefly describe the elective including patient population seen, responsibilities, amount of supervision etc.

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* Would you recommend the site and the supervisor, why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were the visa requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were the insurance requirements (malpractice/hospital)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What other documents were required? (hospital, university enrollment etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When did you start planning this elective? Were there any good resources one should contact (people, agencies, websites etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What were the travel costs? Was funding available and from whom? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please describe your accommodations or other places a student could stay along with contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Any travel tips? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List important things to bring (e.g. personal use or hospital donations) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Were there any health or safety issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Anything else a prospective elective student should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to Lela Sarjoo**

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