

University of Ottawa

REQUEST FOR APPROVAL OF A PGME INTERNATIONAL ELECTIVE

*Request must be made **at least 2 months** prior to the elective

Name of Resident: _____

Email: _____ (Please provide the uOttawa student's email)

PGY: _____ Student Number: _____

Program: _____

Start Date: ____/____/____

End Date: ____/____/____

YYYY MM DD

YYYY MM DD

Home Supervisor Name and Title: _____

Site Supervisor Name and Title: _____

Department and/ or Organization where the elective will take place:

Complete address of the location where the elective will take place:

Title/Specialty of the Elective: _____

Clinical Elective: _____ or Research Elective: _____

Risk Factor Analysis: (or attach document of the risk factors)

Is this your first international elective: YES NO

If NO, please specify where and during which year of training elective was done:

Have you completed the required Pre-Departure Training: YES NO

Complete address of where will you be staying during this elective period:

What are your objectives for this elective (see annex B for more detail):

How can we reach you in case of an emergency? _____

Please list your emergency contact & their coordinates:

Name of your Program Director & Department:

Signature of Program Director: _____

Program Director comments on the selected electives:

TRAINEE MUST RETURN FORM TO:
Program Coordinator, International and Global Health Office:
ighoelective@uottawa.ca

Annex B

International electives are supported by the Faculty of Medicine and PGME through the Global Health program

There are many recognized benefits to international electives including:

- To learn about health-care in lower technology societies;
- To become involved in a cultural exchange;
- To use the knowledge gained about other cultures in order to develop a better understanding of Canada's multicultural population;
- To develop technical skills;
- To encourage contemplation of a career in International Health.

If you are planning to do an International Elective (clinical or research) you must keep in mind the long time frame required to set up the elective.

NOTE: To set up your elective you will need approval from both your program and the Global Health program.

Steps to follow:

STEP 1

After finding an International Elective, your elective must be pre-approved by your program director and the Global Health program. The following form must be completed:

Application Form (Annex A)

- You are required to provide as much information on where you are planning to do your elective (Country, Title of Elective, Supervisors Name, Name & Address of Hospital, Dates of Elective, etc.).
- You are required to investigate the intended location and provide your analysis of the risk factors that will be posed by the requested placement. Visit the link below to get information about country's risk factors- i.e. political instability, infectious diseases, crime, etc. The website address is that of the Department of Foreign Affairs and International Trade (DFAIT), which provides travel updates regarding health and safety around the world. The website address is: <http://www.international.gc.ca/international/index.aspx>.
- We also ask that you identify your personal learning objectives for the international elective.
- You must be in good standing with your program and the PGME office.
- The forms must be submitted to the Global Health Program (ighoelective@uottawa.ca) for approval **at least 2 months prior to the start of the elective**.

Ideally electives should be 2 weeks minimum, but exceptions can be made.

STEP 2:

Once your application has been received and verified by your program it will be processed by the global health program.

The Global Health program has been established to facilitate international/global health activities throughout the faculty. For PGME trainee electives our goal is to try to ensure an educational experience that is enriching and safe for trainees as well as the host communities.

The Global Health program will be in touch with you to confirm your international elective and to ensure that you have carried out the following:

- Provide us with objectives reflecting your elective
- Taking part in a Pre-departure Training (if applicable*)
- Debriefing session (if applicable)
- Submit a summary/reflection based on your experience
- Register your experience on www.actionglobalhealth.com

It is your responsibility to:

- Have a Valid Passport
- Obtain a Visa (if applicable)
- Visit a Pre-travel Clinic
- Have appropriate insurance (health, evacuation and malpractice, if applicable)

Pre-departure Training

Trainees wishing to participate in an international elective in a country that carries a warning of "Exercise high degree of caution" on the <https://travel.gc.ca/> website, that is low-middle resource countries and countries that are culturally different, it is mandatory that you register and attend one of the 3 or 4 pre-departure training sessions that the Global Health program offers every academic year. Once a trainee has attended a training session, they receive a certificate of completion and are not required to attend a second session throughout their postgraduate medical education at the University of Ottawa.

Useful link: [The U of O International Office](#)

Insurance

All registered students, including PGME trainees, are covered during approved electives by the University's Commercial General Liability insurance with a limit per occurrence in excess of C\$5,000,000 inclusive for medical malpractice (if CMPA does not cover your situation), bodily injury, personal injury and property damage as described in detail in the policy.

NOTE: Once permission is granted by the Faculty, it is wise to reconfirm with your supervisor.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

I, _____ (Print Name), the undersigned trainee registered in a residency program, at the University of Ottawa, Faculty of Medicine, have voluntarily chosen to undertake an international clinical elective to fulfill part of the requirements of the Program **AND I THEREFORE STATE AS FOLLOW:**

1. **I SHALL**, at my own expense, arrange for the following:
 - ✓ locate a clinical agency outside of Canada who will accept me in a clinical elective;
 - ✓ all travel documentation or other documentation required for an international clinical elective;
 - ✓ transportation to and from the country in which the international clinical elective is to take place;
 - ✓ accommodation in the country in which the international clinical elective is to take place;
 - ✓ any personal injury, health or other insurance coverage that may apply to me

2. **I AM AWARE** of the possibility of personal risks due to my undertaking the international clinical elective including the exposure to foreign diseases, different legal and cultural standards and freely accept and fully assume all risks, dangers and hazards.

3. **I AM ALSO AWARE** that clinical agencies require students to be immunized before accepting them in a clinical elective; that I will inform myself of the appropriate immunizations for the international clinical elective and obtain such immunizations at my expense prior to starting the international clinical elective.

IN CONSIDERATION of my voluntary choice in undertaking an international clinical elective and recognizing that I chose the international clinical agency and that the Faculty and/or the University of Ottawa cannot fully screen the international clinical agency nor the conditions under which I will be working, **I FURTHER AGREE AS FOLLOWS:**

4. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the University of Ottawa, its directors, officers, employees, students, volunteers and other representatives (hereinafter collectively referred to as the **University**) arising from the international clinical elective and other associated activities;

5. **TO RELEASE** the University from any and all liability for death or any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer arising from the international clinical elective due to any cause whatsoever;

6. **TO INDEMNIFY** the University from any and all liability for any personal injury to, or death of, myself, arising from the international clinical elective;

7. **THAT THIS DOCUMENT** shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

Completed in Ottawa this _____ day of _____, 20_____

I have read and I understand its content and I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the University.