

Lehigh Valley Health Network
Graduate Medical Education
International Rotations

Effective Date: June 23, 2013
Approval: February 11, 2013

I. Policy

This policy sets the expectations for resident physicians/dentists with regard to visiting international rotations during residency.

II. Scope

Residents of Lehigh Valley Health Network.

III. Definitions

Resident – Any postgraduate M.D., D.O., D.D.S. or D.M.D. physician/dentist in training, whether or not in an ACGME/AOA/ADA approved training program.

IV. Procedure

All international rotations must receive approval from the Resident/Subspecialty Resident's Program Director, the department chair, and the Office of Graduate Medical Education before a resident is able to participate in the rotation.

A. All requests for international rotations must meet the following criteria for approval:

1. The rotation must have educational value that cannot be obtained at Lehigh Valley Health Network (LVHN) or through an affiliation agreement with a rotation site in the United States;
2. The rotation must be of excellent educational quality;
3. The goals and objectives of the rotation must meet RRC/ACGME applicable Institutional, Common and Specialty-specific program requirements; a copy of the goals and objectives must be attached;
4. A copy of the curriculum (service and educational), and list of core and miscellaneous responsibilities should also be included;
5. A letter from the LVHN 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. Residency extension for this reason is subject to prior approval by the program director and the Office of GME (OGME);
6. The Resident/Fellow must be in good standing with their LVHN program and meeting all program requirements including cases logs and other educational responsibilities;
7. The Resident/Fellow must not be in their first year or final three months of training;

8. International rotations must be done on elective time so as not to adversely impact staffing needs of LVHN; and
 9. Surgical cases and clinical procedures will be counted (or not) in the resident/fellows case logs as permitted by the relevant ACGME-RC.
- B. During approved rotations Residents/Subspecialty Residents shall abide by the LVHN and ACGME/RRC policies, rules and regulations governing their residency programs including, but not limited to, those rules that address duty hours.
- C. A Letter of Agreement is required between LVHN and the receiving Program/Institution, signed by authorized representatives of both LVHN and the receiving foreign institution to include the following. An approved Letter of Agreement template is attached to this policy.
1. Receiving program/institution accepts responsibility for resident training, supervision, evaluation and staying within ACGME/RRC guidelines on duty hours;
 2. The supervising physician(s) at the host institution has skills sufficient to provide appropriate supervision (e.g., experience with medical education and competencies); and
 3. The foreign program agrees to take full responsibility for any liability arising out of the LVHN resident's participation in the program and will defend and hold harmless the resident and LVHN in any legal actions brought against the resident as a result of the resident's participation in the program. The host institution must provide satisfactory documentation that it maintains sufficient insurance coverage for itself and its teaching/attending physicians consistent with the local standard of coverage. Satisfactory documentation may include copies of insurance documentation or a signed letter from hospital administration stating the specific coverage types and amounts held for itself and its teaching/attending physicians.
- D. The resident must complete the Release and Hold Harmless Agreement attached to this policy.
- E. The resident must complete and return the Foreign Rotation Questionnaire attached to this policy. The completed form must be submitted with all required paperwork to the program director, who will forward copies to the OGME and the LVHN Department of Risk Management.
- F. 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.
- G. Residents/Subspecialty Residents are solely responsible for obtaining travel immunizations, medications, visas, passports, travel insurance (if desired), and meeting other administrative travel requirements. 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.
- H. Residents are strongly advised to take out a medical evacuation insurance policy from a carrier of their choosing.

- I. Residents/Subspecialty Residents are prohibited from the following:
1. Using any financial resources provided by foundations or companies that have direct ties with pharmaceutical, formula, or biomedical companies;
 2. Engaging in any activities that have direct political, military or religious implications on foreign soil while in training as a LVHN resident on an international rotation;
 3. Practicing any medical procedures or treatments that clearly contradict the standards of ethical practice in the United States or the program or LVHN; or
 4. 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.
- J. Residents are strongly advised against travel to any country with a state department advisory.
- K. After the rotation:
1. 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. A sample template letter is provided below; and
 2. 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.

RELEASE AND HOLD HARMLESS AGREEMENT

[Program] Residency Special Project

NAME (PLEASE PRINT)

As part of the consideration for being allowed to do my **[Program]** Residency Special Project in **[Location of Rotation]**, I hereby release, hold harmless and forever discharge Lehigh Valley Health Network, its subsidiaries and affiliates and the respective directors, officers, employees and agents of each (collectively referred to as "LVHN") from any and all liability, claims, demands and actions whatsoever arising out of, or related to, 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 or participating in this Special Project.

I understand and acknowledge that, while I have chosen to fulfill this Special Project by gaining exposure to medicine in an international setting, an international Special Project is not a Residency Review Committee requirement of my **[Program]** Residency Program, nor does the LVHN **[Program]** Residency Program require me to travel to **[Location of Rotation]**, nor does it require me to obtain my practicum experience in **[Location of Rotation]**. I understand that I would be able to fulfill this requirement successfully and completely without participating in this trip or these particular activities. I acknowledge that I have been advised against travel to **[Location of Rotation]** 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 in **[Location of Rotation]** 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/> .

I hereby waive any and all claims against Lehigh Valley Health Network, its subsidiaries and affiliates, together with their directors, officers, employees and agents, for any injury, harm or damages I suffer as a result of my participation in this Residency Special Project.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my heirs, my assigns, and personal representatives. I acknowledge that I am 18 years old or more.

This the _____ day of _____, 20____.

Signature of Resident Physician (Seal) Date: _____

Signature of Witness (Seal) Date: _____

Printed Name of Witness

Foreign Rotation Questionnaire

Name of Resident:

Residents current PGY Level:

Name of Institution for rotation:

Address:

Type of rotation:

Dates of service:

Has the Resident done an overseas rotation before on behalf of Lehigh? If yes, please list other locations.

Is this a one time position or will this be recurring, if so how often do you expect this person to travel to _____ (insert Country)?

Will the Resident provide direct patient care?

- If no, will the Resident observe others providing direct patient care?

Who will oversee the Resident at all times? (provide name and position)

Sample Letter of Completion from the Host Institution's Supervising Physician

(Date)

(Program Director Name)
Lehigh Valley Health Network
Department of (Program)
(Mailing Address of Program)

Dr. (Program Director):

Please accept this letter of confirmation that Dr. (Resident Name) was on an international visiting rotation at (Name of Institution). As the supervising physician, I can attest that the resident was on service between the following dates (Start Date) – (End Date) in the department of (Program). This resident satisfactorily completed the requirements of this rotation.

Sincerely,

(Name of Supervising Physician)

Lehigh Valley Hospital and Health Network - LETTER OF AGREEMENT

For an International Rotation **Month, Day, Year** through **Month, Day, Year**

This agreement is effective this ___ day of _ 20XX, by and between Lehigh Valley Health Network (LVHN), Department of (*INSERT LVHN DEPARTMENT*) and the (*INSERT HOSTING INSTITUTION*), Department of (*INSERT HOSTING DEPARMEN*). This Agreement pertains to the participation of resident physicians OR resident dentists from LVHN in the clinical and didactic training at the (*INSERT HOSTING INSTITUTION*). The agreement ends on the final day of the rotation.

The primary goal of this program is to continue the education of resident physicians or resident dentists enrolled in LVH ACGME/AOA/ADA accredited residency program who wish to obtain quality clinical and didactic experience. In particular, the LVHN resident benefits from seeing diverse patients, diseases, and practice settings outside of the United States. While on rotation at the (*INSERT HOSTING INSTITUTION*), the resident shall receive a clinical rotation in (*INSERT AREA OF STUDY ie. cardiology, infectious disease, general adult medicine*) under the supervision of (*INSERT SUPERVISING PHYSICIAN OR DENTIST*) for the dates listed above. (*INSERT SUPERVISING PHYSICIAN OR DENTIST*) has sufficient skills to provide appropriate supervision and accepts responsibility for resident training, supervision, and evaluation. The (*INSERT HOSTING INSTITUTION*) shall comply with the Resident work hour limits set forth by the Accreditation Council for Graduate Medical Education (ACGME). **A copy of the educational goals and objectives of this rotation is attached.**

LVHN continues to have responsibility for the quality of the resident's educational experience and retains authority over the residents' activities while on rotation at the (*INSERT HOSTING INSTITUTION*). Notwithstanding the provisions contained within this agreement, the residency program shall also be governed by the policies and procedures of the Accreditation Council for Graduate Medical Education or American Osteopathic Association or American Dental Association.

The (*INSERT HOSTING INSTITUTION*) shall grant LVH residents the same privileges relative to educational experience and clinical activity as all other residents at the (*INSERT HOSTING INSTITUTION*) and all residents shall have access to the facilities, services and equipment that are essential to their training. In addition, LVH residents participating in rotations at the (*INSERT HOSTING INSTITUTIO*) shall comply with all applicable (*INSERT HOSTING INSTITUTION*) rules, regulations, policies and other provisions, which pertain to patient, care activities, education experiences, research and other scholarly activities and use of hospital facilities. However, all LVHN policies, procedures and provisions pertaining to Graduate Medical Education will apply unless LVHN agrees that they are to be superseded by the (*INSERT HOSTING INSTITUTION*) 's policy.

At the conclusion of the rotation, the (*PROVIDER*)'s designated representative shall provide an evaluation of the resident's professional performance to the respective program director at LVH. (**See attached evaluation form.**)

(*INSERT HOSTING INSTITUTION*) agrees to take full responsibility for any liability arising out of the Lehigh Valley Health Network resident's participation in the program and will defend and hold harmless the resident and Lehigh Valley Health Network in any legal actions brought against the resident as a result of the resident's participation in the program. (*INSERT HOSTING INSTITUTION*) will provide satisfactory documentation that it maintains sufficient insurance coverage for itself and its supervising physicians consistent with the local standard of coverage. **A copy of this documentation is attached.**

LVHN will continue to provide salary support during the rotation experience. All LVHN residents have health insurance coverage during their employment. The resident is responsible for all extra costs associated with an international experience. Residents have been strongly advised to take out a medical evacuation insurance policy from a carrier of their choosing.

Any disciplinary action will be conducted by LVHN in compliance with institutional and departmental policies with cooperation from the faculty and staff of the (*INSERT HOSTING INSTITUTION*) as needed. However, the (*INSERT HOSTING INSTITUTION*) shall have the right to request the removal of any resident whose performance, health, general conduct or failure to abide by any policy, directive, rule or regulation is determined to be detrimental to patients or the achievement of the program's objectives.

On Behalf of Lehigh Valley Hospital:

On Behalf of Hosting Institution:

William F Bond, MD
Designated Institutional Official (DIO)

Signature of Provider Site Resident
Supervisor
**Insert Name of Hosting Resident
Supervisor**

Program Director at LVHN
Insert Name of Program Director
LVHN

This Agreement and attached Exhibit(s) contains the full and complete agreement and understanding of the parties as it relates to the subject matter of this Agreement. Any modifications or amendments must be in writing signed by both parties.

Resident Documentation Responsibilities:

- 1) The resident must receive approval from the Program Director, department chair, and Office of Graduate Medical Education. With this request the following documentation must be provided:
 - Statement that educational value cannot be obtained at LVHN or through a US rotation
 - Goals and objectives of the rotation
 - Copy of the Curriculum
 - Letter from LVHN Program Director stating if the resident will receive credit for this rotation and procedure/case logs from this rotation toward completion of the program
- 2) Following approval but before departure for international rotation, the following documentation must be provided to the Program Director and the Office of Graduate Medical Education:
 - Letter of agreement between LVHN and the receiving Program/Institution, signed by authorized representatives of both LVHN and the receiving foreign institution to include items outlined in section III of policy.
 - Satisfactory documentation that the host institution maintains sufficient insurance coverage for itself and its teaching/attending physicians consistent with the local standard of coverage. Satisfactory documentation may include copies of insurance documentation or a signed letter from hospital administration stating the specific coverage types and amounts held for itself and its teaching/attending physicians.
 - Completed Release and Hold Harmless Agreement
 - Completed Foreign Rotation Questionnaire
 - Full disclosure of financial support pertinent to the trip
 - Emergency contact in the US and a means to contact resident while out of the country
- 3) After the rotation, the following documentation must be provided to the Program Director:
 - A minimum of one evaluation completed by the supervising physician who directly observed the resident in the international location
 - A letter of completion from the host institution's supervising physician
 - A report/journal of activities, functions, achievements, social, medical, and educational impact/contribution of the experience

V. **Approval**

GRADUATE MEDICAL EDUCATION COMMITTEE: February 11, 2013

Designated Institutional Official

Date

Associate Dean and Chief, Division of Education

Date

Chief Medical Officer

Date