

So your resident wants to go to Africa?

The logistics of developing and implementing
global health electives

SUPPLEMENTAL MATERIALS

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Graduate Medical Education Overview and Requirements for Global Health Elective Rotations

Background

Recognizing the important role that global health education can play in a trainee's professional development, UWHC will support the equivalent of up to 26 four-week global health rotations per academic year. This document details the process by which this may occur.

Objectives

UWHC aims to support global health experiences that:

- Are of high educational value
- Will be responsibly implemented with appropriate supervision and structure
- Offer benefit to both trainee and host site
- Are ethically sound and culturally appropriate
- Will allow for prioritization of the safety and welfare of trainees

Rotation Approval Process

Residents who wish to incorporate a global health elective into their training must submit an application for a global health rotation to the UWHC Graduate Medical Education Office. The GME Global Health Travel Packet contains all components of the global health elective application. This should be completed by the resident and submitted to the Program Director. Once reviewed by the Program Director, an electronic copy (in PDF format) should be submitted via the Program Director's office to the GME Office (email to globalhealth@uwhealth.org).

The GME Global Health Subcommittee must approve all applications for global health elective rotations prior to the resident or Program Director finalizing plans for the elective rotation. Applications are currently being accepted on a rolling basis however it should be noted that the committee may not be able to review and approve applications submitted less than 2 months prior to departure. Residents are encouraged to submit applications AT LEAST 6 months prior to their desired travel dates. Please note that applications must be complete; incomplete applications will not be considered/reviewed.

Rotations that meet all criteria outlined below will be considered for approval. Residents approved for global health rotations will continue to receive salary support and malpractice coverage from UWHC during their global health rotation. Additionally, emergency evacuation coverage will be provided by UWHC for the duration of the resident's rotation (time spent abroad outside of the rotation time period will not be covered).

Requirements for Application

All requirements below must be met to be considered by the GME Global Health Subcommittee. Given the limited number of rotation slots available please note that fulfilling all requirements does not guarantee that a rotation will be approved.

- Residents must have completed at least their first year of training and be in good academic standing (residents in academic failure are not eligible for application); this must be endorsed by the resident's Program Director.
- Only rotations in resource-limited settings will be considered (residents wishing to complete an international rotation in a non-resource limited setting do not qualify for this process and should pursue an alternate process through their program and the GME office).
- On-site supervision by a locally certified health professional must be guaranteed for the duration of the resident's rotation.
- The on-site supervisor must be able to provide an evaluation of the resident's performance.
- Residents must identify a UW Faculty member willing to serve as their mentor in preparing for and completing their global health rotation.
- The goals & objectives for the rotation must supplement the curriculum offered at the UW and be reviewed by the resident's Program Director.
- The proposed rotation should allow the resident to remain compliant with the Residency Review Committee requirements of the resident's program.
- Vacation time used during the rotation may not exceed typical vacation allotted during other rotations within the resident's program.

Preferred Characteristics for Global Health Rotations

Rotations will be prioritized based upon educational merit, fit with the goals of UWHC, and the ability to contribute to a sustainable and mutually beneficial relationship between UWHC and partner sites.

The following criteria will increase the likelihood that a rotation will be approved and are suggested to provide a more optimal experience:

- Sites that have previously hosted trainees, have the ability to provide ongoing UW and UWHC involvement, have longstanding or well-developed UW or UWHC partnerships, or are staffed by UW faculty or UW affiliated faculty members
- Departments that have identified a faculty member (with protected time and administrative support) responsible for discipline-specific global health education for trainees
- Departments in which a longitudinal global health curriculum with competency-based goals & objectives and a standardized evaluation system is available

Additional Requirements for Approved Rotations

If approved for a global health rotation, residents will be required to:

- Participate in mandatory pre-trip orientation sessions prior to travel (both a general orientation and a site-specific orientation).
- Sign a professionalism agreement related to their conduct abroad.
- Attend travel clinic and follow all advised travel precautions.
- Review the US State Department Country Report website for travel advisories and CDC website for health related advisories (these should be reviewed by the resident's UW Faculty Mentor as well).
- Register with the US Embassy prior to travel.

- Designate persons both at the elective site and in the US who may be contacted in the event of an emergency.
- Complete all necessary paperwork and provide all necessary documentation to the residency program and the GME Office prior to travel (including a copy of their passport, travel itinerary, medical evacuation insurance card, and emergency contact form).
- Ensure that their clinical obligations at the UWHC will be covered in their absence.

Upon completion of the rotation, residents will be required to:

- Submit a copy of the evaluation from their on-site supervisor to their residency Program Director and the GME Office.
- Complete a written evaluation of the rotation and provide a copy to their Program Director as well as the GME Office.
- Provide the GME Office with a written summary of their rotation.
- Meet with their Faculty Mentor for debriefing and feedback regarding the rotation.

Last revised: 3/16/15 JT
Reviewed: 11/14/13 CKF



Dear UWHC Resident:

Thank you for applying to participate in a global health elective rotation. Participating in this rotation will be one of the most interesting and challenging experiences you will have during your training and we are pleased to be able to help you have that experience.

The safety and security of UWHC residents is of paramount importance. We encourage you and your faculty mentor to monitor the information provided by the U.S. Department of State at www.travel.state.gov for warnings and alerts related to the country in which you plan to travel.

It is your responsibility to determine whether the U.S. Department of State has issued a travel warning for the country in which you wish to complete your elective. If this is the case for the country for your proposed rotation, the UWHC GME Office requires you to review and sign an additional safety waiver for your rotation which is included in the packet. After consulting this document, reviewing the U.S. Department of State website, and discussing your plans with your faculty mentor, return the signed safety waiver in PDF format to the GME Office and to the Chair of the GME – Global Health Subcommittee via email at globalhealth@uwhealth.org and jtupesis@medicine.wisc.edu.

Sincerely,

Janis P. Tupesis, MD
Chair, Graduate Medical Education Global Health Subcommittee

**UWHC Graduate Medical Education
Global Health Elective Application**

READ THE OVERVIEW & REQUIREMENTS INFORMATION PRIOR TO COMPLETING THE APPLICATION

To be considered for a global health elective rotation, the application must be submitted to the globalhealth@uwhealth.org email. ***For the current academic year applications will be accepted on a rolling basis.*** The applications and additional forms are in a fillable PDF format. The Program Coordinator should submit the documents electronically to globalhealth@uwhealth.org. If the application is not completed correctly it will be returned.

Application Packet

Application Checklist

- Proof of approval by specialty board and Residency Review Committee (a copy of email communication between these TWO organizations and the Program Director is sufficient)
 - The following programs have Specialty Board approval:
 - Anesthesiology
 - Dermatology
 - Emergency Medicine
 - Medicine
 - Neurology
 - Obstetrics/Gynecology
 - Pathology
 - Orthopedic Rehabilitation
 - Surgery
- Proposed Rotation Information
- Background Information & Learning Objectives
- Emergency Contact Information
- Program Faculty Mentor
- On-site Emergency Contact Information
- Program Director and Faculty Mentor Endorsement Form
- Vetting and approval of host supervisor by UWHC Program Director and UW Faculty Mentor
- Statement of Responsibility, Release, Authorization and Acknowledgement of Risks
- Elective Budget
- Emergency Plan and Travel Assistance

Endorsement of Program Director and Mentor

Global Health Professional Agreement

Pre-Trip Requirements (4wks prior to departure)

Post-Trip Requirements

Global Health Elective Application

RESIDENT INFORMATION

LAST NAME:		FIRST NAME:			MI:
EMPLOYEE ID #:		PASSPORT #:		PASSPORT EXP DATE:	
CURRENT ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE	
PHONE:		EMAIL:		PAGER NUMBER:	
RESIDENCY PROGRAM:				PGY-LEVEL:	
RESIDENCY PROGRAM DIRECTOR:			UW GLOBAL HEALTH FACULTY MENTOR:		

PROPOSED ROTATION INFORMATION

SITE NAME:		TYPE OF SETTING:	COUNTRY:
DATES REQUESTED:		ANTICIPATED VACATION DATES DURING ELECTIVE:	
ON-SITE SUPERVISOR NAME:		TITLE/POSITION:	
SUPERVISOR EMAIL:		SUPERVISOR PHONE #:	
I verify that the above named supervisor is willing to evaluate me and will be present for the duration of the proposed rotation (initial) _____			
WEBSITE ADDRESS FOR PROPOSED SITE:			
How did you learn of this site?			
Has the site previously hosted residents? (if yes, please explain what type of residents and whether they were from the UW)			
Will you be supervised by a UW faculty member or UW affiliated faculty member during your rotation? (if yes, please provide the name of the faculty member and the duration of time they will be present)			

BACKGROUND INFORMATION & LEARNING OBJECTIVES

Describe prior global health experiences (include prior experiences in the areas of clinical work, research, program or policy development; note year and duration of experience):

What are your specific goals for this rotation? (What do you hope to learn? What do you hope to take away from this experience?)

What are your specific objectives for this rotation? (What specific things do you plan to do?)

What are the unique qualities of this site/practice that will help you achieve these goals and objectives?

How will the rotation be structured? (What will your day-to-day work involve? Who will supervise this work?)

Does your department offer any global health related curricula specific to your specialty? (if yes, please describe)

Emergency Contact Information

RESIDENT INFORMATION

LAST NAME:	FIRST NAME:	MI:
RESIDENCY PROGRAM:	PASSPORT #:	PASSPORT EXP DATE:

UNITED STATES EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:	MI:		
RELATIONSHIP TO RESIDENT:		EMAIL ADDRESS:		
CURRENT ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
HOME PHONE:	CELL PHONE:		WORK PHONE:	

____ (initial) I authorize a GME representative to contact this person in the event of an emergency

UW GLOBAL HEALTH FACULTY MENTOR CONTACT INFORMATION

LAST NAME:	FIRST NAME:	
DEPARTMENT:	TITLE:	
HOME PHONE:	CELL PHONE:	WORK PHONE:
PAGER:	EMAIL ADDRESS:	
DATES THAT UW MENTOR WILL BE UNAVAILABLE DURING PROPOSED ROTATION:		

ON-SITE EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:		
TITLE/POSITION:		EMAIL ADDRESS:	
CURRENT ADDRESS:	NUMBER AND STREET	CITY	COUNTRY
HOME PHONE:	CELL PHONE:	WORK PHONE:	
PREFERRED WAY TO BE CONTACTED:			

UNITED STATES EMBASSY INFORMATION

EMBASSY LOCATION/ADDRESS:
EMBASSY PHONE NUMBER:

ADDITIONAL TRAVEL PLANS (IF APPLICABLE)

PRE- OR POST-ELECTIVE TRAVEL PLANS (PLEASE INCLUDE DATES, LOCATIONS, ACCOMPANYING FRIENDS & FAMILY):
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Health Self-Assessment

Resident Name: _____

Current PCP _____ PCP Phone: _____

- This form is to be completed and returned to the GME office directly by the participant.
- The purpose of this form is to help the UWHC GME Office be of maximum assistance to you should the need arise during your global health elective. Even mild physical or psychological disorders can become serious under the stresses of life while working in an unfamiliar setting. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you during your trip.
- Working with your UW Global Health mentor, we will do our best to direct you to more specific sources of information about support services you can reasonably expect to find on site.
- Elective or off-site locations may not be able to accommodate all reported individual needs or circumstances.
- If you do not report a medical condition, our ability to assist you in case of an emergency may be compromised.
- The information provided will remain protected and will be shared only with UWHC GME program staff, faculty, or university officials, as deemed necessary.
- This information will not be shared with your Residency Program Director unless an emergency arises that requires the involvement of this person.
- This information will not affect whether your rotation will be approved.

Medical History

Yes ___ No ___ 1. Are you generally in good physical condition? (If no, please explain)

Yes ___ No ___ 2. Have you ever been treated or are currently being treated for any psychological or emotional problems including but not limited to depression and anxiety? (If yes, please explain)

Yes ___ No ___ 3. Do you have any allergies? (If yes, please explain)

Yes ___ No ___ 4. Are you taking any medications? (If yes, please list below)

Yes ___ No ___ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain)

Yes ___ No ___ 6. Are there any medical conditions or physical disabilities that would be helpful for the program to be aware of during your trip? (If yes, please explain)

Explanations pertaining to questions 1-6:

If you answered yes to any or all of No. 2 through No. 6 above, we strongly advise you to see your medical provider before your departure to discuss your plans to travel abroad.

I certify that all responses on this Medical Self-Assessment form are true and accurate, and that I will notify the UWHC GME Office of any relevant changes in my health that occur prior to the start of my trip.

Signature of Participant _____ Date _____

Statement of Responsibility, Release, Authorization and Acknowledgement of Risks to Participate in a UWHC GME Global Health Elective Rotations (Revised May 2010)

I hereby indicate my desire to participate in a global health elective rotation in (city/country) _____, during my graduate medical training at the University of Wisconsin Hospital and Clinics during the period of _____ to _____. My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the UWHC GME Global Health Elective Rotation, I:

1. assume full legal and financial responsibility for my participation in the program.
2. will be responsible for the elective costs (whether already paid or not) as decided upon by myself, my elective supervisor, and my residency program director. If I withdraw (or am required to withdraw) from the elective for any reason once the trip has commenced, I assume full responsibility for the trip costs.
3. grant the UW Hospital and Clinics, UWHC GME Office, residency program and its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the elective including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
4. realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is required for my participation in the elective. I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that the UWHC encourages me to have appropriate insurance coverage for the entire time I am abroad.
5. agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the UW Hospital and Clinics, UWHC GME Office, any sponsoring institution and/or foreign affiliates, as well as elective requirements, to insure the best interest, harmony, comfort and welfare of the program.
6. accept termination of my participation in the elective by the UWHC GME Office or my residency program with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the UWHC GME Office, the sponsoring institution and/or foreign affiliates.
7. understand that the UWHC GME Office reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the UWHC GME Office shall not be liable for any loss whatsoever to program participants as a result of such changes.
8. agree voluntarily and without reservation to indemnify and hold harmless the UW Hospital and Clinics, UWHC GME Office and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the UWHC or UWHC GME Office while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

9. understand that, although the UWHC and the UWHC GME Office have made every reasonable effort to assure my safety while participating in this elective rotation, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or at my workplace. Those risks include, but may not be limited to:

- traveling to and within, and returning from, one or more foreign countries;
- foreign political, legal, social and economic conditions;
- different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
- local medical and emergency services;
- local weather and environmental conditions.

10. agree to abide by the laws and customs of the country where my elective will take place.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the elective, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

Participant's Name (please print)

Participant's Signature

Date

Global Health Elective Rotation Budget

Resident Name: _____ **Residency Program:** _____

Employee ID#: _____

Estimated Budget: Please estimate your trip expenses below. Examples of funding sources include self, residency program, grant, other award, etc.

	<u>Amount</u>	<u>Funding Source</u>
Airfare:	_____	_____
In-country transportation:	_____	_____
Housing:	_____	_____
Food:	_____	_____
Hospital Fees/Program Charges:	_____	_____
Other in-country expenses:	_____	_____
Supplemental Evacuation Insurance: (in the event that evacuation insurance beyond what is provided by the UWHC is needed)	_____	_____
Immunizations:	_____	_____
Visas:	_____	_____
Other: _____	_____	_____
TOTAL:	_____	

UWHC GME Global Health Emergency Card

The below card is to be completed by the resident and carried with them at all times during their global health elective rotation.



University of Wisconsin
Hospital and Clinics

Global Health Elective

EMERGENCY CONTACTS

Call Instructions

Contact the **UWHC Access Center** at 001-608-263-3260.

The Access Center staff will initiate the Global Health Emergency Call Protocol. The first point of contact is Dr. Chris Green who will then contact the resident's UW Faculty Mentor or Residency Program Director for further assistance.

The Access Center fax number is 001-608-265-0759.

Name: _____

Passport #: _____

UW Residency Program: _____

UW Faculty Mentor: _____

Primary US Emergency Contact: _____

Host Site Contact: _____

US Embassy: _____

Waiver for Countries with U.S. Department of State Travel Warning Issued

I understand and acknowledge that my participation in an elective rotation located in a country with an issued U.S. Department of State Travel Warning is voluntary. Without reservation or limitation, I assume all risks associated with my participation in said program. I understand that there are always many unpredictable and serious risks associated with travel abroad, and that such risks are common in countries for which a Travel Warning has been issued. These risks can and do have many underpinnings, including but not limited to the following: travel to and from and within a particular state, country or region; foreign political, legal, military, social and economic conditions; different standards of civil defense procedures, design, safety and maintenance of buildings, public places and modes of transportation; local medical and emergency services; local weather and environmental conditions.

Given the range of risks generally associated with travel, and the likelihood that some or all of these risks are pertinent to an academic program located in a country with a U.S. Department of State Travel Warning, I hereby acknowledge that I assume all responsibility for my personal health, safety and welfare as a consequence of my voluntary participation in an elective rotation in the country named below. I further acknowledge that no person at the University of Wisconsin or University of Wisconsin Hospital & Clinics has or can offer me any guarantees regarding my personal health, safety and welfare, and that I have not been provided with any assurances about local conditions in the country to which I will travel that I construe as such assurances.

_____ Date _____
Signature

Print name

Print name of country in which you wish to participate in an elective

Global Health Elective Professionalism Agreement

As a post-graduate trainee of the University of Wisconsin Hospital and Clinics participating in a global health elective, I agree to the following:

- I will hold myself to the highest standards of professionalism, respect and courtesy, no differently than during my clinical activities at UWHC.
- I understand that my experience will reflect upon myself, my department, UWHC and the University of Wisconsin, and will affect future collaborations with my host institution.
- I will respect and abide by the laws and cultural standards of my host country and institution.
- I will care for patients under the supervision of a local provider at a level consistent with my level of training.
- I will use discretion in taking photographs. I will seek permission (with full transparency of purpose) from individuals being photographed and my host institution prior to taking any photographs.
- I will respect the privacy of my host community and individuals, and will not post patient or facility photos or details in online venues (blogs, photo websites, etc).
- I have read the following documents:
 - I. Culture Shock and Communication – Avoiding Misadventures in Cross Cultural Relations (below)
 - II. First, Do No Harm – Guidelines for Donations (below)
 - III. “Ethical Considerations for Short-term Experiences by Trainees in Global Health” – JAMA 2008;300(12):1456-1458
 - IV. Unite for Site website on photography: http://www.uniteforsight.org/volunteer-abroad/photo-ethics#_ftnref4
- I have completed both the General Orientation Module as well as a site-specific orientation session with my UW Faculty Mentor prior to departing for my elective.

Participant's Name (please print)

Participant's Signature

Date

Guidelines for Blood-borne Pathogen Exposure and Post-Exposure Prophylaxis in Global Health Field Sites

Developed by Dr. Brian Jack and colleagues at Boston University
Adapted with permission by Dr. Cynthia Haq for the UW Center for Global Health and Dr. Sabrina Wagner for UW Hospital & Clinics Graduate Medical Education programs
Last Reviewed by Dr. Frank Graziano, April 2010

Purpose

The purpose of this policy is to delineate recommended actions that should be taken in case of an occupational exposure of any UWHC GME trainee.

This policy outlines the recommendations of the UW Center for Global Health (CGH) and UWHC GME programs. It does not replace individual choice. Each exposed person has the right to weigh the risks and benefits and make their own choice about when to take post-exposure prophylaxis (PEP).

Policy

All trainees participating in global health rotations will be given a copy of this policy and requested to be familiar with it ahead of time in case a potential exposure should occur. Exposure to blood-borne pathogens should be avoided as much as is reasonably possible, as outlined by Universal Precautions policies. Should a potential exposure occur, immediate action should be taken to protect the exposed person. Trainees are strongly encouraged to bring starter packs of PEP medications, along with a copy of this policy with them on their global health rotations. If a potential exposure occurs, they should seek access to counseling and a medical visit with an HIV specialist within less than 3 days and a regular follow-up schedule of visits and testing is recommended. Likewise, risk of hepatitis B infection will be prevented by vaccination but, if for whatever reason vaccination has not been done and immunity is documented, options for the reduction of transmission risk should be sought. Records will be kept of any event of potential exposure and the outcome. Program members taking PEP will be encouraged but not required to share the information about the course of their PEP and the final outcome for the record. Those who prefer not to take PEP when it is recommended by this policy will be asked to sign a statement of informed consent to decline PEP.

Reduction of Risk

All trainees participating in global health rotations are required to have a full course of vaccination against hepatitis B. If possible, antibody titers should be obtained to prove immunity. It is highly recommended that all trainees be tested for HIV on a yearly basis regardless of personal risk factors.

It is also the policy of the UWHC GME that all trainees should use Universal Precautions when potentially exposed to blood or body fluids.

PEP Background Information

Definition of Exposure

Occupational exposure is defined as any contact with an infectious body fluid as a result of an injury with a needle or any other sharp instrument, or via mucous membranes or an existing cutaneous condition (wound, eczema, scratch, etc.). Non-occupational exposures to infectious body fluid may also occur, such as in the case of unprotected intercourse or blood exposure during a motor vehicle crash. A potentially infectious body fluid that comes from a person who carries an infection is termed infectious.

- Potentially infectious body fluids include: blood, CSF, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, semen, or vaginal secretions.

- Non-infectious body fluids include feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomit, as long as these are not visibly contaminated with blood.

Risk of Infection due to Exposure

People are considered to be at risk of infection from hepatitis B, hepatitis C, and HIV as the result of an occupational or non-occupational exposure.

The average risk for HIV transmission after a single percutaneous exposure to HIV-positive blood is low (see table 1) and this risk is considerably lower than that arising from hepatitis B and C viruses (respectively 100 times and 10 times less). The risk of transmission of HIV due to intercourse is summarized in table 2.

There is also a risk, although a lower one, of transmission of any other infectious agent present in the blood (hemorrhagic fevers, trypanosomiasis, etc.).

Factors of the exposure that are associated with higher risk of HIV transmission are a percutaneous injury with a needle that has been placed in a vein or artery of the source patient, a sharp that is visibly contaminated with HIV-positive blood, or a source patient with primary HIV infection or end-stage HIV.

The HIV prevalence in some world regions is high. Estimates of prevalence in sub-Saharan African countries range from approximately 3% to 30% depending on what population is considered. The inpatient population is estimated to be roughly 50% HIV-positive. Hepatitis B and C rates are often unknown.

Definition of Post-Exposure Prophylaxis (PEP)

Post-exposure prophylaxis refers to medications given to prevent infection after exposure. The prophylactic treatment offers both benefit and risk to the exposed person (see table 3). This policy provides a recommendation about when to take PEP and describes how PEP should be administered but does not mandate that PEP be taken when recommended, or not taken when not recommended. The exposed person must be advised of the risks and benefits and make their own decision whether or not to take PEP.

Actions to Follow in Case of an Exposure:

1. **The exposed person will stop what they are doing immediately and rinse/disinfect the exposed area.** Percutaneous injuries should be allowed to bleed, and rinsed thoroughly in running water for 5 minutes. Mucous membranes including the eyes should be rinsed with saline or with water for 5 minutes.
2. **Alert on site supervisor, as well as UW Faculty Mentor (utilize Emergency Protocol by calling the UW Hospital Access Center).** Do not delay the rest of the steps while waiting for supervisor or faculty member. The faculty member will initiate the incident report.
3. **Evaluate the mode of exposure** according to table 4. For percutaneous injuries, categorize into more or less severe exposure. For mucous membranes or non-intact skin exposure, categorize into small-volume or large-volume. For exposure through unprotected sexual contact, categorize into higher and lower risk exposure.
4. **Evaluate the source patient** and categorize according to table 6. If a current HIV and Hepatitis B test for the source patient is not immediately available, have someone gain consent from the source patient and coordinate testing. The best person to coordinate this testing will vary depending on the clinical situation. The patient has the right to refuse testing. Do not delay the administration of PEP more than 2 hours post-exposure while obtaining laboratory results. Refer to table 5 for considerations regarding HIV testing and interpretation of test results. The two tests that may be available are rapid HIV

testing and HIV DNA PCR. The patient may also be tested for Hepatitis B SA_g. All three of these tests are recommended to be sent, although only the rapid HIV BS_{Ag} and HIV DNA PCR may help in later decision-making or may add to peace of mind. In all cases where there is an identifiable source patient, evaluate the patient clinically for signs and symptoms of HIV, or hepatitis, including signs and symptoms of primary HIV. In some cases the source patient may not be identified, for example, in the case of a needle-stick from a discarded sharp or sexual assault by a perpetrator who is not in custody.

5. **The exposed person must have the following laboratory tests** as soon as possible: HIV Rapid Test, Hepatitis B Surface Antigen, Full Blood Count, ALT, AST, and Urine HCG (for females only). Do not delay the administration of PEP more than 2 hours post-exposure while obtaining laboratory results. If the exposed person is HIV-positive, do not initiate PEP; instead refer to HIV clinic for routine care.
6. **Use table 7 to determine whether HIV PEP is recommended and table 8 to determine the recommended prescription and initiate PEP if indicated.** When choosing PEP prescription, keep in mind that Efavirenz is contraindicated in pregnancy. If it is indicated, PEP should be initiated as soon as possible after the exposure. If more than 72 hours have passed since the exposure, PEP may not be recommended. Seek consultation with an HIV specialist in this case. PEP should be taken every 12 hours. Take the first dose as soon as possible after the exposure, then take the second dose at a time convenient for ongoing use and continue on a 12 hourly schedule. Do not allow more than 12 hours between the first and second doses.

When two-drug PEP is recommended, some exposed people find themselves desiring to use three-drug PEP rather than two-drug PEP in order to feel more protected. The exposed person should be encouraged to keep in mind that the side effects of three-drug PEP are often more severe, and so a full course of three-drug PEP is harder to complete. There is also little good evidence that three-drug PEP is superior to two-drug PEP, hence the recommendation for two-drug PEP is sound in the cases where it is recommended.

Obtaining the testing and medication: Check with on site supervisor to find nearest site where testing and medication can occur.

7. **For hepatitis B PEP:** All exposed persons should receive the hepatitis B vaccine, except for those who have received it within the last five years AND have had antibody testing to prove response with anti-HbS level >10 IU/L. If the person has ever had an antibody anti-HbS >100IU/L, there is no need for re-vaccination regardless of when the last vaccine was given. In the case that the exposed person has never been vaccinated against hepatitis B, the vaccine should be given and the option to travel and to obtain Immune Globulin treatment should be considered. If this option is chosen, the person will receive time off of work in the form of sick days. The cost of this travel and treatment will be paid for by the exposed person.
8. **The exposed person must fill out and hand in an on site incident report if this is the policy the site where the incident has taken place. The exposed person must also alert their UW Faculty Member that the exposure has occurred; the UW Faculty Member will fill out an incident report to be kept on file in the UW GME office.** The incident report will contain the name of the person exposed, the date, a narrative of the details of the exposure, the classification of the exposure and the source patient according to tables 4 and 6, and a record of whether the exposed person decided to take PEP. The case will be reviewed by clinical faculty in six months and the ultimate outcome will be recorded in the report, including any changes in the PEP plan, and final HIV and hepatitis B and C results. The disclosure of information about test results or the course of PEP is completely voluntary on the part of the exposed person, who may not

opt to disclose. Disclosure of this information is requested in order to help the program to assess the utility and efficacy of the PEP policy.

9. If the exposed person has any medical conditions, is pregnant or breastfeeding, is currently taking medications, if the source patient is currently on antiretrovirals, or if there are any other questions, concerns, or ambiguities that come up when considering PEP, then **seek consultation with an HIV specialist as soon as possible** concerning management of these situations. Do NOT delay initiation of PEP while awaiting consultation.
10. **The exposed person should follow up with an HIV specialist visit and blood work according to the schedule in table 9** even if they have no medical conditions are having no symptoms or side effects. The exposed person should not engage in unprotected sex or to donate blood during the first six months after exposure in order to prevent the possible spread of HIV to partner or pregnancy. They may keep in mind that seroconversion between three and six months is highly unlikely.
11. Many people taking PEP experience uncomfortable side effects and choose to discontinue before the 28 days are complete. **Discontinuation is highly discouraged** without first consulting with an HIV specialist. Many side effects can be managed symptomatically, so a person taking PEP and experiencing side effects is encouraged to seek medical consultation in order to consider options before self-discontinuing PEP. If three-drug PEP and the side effects are intolerable even with symptomatic treatment, a step down to two-drug PEP may be considered in consultation with an HIV specialist.
12. **There is no post-exposure prophylaxis for hepatitis C**, and no easily available laboratory testing in many resource-limited settings. Exposed persons should seek medical attention immediately if they experience any symptoms of hepatitis. **One hepatitis C antibody test should be performed six months after exposure to rule out hepatitis C infection.** Likewise, complete hepatitis B serologies are recommended after the six-month interval to rule out hepatitis B infection and to document hepatitis B immunity.

TABLES:

Table 1: Risk for transmission after occupational exposure to infected blood

Agents	Exposure Mode	Risk of Infection
HIV	Percutaneous exposure	0.3%
HIV	Mucocutaneous contact*	0.03-0.09%
HBV	Percutaneous exposure	10-30%
HCV	Percutaneous exposure	0-10%

*This refers to the exposure of mucus membranes or cutaneous cuts or abrasions.

Table 2: Risk for HIV transmission after a single event of sexual activity

Exposure Mode	Risk of Infection
Receptive anal intercourse	0.5%
Receptive vaginal intercourse	0.1%
Insertive anal intercourse	0.065%
Insertive vaginal intercourse	0.05%
Receptive oral sex with male partner	0.005%
Other sexual exposure	0.004%
Rape	Unknown

Table 3: Description of post-exposure prophylaxis (PEP)

Virus	PEP Options	Benefit	Risk
HIV	28 days of combined antiretroviral medications	80% reduction of risk of infection	Medication side effects. These depend upon the antiretroviral agents used.
Hepatitis B	Hepatitis B vaccine	No good data as an occupational form of PEP, but when given in combination with HBIG, perinatal transmission from mother to child is prevented in 85%-95% of cases	Allergic reaction, pain at injection site, risk of bacterial infection.
Hepatitis C	None		

Table 4: Categorization of severity of exposure

Mode of exposure	Category of exposure	Definition
Percutaneous injury	Less severe	Solid needle or superficial injury
	More severe	Large-bore hollow needle, deep puncture, visible blood on device, or needle used in source patient's artery or vein
Mucus membrane	Small-volume	A few drops
	Large-volume	A major splash
Sexual contact	Higher risk	Receptive intercourse of any kind or intercourse causing trauma
	Lower risk	All other sexual exposure

Table 5: Considerations regarding HIV testing and window periods

Rapid HIV testing

The window period for the rapid HIV test is 12 weeks. This means that if the patient's infection began within 12 weeks of the test, the test may be falsely negative. Very rarely someone will develop a true positive test during the time between 12 weeks and six months after infection.

HIV DNA PCR testing

The window period for HIV DNA PCR is six weeks. This means that if the patient's infection began within six weeks of the test, the test may be falsely negative. Most people will have a positive HIV DNA PCR well before six weeks after time of infection, so six weeks is a conservative estimate. Given limited availability of this test in some settings, most decisions whether or not to initiate PEP must be made without the information from this testing, but in some cases a negative HIV DNA PCR test may allow discontinuation of PEP or may offer reassurance to the exposed person.

Timing of vertical transmission of infection

Remember that an infant's infection can start antenatally, during delivery, or during breast-feeding. Even asymptomatic infants can have very high viral loads.

Maternal antibodies detected in infant with rapid HIV testing

An infant born to a mother with circulating HIV antibodies may have a positive rapid HIV test detecting mother's antibodies that have been transferred to child transplacentally or in breast milk. This may be the case for up to 18 months of age, even if the infant is HIV-negative.

Table 6: Categorization of the source patient

Adult case	Pediatric case*	Category of source patient
Asymptomatic HIV infection or known viral load <1500 RNA copies/mL, has never taken antiretrovirals	No pediatric case in this category	HIV-positive class 1
Symptomatic HIV infection, AIDS, acute serconversion, or known high viral load, or is taking/has taken antiretrovirals	Infant/child <18 months: positive HIV DNA PCR test Infant/child >18 months: positive rapid HIV test OR positive HIV DNA PCR test	HIV-positive class 2
Cannot test for HIV but has clinical signs and symptoms consistent with HIV/AIDS, including but not limited to: oral thrush, wasting, and recurrent illnesses OR clinical signs and symptoms of primary HIV infection, including: flu-like syndrome with fever, ± rash, lymphadenopathy oral ulcers	Infant with positive rapid HIV test (or whose mother has a positive rapid HIV test) for whom no HIV DNA PCR test has been done OR who have a negative HIV DNA PCR test but were still exposed (in utero, during birth, or through breastfeeding) within 6 weeks prior to that test	HIV unknown, high risk
Cannot test for HIV, but has no clinical signs consistent with HIV/AIDS	No pediatric case in this category	HIV unknown, lower risk
HIV test negative, but possible exposure within the test's window period	Infants with negative rapid HIV or HIV DNA PCR tests whose mothers have a negative rapid HIV or HIV DNA PCR test, but who have been exposed to the mother during the window period of the test used to test the mother	HIV-negative, at risk for false negative
HIV test negative and no possible exposure within the test's window period	Infants or children of any age with negative HIV DNA PCR test OR negative rapid HIV test who have had no exposure to mother within the window of the test used and not sexually active	HIV-negative
Exposure to a potentially infectious fluid from a person who cannot be identified for evaluation	(same as left)	Unknown source

*Assuming vertical transmission, i.e.: transmission in early infancy, children infected via an exposure at a later stage in development can be assessed by using the criteria in the adult column.

Table 7: PEP recommendations according to source patient and exposure categories

Source Patient	Exposure					
	Percutaneous		Mucus membranes		Sexual contact	
	Less severe	More severe	Small-volume	Large-volume	Higher risk	Lower risk
HIV-positive class 1	2-drug PEP	3-drug PEP	Consider 2-drug PEP	2-drug PEP	3-drug PEP	2-drug PEP
HIV-positive class 2	3-drug PEP	3-drug PEP	2-drug PEP	3-drug PEP	3-drug PEP	3-drug PEP
HIV unknown, high risk	3-drug PEP	3-drug PEP	2-drug PEP	3-drug PEP	3-drug PEP	3-drug PEP
HIV unknown, lower risk	2-drug PEP	2-drug PEP	Consider 2-drug PEP	2-drug PEP	2-drug PEP	2-drug PEP
HIV-negative, at risk for false negative	No PEP	No PEP	No PEP	Consider 2-drug PEP	Consider 2-drug PEP	Consider 2-drug PEP
HIV-negative	No PEP	No PEP	No PEP	No PEP	No PEP	No PEP
Unknown source	2-drug PEP	2-drug PEP	Consider 2-drug PEP	2-drug PEP	2-drug PEP	2-drug PEP

Table 8: PEP prescriptions*

PEP	Prescription	Notes
2-drug PEP	<ul style="list-style-type: none"> Combivir® (zidovudine 300 mg/lamivudine 150mg) one tablet twice daily 	
3-drug PEP	<ul style="list-style-type: none"> Combivir® (zidovudine 300 mg/lamivudine 150 mg) one table twice daily Kaletra® (lopinavir 200mg/ritonavir 50 mg) two capsules twice daily with food 	
Source patient taking Kaletra	<ul style="list-style-type: none"> Combivir® (zidovudine 300 mg/lamivudine 150 mg) one tablet bid Efavirenz 600 mg, qhs 	Pregnancy test before using efavirenz because efavirenz contraindicated in pregnancy
Source patient taking ZDV (Zidovudine, AZT)	<p>May consider substituting d4T (stavudine) for ZDV (zidovudine, AZT):</p> <ul style="list-style-type: none"> D4T 30 mg, one capsule twice daily <p>Administer d4T along with 3TC and Kaletra or with 3TC and Efavirenz:</p> <ul style="list-style-type: none"> 3TC (lamivudine) 150 mg, one tablet twice daily Kaletra® (lopinavir 200 mg/ritonavir 50 mg) two capsules twice daily with food Efavirenz 600 mg qhs 	D4t associated more commonly with severe side effects, such as lactic acidosis, peripheral neuropathy, and pancreatitis than ZDV.

* Please consult CDC website and an HIV specialist for most up to date country/site specific recommendations

Table 9: Recommended doctor visit and follow-up schedule

Time after exposure	Taking PEP	Not taking PEP
Initial visit as soon as possible after exposure	Rapid HIV test, Urine HCG, ALT, AST, FBC. Consider utility of sending Hep B SAb	Rapid HIV test, ALT, AST, Urine HCG. Consider utility of sending Hep B SAb
2 weeks	Rapid HIV test, Urine HCG, ALT, AST, FBC	
6 weeks	Rapid HIV test, Urine HCG, ALT, AST, FBC	Rapid HIV, Urine HCG if at risk for pregnancy
12 weeks	Rapid HIV test, Urine HCG, ALT, AST, FBC	
6 months	Rapid HIV test, ALT, AST, FBC, Hep C, Hep B SAg, Hep B CAbs, Hep B SAb	Rapid HIV, Hep C, Hep B SAg, Hep B CAbs, Hep B SAb

Sources:

- Centers for Disease Control and Prevention. Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for Post-Exposure Prophylaxis. *MMWR* 2005; 54 (No.RR-9)
- Medcines Sans Frontieres Post-Exposure Prophylaxis Policy, February 2005.
- Tsepong HIV clinic Post-Exposure Prophylaxis Policy, December 2007.
- Hoffmann, Rockstroh and Kamps, *HIV Medicine*, 2007, 15th edition. Flying Publisher, Paris. Pages 818
- Washington University. Hepatitis Webstudy. http://depts.washington.edu/hepstudy/hepB/prevention/pep_oe/discussion.html
- European Study Group on Heterosexual Transmission of HIV. Comparison of female to male and male to female transmission of HIV in 563 stable couples. *BMJ* 1992; **304**: 809-13.
- Varghese B, Mahrer JE, Peterman TA, Branson BM, Steketee RW. Reducing the risk of sexual HIV transmission: Quantifying the per-act risk for HIV on the basis of choice of partner, sex act, and condom use. *Sex Transm Dis* 2002; **29** (1): 38-43.
- Bell DM. Occupational risk of human immunodeficiency virus infection in healthcare workers: an overview. *Am J Med* 1997; **102**: 9-15.
- Leynaert B, Downs AM, De Vincenzi I; European Study Group on Heterosexual Transmission of HIV. Heterosexual transmission of HIV: variability of infectivity throughout the course of infection. *Am J Epidemiol* 1998; **148**: 88-96.

Global Health Elective Program Director Endorsement of Applicant

I attest that _____ is a resident in good standing in our UWHC residency program. I endorse his/her application for a UWHC global health elective and I have reviewed the goals and objectives for this elective. I have vetted and approved the individual who will be supervising the above resident for the duration of their elective rotation. I understand that he/she will need to be excused from usual UWHC clinical duties during the period of time he/she would be completing this elective. I agree that this elective will not affect the resident's ability to be compliant with our specialty's Residency Review Committee program requirements. I have contacted our specialty Board as well as the Residency Review Committee to confirm this and I am including documentation of this as an addendum to this application. I have completed all items on the UWHC GME Global Health Checklist for Program Directors. I understand that in the event that this resident's global health faculty mentor is unavailable, any urgent contacts from this resident will default to me (or my designee in my absence).

Printed Name of Residency Program Director

Signature of Residency Program Director

Date

Faculty Mentor Endorsement of Applicant

As the assigned global health elective faculty mentor for the above-named resident, I attest that:

- I have read and am familiar with the requirements for global health electives, the application and the specific goals and objectives for this elective.
- I have vetted and approved the individual who will be supervising the above resident for the duration of their elective rotation.
- I will help my mentee prepare for his/her elective rotation, this will include global health content specific to my specialty and a site-specific orientation based on where the resident will be rotating.
- I have reviewed and discussed with my mentee the travel alerts for the location of this elective.
- When at all possible, I will be available by pager and/or cell phone during the time my mentee is completing this elective. I recognize that if I am unavailable, urgent contacts from my mentee will default to the above-signed Program Director.
- I know where the UWHC Global Health Resident Elective Emergency Protocol is located and how to access this at any time.
- I understand that it is my responsibility to file an Incident Report with GME for any incidents that occur during my mentee's global health elective (including but not limited to medical emergencies, blood-borne pathogen exposure, any disciplinary action, theft, assault, or involvement of local authorities or police).
- I will debrief with my mentee upon his/her return from this elective.

Printed Name of Global Health Faculty Mentor

Signature of Global Health Elective Faculty Mentor

Date



**Graduate Medical Education
Global Health Elective
Incident Report Form**

In the event of a serious health or safety related emergency – initiate the Emergency Protocol immediately by calling the UW Access Center.

UW Hospital Access Center: 608-263-3260 The Access Center will contact Dr. Carl Getto and connect the resident with their UW Faculty Mentor or Residency Program Director)

After the resident has called their UW Faculty Mentor, the Faculty Mentor will use this form to record details of the incident. The completed form should be submitted to the UW GME office as soon as possible.

There is space at the end of the form to include additional pertinent information.

Please send this form to Cindy Feuling in the UW GME office by fax (608-263-9830) or email cfeuling2@uwhealth.org.

RESIDENT INFORMATION

- Name of Resident:
- Name of UW Faculty Mentor:
- Name of Residency Program Director:
- Today's Date & Time:
- Local Date & Time of Incident:
- Location of Incident (site, country):

I. NATURE OF INCIDENT (medical, theft, assault, etc.). Describe the incident. Include how and when you heard about the incident, the names of witnesses (if any) and their contact information if available.

II. MEDICAL EMERGENCIES: (if not applicable, skip to part III)

Was the resident's emergency medical insurance provider notified? YES NO

If no, please explain why not?

If yes, what was the recommendation of the insurance provider? Did the resident follow the recommendations of the insurance provider?

Was medical attention recommended to the resident? YES NO

If no, please explain why:

Did the resident seek medical attention? YES NO

If no, please explain why:

If yes, where did the resident seek medical attention? (Name and address of doctor / hospital)

Physicians Name	Hospital	Address

What was the result?

III. POLICE OR LOCAL AUTHORITIES INVOLVEMENT: (if not applicable, skip to part IV)

Were the police or local authorities notified? YES NO

If no, please explain why:

If yes, describe who was notified, who initiated the notification, and the current status. Include with this report any documentation the resident may have (can be included on return), as well clarify if the resident is a victim or an alleged perpetrator.

IV. Additional information or Comments:

V. Report Filed By:

Print Name

Department

Signed

Date

Adapted with permission by:
Dr. Sabrina Wagner from UW-Madison, International Academic Programs

**GLOBAL HEALTH
 TRAINING SITE EVALUATION**

Name/PG year			
Location			
Site program/hospital/clinic			
Elective dates			
Total time spent at site			
Primary language spoken at site			
Took preparatory language training		Yes	No
Elective was: (check all that apply)	Clinical	Urban	
	Research Public Health	Rural	
In-Country Supervisors			
1. Name/email/telephone			
2. .Name/email/telephone			
3. Name/email/telephone			
4. Name/email/telephone			
UWHC Faculty Mentor			
Name			
Email			
Costs of Elective			
Housing		Transportation	
Food		Medical License	
Travel insurance		Visa	
Travel vaccines		Travel Meds	
Other		TOTAL:	
Did you receive any funding for the elective?	Yes No	If Yes, from what funding source(s)?	
Housing arrangements			
Where did you stay? (check all that apply)	With friends Hostel Host family Apartment	Security concerns or issues?	

	Other									
Pre-Travel Preparation										
Obtain Travel Insurance?	Yes	No	Take travel meds/ Get vaccinations?				Yes	No		
Advice For Future Participants										
Require any special equipment, education or information to carry out the elective										
Recommended reading about country/site/health issues, etc.										
Other organizations/contacts that helped with this elective.										
Summary of Activities	<i>In addition to this document, please submit a 500 word reflective essay / summary of your experience as a whole, including both your clinical experiences and GLOBAL HEALTH project.</i>									
How did the experience affect your career decisions, if at all?										
How did the experience impact your approach to and the thoughts on providing care patients in the U.S.?										
Describe the nature and quality of your interactions with local health care personnel										
How can the experience be improved?										
Recommend this site/organizational contact to future residents?	Yes No									
Rate this elective 1 - 10	Low value/ease			Moderate value/ease				High value/ease		
	1	2	3	4	5	6	7	8	9	10
Educational value										
Ease of arranging experience										
Service/support value										
Career value										
Personal growth										

March 16, 2015

Dear Chairs and Program Directors,

The University of Wisconsin has a long and proud tradition of involvement in global health initiatives. This is an area of substantial evolving clinical, educational, and research effort and opportunity for our academic departments, divisions, and School of Medicine and Public Health. A hands-on global health experience is recognized as an important newer and evolving component of residency education. Several disciplines within our UW System already have longitudinal experiences in this important area.

In support of facilitating global health initiatives amongst our house staff and educational programs at the University of Wisconsin Hospital and Clinics, we are formulating a process to receive and evaluate global health experience proposals designed to be incorporated into our residency programs. There will be 26 months of resident salary and malpractice support provided by UWHC annually to facilitate this involvement. This effort reflects years of consideration about global health and its important role in residency education. A sub-committee of the UWHC Graduate Medical Education Oversight Committee has been formed to initiate this process and to allocate these salary support funds. Attached you will find a list of the current committee members. Please take a moment to review the list to determine if there is representation from your department. If you would like to appoint a member to this committee to represent your department, please contact Cindy Feuling in the GME office (cfeuling2@uwhealth.org).

Please take advantage of this opportunity to consider how a global health experience would improve the education of your residents, as well as the educational offerings provided by your residency program. While there is not a mandate to participate, the availability of this salary and malpractice support should help facilitate the initiation of new programs, as well as the refinement and/or expansion of current programs. We look forward to working with you in this exciting new initiative made possible by the generosity of the University of Wisconsin Hospital and Clinics.

Sincerely,

The GMEOC Global Health Task Force



Evaluation of Resident (Form K)

This form should be completed by your in-field supervisor and submitted to your Supervising Faculty/GHAC Member ***within 4 weeks of completing the rotation.***

Rotation Dates:	From	To
Resident Name:		
Location:		

ASSESSMENT OF RESIDENT COMPETENCIES/MILESTONES:

**Circle appropriate level for each category:*

PROF1. Professional Values

Demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families Seeks out, learns from and models the attitudes and behaviors of physicians who exemplify appropriate professional and ethical behaviors	Demonstrates an understanding of the importance of compassion, integrity, respect, sensitivity and responsiveness and exhibits these attitudes consistently in common / uncomplicated situations and with diverse populations Recognizes how own personal beliefs and values impact medical care; consistently manages own values and beliefs to optimize relationships and medical care	Effectively analyzes and manages ethical issues in complicated and challenging clinical situations	Develops and applies a consistent and appropriate approach to evaluating appropriate care, possible barriers and strategies to intervene that consistently prioritizes the patient's best interest in all relationships and situations Develops alternate care plans when patients' personal decisions/beliefs preclude the use of commonly accepted practices	Demonstrates leadership and mentoring regarding professionalism and bioethical principles Develops institutional and organizational strategies to protect and maintain professional and bioethical principles

PROF2. Accountability

Demonstrates accountability to patients, society, profession and self				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/ grooming, rested and ready to work, delivery of patient care as a functional physician Demonstrates knowledge of alertness management and fatigue mitigation principles Maintains patient confidentiality Uses social media ethically and responsibly	Identifies basic principles of physician wellness, including sleep hygiene Consistently recognizes limits of knowledge in common and frequent clinical situations and asks for assistance Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting Recognizes how own personal beliefs and values impact medical care; consistently manages own values and beliefs to optimize relationships and medical care	Identifies and manages situations in which maintaining personal emotional, physical and mental health is challenged by common and typical clinical care situations Consistently recognizes limits of knowledge in uncommon and complicated clinical situations; develops and implements plans for the best possible patient care Recognizes and avoids inappropriate influences of marketing and advertising	Recognizes and formulates an appropriate plan to address impairment in one's self or a colleague, in a professional and confidential manner Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy	Develops institutional and organizational strategies to improve physician insight into and management of professional responsibilities Trains physicians and educators regarding responsibility, wellness, fatigue, and physician impairment



SBP2. Systems-based Management

Participates in strategies to improve healthcare delivery and flow. Demonstrates an awareness of and responsiveness to the larger context and system of health care.

Level 1	Level 2	Level 3	Level 4	Level 5
Assists patients in navigating the healthcare system Defines and describes roles of care team members	Mobilizes institutional resources to assist patients with challenging social and ethical situations Uses strategies to enhance patient satisfaction	Participates in processes and logistics to improve patient flow and decrease turnaround times, e.g., rapid triage, bedside registration, Fast Tracks, bedside testing, rapid treatment units, standard protocols, and observation units Participates in public health and regulatory reporting requirements Coordinates system resources to optimize a patient's care for complicated medical situations	Participates in strategies to improve departmental healthcare delivery and flow, such as operational problems like crowding Recommends strategies by which patients' access to care can be improved Practices cost effective care Demonstrates the ability to call effectively on other resources in the system to provide optimal health care	Creates departmental flow metric from benchmarks, best practices, and dash boards Develops internal and external departmental solutions to process and operational problems Addresses the differing customer needs of patients, hospital medical staff, EMS, and the community

Written assessment of resident:

Additional suggestions or comments:

Evaluator's Printed Name

Evaluator's Signature

Date