Global Rotation Elective
Informational Guide

A Guide for initiating and implementing a global rotation elective for residency programs based on the Global Resident Elective program at the Institute for Global Orthopaedics & Traumatology at the University of California, San Francisco

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Needs Analysis

Annually, 1.3 million deaths and 20-50 million nonfatal injuries are caused by road traffic injuries worldwide. The precedent of these injuries is disproportionately higher in the lower-middle-income countries (LMIC). 91% of femoral fractures occur in LMIC with 84% of the world’s population compared to 9% femoral fractures in High-Income Countries with 16% of the world’s population. In 2011, the Global Burden of Disease study estimated that injury accounted for 11% of disability-adjusted life years (DALY) globally. Orthopaedic surgery and trauma is a present need in global health. The global rotation helps combat this need by increasing the interest of future orthopaedic leaders towards global health while encouraging collaboration with international partners. In North America, currently 18 orthopaedic residency programs offer an international elective to their residents for 2-4 weeks in their last two years of training. Global Rotation is a rising need for residency programs for the future of global orthopaedic surgery.

Impact Report

The global rotation elective impacts residents in numerous ways. First, the elective provides an opportunity for residents to be exposed to musculoskeletal injuries in low resources settings. In these low resource settings, the residents often have to focus on the basics, including physical examination, external fixation, and traction. Second, residents who have participated in international electives reported learning about new diseases that are uncommon in the U.S. The knowledge acquired can help future rising physicians as they encounter these diseases as the community becomes more global. Third, international rotations develop the resident’s sensitivity to diversity and different cultures. It also develops residents’ professionalism, clinical responsibility, and research methodology. Lastly, global rotations also impact international partners. Global rotations offer a unique opportunity for host site and visiting residents to collaborate and share clinical and research knowledge. It also allows physicians to establish sustainable relationships that can be beneficial in treating future musculoskeletal injuries. Global Health experiences are a high-interest area for residents. According to the Association of American Medical College Medical Student Graduation Questionnaire, 25%-30% of medical students went overseas. Several residents have expressed their desire to repeat their international rotation if possible.

Ethical Obligation

Ethical consideration plays an important role in global rotation electives. Below are a few ethical standards to keep in mind:

- The primary obligation is to the welfare of the patient
- There must be a desired sustainable benefit present to the local community
- All existing ethical guidelines must be met (i.e. WHO and UN Declaration of Human Right)
- Residents should not exceed their scope of training
- Careful forethought and informed consents are minimum requirements
- Resident’s practice should not detract from local clinicians
- The rotation should be partnered with local leaders to minimize potential burdens, especially in limited-resource countries
- Resident visits should not burden the host site of tangible and intangible costs: licensure, food, lodging, transportation, illness, physical safety, time, etc.
- Cultural sensitivity and humility should be demonstrated
- Residents should respect the local community’s choice, privacy, the role of medicine, and personal health information, including information and images on social media without consent
There are various self-paced online resources regarding global health topics, including cultural competency, and ethical guidelines that can be used in preparing for a global rotation.

Barriers and Opportunities

Global Rotation Electives can have several barriers during planning and during the elective. See below for a list of perceived barriers and potential solutions:

<table>
<thead>
<tr>
<th>TABLE 1. Perceived Barriers and Potential Solutions of Global Rotation Elective&lt;sup&gt;4&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misalignment between goals of rotation and goals perceived by the resident</td>
</tr>
<tr>
<td>Lack of funding</td>
</tr>
<tr>
<td>Safety Abroad</td>
</tr>
<tr>
<td>Covering clinical duties while abroad</td>
</tr>
<tr>
<td>Lack of accreditation</td>
</tr>
<tr>
<td>Lack of faculty support</td>
</tr>
<tr>
<td>Lack of available opportunities</td>
</tr>
</tbody>
</table>

Procedure to Initiate Global Rotation Elective

Mentor Faculty

In-house faculty mentorship is an essential part of the resident global rotation. The role of faculty mentors is to provide guidance and support during the resident’s time abroad. The faculty mentor also serves as an educational and clinical advisor to the residents. Faculty mentors should check-in frequently with the residents, while they are abroad. Faculty mentors and local site mentors can also provide guidance to potential ethical concerns that may come up during the elective.<sup>2</sup>

Funding

Funding is another essential part of global elective. These funds should be able to cover all or most of the resident’s accommodations and flights, and on some occasion’s meals. Depending on the funding source, there may be various requirements regarding the country site or clinical practice. Funding sources can be from the university, external sources (i.e. Health Volunteers Overseas, also addressed as HVO), county, etc<sup>6</sup>.

See Appendix I for list of potential external funding sources

Partner Sites

Developing partner sites are the most challenging aspect of setting up a global rotation. Partner sites will require developing a relationship with clinical sites in other countries. The best way to develop these partner sites for resident global electives is to use existing partnership and connections. This includes within and outside the department. Other departments may have pre-existing global programs that can be inquired to foster as a resident rotation site. Historically, UCSF utilized the infrastructure of HVO sites to develop the initial global rotation sites. For example, a global site for an existing research project may be an advantageous starting point. These partner sites also need continuous fostering to continue the partnership for future global rotations.
Contracts in Place

After establishing partner sites, a legal contract should be in place to outline liabilities and expectations. It is advisable and highly recommended to work with your institution’s Graduate medical office while executing these contracts. There are a few international contracts that may apply to the global rotation depending on the extent of the program and partnership. See below under Legal Contracts and International Agreements section.

Insurance for Liability Coverage

General liability and medical liability insurance are generally best practices. Check with the institution’s domestic insurer for coverage, while the resident is abroad. If the domestic carrier does not offer for health and accident, the resident should purchase basic coverage. Liability and risk management should also be outlined in the contract with partner sites. Out of fifty-six North American Orthopaedic Residency Programs that has a global elective, 50% provided liability insurance through the home institution, 22% provided it through overseas host institution, and 6% provided it through third parties. In addition to general liability, an evacuation insurance can be obtained to cover unforeseen threats to the personal health and security of the resident while abroad.

Resident Recruitment

All residents are informed of the global elective opportunity. The elective is optional and not a requirement of the residency program. The elective is promoted as a global health opportunity, where residents can gain clinical experience in an international setting, including low resource settings. It also allows them to witness the global need for orthopaedics and trauma care firsthand.

Steps in Global Elective Rotation

Fit for Residents

International fieldwork isn't for everyone. Some find out the hard way that living away from the familiarity of home and being faced with inequity among populations is a daunting challenge. Global health experiences are ideal for flexible, independent residents who approach new experiences and new people with humility. By working in global health, you'll be faced with new circumstances, environments, and predicaments. To help you decide if this experience is right for you, ask yourself:

- How do you approach new things - everything from foods to professional situations?
- How have you handled new and complex situations in the past?
- How do you manage frustrations when things don’t go as you’ve anticipated?
- Are you comfortable making and carrying out your own decisions, such as planning a daily itinerary, traveling alone, and paying careful attention to new cultures without family or friends around to help?

If you are really uncomfortable with new environments or dislike when things don’t go strictly to plan, then this experience may not be for you. It is important to really think about your comfort level and be honest with yourself. Otherwise, you could end up miserable or even inadvertently cause harm to those you seek to help.

Are your expectations for the experience realistic?

It is easy to let your imagination run wild as you visualize yourself working on the front lines of healthcare, contributing greatly to the world around you. But in actuality and even with the best intentions, your time in the field will likely benefit you much more than it will the local population. It will take time for you to acculturate and it will take significant local resources to assist with this. Some travelers think their job is to bring a bit of the US to other places, but a better approach is for you to seek to understand the new place on its own. You may even learn something that helps our health care system.

Are you comfortable with only essential items?
You want to allow yourself to be fully present during the experience. You will want to travel as light as possible, packing only the essentials for the environment in which you will work. In general, you don’t want to bring anything with you that would be overly sad to lose (e.g., jewelry, technologies). You may even find that after living with less for a bit, you don’t need as much on your return.

Are you comfortable in different cultural environments?

In many countries, the American stereotype is a loud, demanding person. Further, some places are keenly aware of their colonial past. This may mean a gentle dampening of enthusiasm is required until you get to know your local hosts better. The health care system in many countries is very different from that in the US. From a health care provider’s perspective, there are often differences in the availability of drugs (Rx and OTC) and in some cases, different treatment guidelines. You may be working in situations where there are fewer health professionals than you are accustomed to, and you may be working with different cadres (e.g., community health workers). You will need to be flexible, taking your cues from your local hosts. Your schedule will mirror theirs; and could deviate substantially from the Monday – Friday 8 AM – 6 PM routine.

What problems should you foresee?

If you know what to expect beforehand and you do some research in advance, you will be less likely to experience big problems. Learn as much about your destination as you can by reading guides, watching films, and speaking with others who have visited your destination. Don't be put off by the possible difficulties and hardships, but be prepared and have a plan to deal with them. This way you'll be better able to appreciate what should be one of the most amazing opportunities of your life.

Application Process

The department meets with incoming senior orthopaedic residents (PGY 4’s) towards the end of the academic year to provide information and gather interest for the global rotation elective. For those who are interested, the residents choose their rotation site at least 6 months before their scheduled rotation.

Requirement

UCSF requires residents to be a senior orthopaedic resident (PGY 4-) to enroll in the global rotation elective. There are no other requirements for UCSF residents. Several other orthopaedic residency programs promote global elective during the last two years of residency. Some institutions with similar programs promote an international rotation during the second and third year of residency. It is best to clearly outline requirements, goals, objectives, and evaluation measurements for the global rotation to the resident prior to the global rotation elective. This way any potential conflict of differing priorities can be addressed and residents will be able to fully gain the benefits of the elective.

Timeline

The resident notifies the department of their interest to participate in the global elective. Afterwards, the residents obtain the required vaccinations and visas before the rotation. Four to five months before the rotation, the staff helps arrange accommodations and travel. Before travel, residents register their travel information with the institution. During the rotation, the resident checks-in with their faculty mentor and provide pictures and updates to share with the department. Within one to two months of returning, a post-evaluation meeting is held to collect feedback.

Logistics Set Up

Logistics to set-up a global rotation includes housing, flights, residency schedule, and evaluation methods.

- Housing- usually set up with the partner sites. Residents have the option to stay at the arranged dormitory setting (if this is an option at the partner site). Residents may also choose off-site housing, which needs to be approved by the institution.
• Flights- booked through the institution with all institutional policies applied
• Residency Schedule- the global elective should not interrupt the residency schedule. To ensure clinical coverage at the home institution, the resident can attend the global elective when they are without on-call responsibilities. This can be arranged by participating in the global rotation during a call-free elective rotation, research rotation, while on the clinical rotation that match the anticipated clinical case (trauma, pediatrics, hands, etc.), or during vacation and conference time. ACGME credit for the elective may encourage more residents to participate. If the elective aligns with the six core competencies outlined by the ACGME and requirements for participating in certification examination held by the ABOS, then credentials for the global elective may be acquired.
• Evaluation- develop an evaluation method to ensure the benefit of rotation and to gather feedback for program enhancement. Another method of evaluation is to require residents to fill out a trip report or to provide case logs. This will not only provide more insight into the type of education the residents receive during the global elective, but it can be a source of information for potential funding sources, partner sites, and future residents.


### Legal Contracts and International Agreements

#### Various Process Per University and Institutions

The working body for contracts may differ among institutional governance and structure. For UCSF, the Graduate Medical Education office manages clinical programs while the Provost Office handles contracts regarding educational programs.

#### Examples of Contract Types

- **IUAA-** International Unit Affiliation Agreement
  - streamline other agreements
  - covers educational activities for faculty
  - Initiated by department
- **IIAA-** International Institutional Affiliation Agreement
  - Institution to institution agreement involving 2 or more schools
- **ITA-** International Teaching Agreement
  - Agreement of cooperation for joint funding proposal with oversee partner
- **TAA-** Training Affiliation Agreement
  - Agreement for residents, medical students, fellows clinical/research work abroad
  - Include LCME in TAA for medical students- UME office
  - TAA for residents and fellows- GME office
  - TAAs can be used also for non-medical learners. The submission process is different

*See Appendix I for a matrix of UCSF international agreements- type of agreements and process outlined*

#### Sample of Objective and Goals

- **Goals:** The goal of the overseas orthopaedic elective in the PGY4 year is to provide UCSF orthopaedic residents an opportunity to work in the developing world. This elective is not mandatory. Each resident selects a site from an approved list agreed upon by the university and the global site directors. Some of the sites include established volunteer opportunities provided through Orthopaedics Overseas.
• **Educational Objectives:**

1. To develop cultural awareness in a non-US healthcare setting.
2. To understand how orthopaedic care is delivered in low-resource, low technology settings.
3. To decide whether a commitment to volunteerism and service will become a priority in one’s professional career.

**Site Directors (External and Internal)**

Internal and external site directors should be appointed per partner site. The site directors will foster a partnership, needed to continue the global electives from year to year. In addition to site directors, multiple points of contact should be identified, in case the site directors cannot be reached.

**Tracking Contracts and Renewal**

The department should track every partner site contract and the renewal date. Contract renewal process should be conducted at least six months in advance. Some challenges to contract renewal may include: change in leadership, infrequent communication, and political conflicts.

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## Guide for Residents Participating in Global Rotation Elective

### PEP Kit

In case the resident becomes exposed to HIV, Hepatitis B and C abroad, the resident should have access to a Post-Exposure Prophylaxis (PEP) kit. Clinician Consultation Center PEP line is also available 9 am- 2 am EST at 888.448.4911.

The first dose should be given as soon as possible. The optimal time to start PEP is within hours of exposure, rather than days. Do not wait for SP test results (unless results of the rapid test will be available within an hour or two) to proceed with a PEP decision and treatment, when indicated. The PEP line considers 72 hours post-exposure as the outer limit of opportunity to initiate PEP; however, a delay of that scale is believed to compromise PEP efficacy\(^\text{10}\). The 72-hour outside limit recommendation is based on animal studies; no human data are available.

The department can get a PEP Kit for the residents to take as a precautionary measure while abroad.

*See Appendix I for a detailed layout of PEP kit*

### Vaccination

Double check a list of vaccinations needed before traveling. Some countries require foreign visitors to carry an International Certificate of Vaccination, also known as a Yellow Card, or other proof that they have had certain medical tests before entering or transiting their country\(^\text{11}\). For African countries, the resident will need the following vaccinations:

- dTP-IPV: Diphtheria, tetanus, whooping cough and poliomyelitis vaccine
- IPV: Poliomyelitis vaccine
- Hep A: Hepatitis A vaccine
- Hep B: Hepatitis B vaccine
• MenACWY: Meningococcal vaccine against serotypes A, C, W and Y
• Rab: Rabies vaccine
• Typh: Typhoid vaccine
• Y: Yellow fever vaccine
• BCG: Tuberculosis vaccine

*For more information regarding travel vaccinations, where to get travel vaccines, etc. visit: https://wwwnc.cdc.gov/travel/*

**Visa**

Visa requirements vary per country, citizenships, and timeframe. Some flight layovers also require separate visas. If applicable, residents should apply for the visa with enough time before travel.

**Travel Registry**

Residents should check with the institution to make sure the appropriate travel registries are filled out.

For U.S. Citizens, residents should check the U.S. Department of State’s travel advisory page and checklist before going abroad.

**Travel Advisory**: https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html

**Department of State Checklist**: https://travel.state.gov/content/travel/en/international-travel/before-you-go.html

**Questions about Medical Emergency abroad**: https://travel.state.gov/content/travel/en/international-travel/before-you-go/your-health-abroad.html  (*Note: the institution may have a direct contact for emergencies while abroad. Make sure residents have this contact*)

**Communication**

Make sure that the resident has another contact person in the department in addition to the mentor faculty. The resident should also send updates and pictures, while abroad for department communications.

**Travel and Accommodations**

The resident should confirm all flights and accommodations, including transportation from the airport to the local site. It is also best practice to research the local culture and emergency contacts before departing. If the resident has any dietary restrictions, research the host country's food. It is also recommended not to drink the local tap water.
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Finish the medications that you have started, like malaria prophylaxis or antibiotics.</td>
</tr>
<tr>
<td>2.</td>
<td>Get a PPD test for TB 8-12 weeks after you return if working in an area of high TB prevalence or there is any question about TB exposure. Check with your program director for questions about TB prevalence/exposure, or how to get your free test.</td>
</tr>
</tbody>
</table>
| 3. | See your healthcare provider up to a year after you finish traveling if you:  
  - Need to complete your immunizations. If you started a series of Hepatitis or other shots, you must finish them.  
  - Experience severe symptoms such as fever, prolonged cough, weight loss, diarrhea, abdominal pain, bleeding, unusual rashes, etc.  
  - Have known exposures to TB, blood pathogens, GI pathogens, parasites, etc.  
  - Need a prenatal consult.  
  It is not necessary to schedule a medical appointment just to check in after you return. |
| 4. | Notify your program director or mentor if you have experienced any of the following while you were working abroad:  
  - Needle-stick or body fluid exposure  
  - Concern for your physical safety  
  - Concern for your property  
  - Motor vehicle accident  
  - Robbery  
  - Physical or sexual assault  
  - Or other difficult situation |
| 5. | Use the following available resources if you are experiencing re-entry culture shock. Many students or trainees have trouble adjusting upon return to the United States or have troubling memories about their international experience. There are many resources available:  
  - Reach out to your program director or mentor  
  - Schedule an appointment for a de-briefing consultation or counseling services:  
    - Student Health (regardless of whether you have Student Health Insurance)  
      [https://studenthealth.ucsf.edu/healthcare-services/traveler-s-health](https://studenthealth.ucsf.edu/healthcare-services/traveler-s-health)  
      - Faculty-Staff Assistance Program: residents, post-docs, fellows, staff, & faculty  
      [https://hr.ucsf.edu/hr.php?org=c&AT=cm&S=Faculty+and+Staff+Assistance](https://hr.ucsf.edu/hr.php?org=c&AT=cm&S=Faculty+and+Staff+Assistance)  
  - Share your difficult experiences or adjustment with other global health learners and mentors by means of this blog: Need a blog link, perhaps from the CLE page.  
  - Read the following resources on reverse culture shock:  
    - [http://www.state.gov/m/fsi/tc/c56075.htm](http://www.state.gov/m/fsi/tc/c56075.htm)  
| 6. | Submit reimbursement expenses if required by your funding source. |
| 7. | Submit any required evaluations or Trip Reports for your program. |
### Appendix

## I. International Agreements Matrix - For Agreements with Outside Organizations

<table>
<thead>
<tr>
<th>TYPE OF AGREEMENT</th>
<th>DESCRIPTION</th>
<th>EXAMPLE</th>
<th>INITIATED BY UCSF ORIGINATORS</th>
<th>PREPARED BY</th>
<th>APPROVED BEFORE SUBMISSION TO AFFILIATE</th>
<th>SIGNED (and then recorded in Salesforce)</th>
<th>RENEWAL TRACKED (and automatic notification at expiration sent)</th>
</tr>
</thead>
</table>
| International Letter of Intent to Cooperate | -Intent to cooperate or collaborate in future or for signing ceremonies  
-Not legally binding  
-No institutional obligation | UCSF faculty and faculty from University of X overseas have decided generally on future collaboration. They want to express this desire in a document. | -Use template on EVCP website  
-Requires Affiliation Checklist \(^1\) | -Salesforce (by MSO or Division Administrator) | -Department Chair/Director or Designate  
-Member/Division Chair/Director or Designate  
-Modifications require review by GBC \(^2\) | -UCSF Originator  
-Department Chair/Director or Designate  
-Others per GBC \(^3\) | Salesforce to UCSF Originator and MSO or Division Administrator |
| International Memorandum of Understanding (MOU) \(^1\) (Not recommended for use) | -UCSF only uses if required by foreign collaborator  
-Can be legally binding | U of X overseas describes possible specific projects involving UCSF faculty. U of X requires an MOU \(^1\) with UCSF to allow collaboration. | -Requires Affiliation Checklist \(^1\) | -GBC (by MSO or Division Administrator) | -Department Chair/Director or Designate  
-Dean or Designate  
-Modifications require review by GBC \(^2\) | -Department Chair/Director or Designate  
-Dean or Designate  
-Others per GBC \(^3\) | Salesforce to UCSF Originator and MSO or Division Administrator |
| International Telemedicine Agreement for Research | -Project specific & time limited  
-May be required to submit competitive research proposals  
-Describes specific role of each partner | The telemedicine agreement requires faculty from UCSF and U of X overseas to have an agreement before submitting a proposal. | -Contact OSR or ICD | -To find an OSR contact visit: [http://osr.ucsf.edu/content/find-support](http://osr.ucsf.edu/content/find-support) | -For more information about collaborative and research contracts visit: [https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf](https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf) | -To find an OSR contact visit: [http://osr.ucsf.edu/content/find-support](http://osr.ucsf.edu/content/find-support) | -For more information about collaborative and research contracts visit: [https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf](https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf) |
| Funded Research or Research Collaboration Agreement | -Agreement between 2 institutions to collaborate on specific research project | A UCSF research group obtains funding and wants to partner with research faculty at U of X overseas. | -Contact OSR or ICD | -To find an OSR contact visit: [http://osr.ucsf.edu/content/find-support](http://osr.ucsf.edu/content/find-support) | -For more information about collaborative and research contracts visit: [https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf](https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf) | -To find an OSR contact visit: [http://osr.ucsf.edu/content/find-support](http://osr.ucsf.edu/content/find-support) | -For more information about collaborative and research contracts visit: [https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf](https://brm.ucsf.edu/sites/brm.ucsf.edu/files/wysiwyg/UCSF%20Guidelines%20for%20International%20Agreements.pdf) |
| International Professional Services Agreement (PSA) - Physician Paid or Volunteer | -Contract for specific clinical activities or medical services by UCSF  
-Required if touching patients or involved in patient care  
-Legally binding | UCSF faculty member(s) are to teach and provide clinical care at U of X overseas for payment or as volunteers. | -Requires Affiliation Checklist \(^1\)  
-If Telemedicine request, contact Linda Branagan Linda.Branagan@.ucsf.edu | -Salesforce (PSA by MSO or Division Administrator) | -Department Chair/Director or Designate  
-Dean or Designate  
-Modifications require review by GBC \(^2\) | -Department Chair/Director or Designate  
-Dean or Designate  
-Modifications require review by GBC \(^2\) | Salesforce to UCSF Originator and MSO or Division Administrator |
| International Unit Affiliation Agreement (IUAA) | -UCSF school, department, program, or unit to foreign institution for specific collaboration projects  
-Long term (usually 5-year, renewable)  
-Need sub-agreements for specific activities  
-Legally binding | UCSF faculty from one School or Program plan specific educational faculty exchange programs with U of X overseas. | -Use template on EVCP website  
-Requires Affiliation Checklist \(^1\) | -Salesforce (by MSO or Division Administrator) | -Department Chair/Director or Designate  
-Dean or Designate  
-Modifications require review by GBC \(^2\) | -Department Chair/Director or Designate  
-Dean or Designate  
-Modifications require review by GBC \(^2\) | Salesforce to UCSF Originator and MSO or Division Administrator |
| International Institutional Affiliation Agreement (IIAA) | -Agreement for broad & significant collaboration over time involving 2 or more schools or independent campus units  
-Institution to institution  
-Long term (usually 5-year, renewable)  
-Need sub-agreements for specific activities  
-Legally binding | UCSF faculty from one School and one Institute plan specific large educational projects with U of X faculty overseas. | -Request through EVCP office  
-Requires Affiliation Checklist \(^1\) | -Salesforce (by EVCP Affiliation Administrator) to GBC (template available) | -Dean or Designate  
-EVCP or Chancellor  
-Modifications require review by GBC \(^2\) | -Dean or Designate  
-EVCP or Chancellor  
-Modifications require review by GBC \(^2\) | Salesforce to UCSF Originator and EVCP Affiliation Administrator |
II. External Funding List

- Health Volunteers Overseas/Orthopedics Overseas: Funds two residents annually, (www.hvousa.org) or call and ask for staff working with Orthopedics Overseas 202-296-0928, Washington DC
- Fogarty International Center One-year fellowship for research abroad: (http://www.aamc.org/students/medstudents/overseasfellowship)
- NIH Fogarty International Center: (http://www.fic.nih.gov) Grants, awards and fellowships. This is less specific; you will need to look around for your interests.
- Institute for International Education: (http://www.iie.org/)
- International Education Financial Aid: (http://www.iefa.org)
- CDC Foundation: (http://www.cdcfoundation.org/index.aspx) Click on Programs, then “Training & Education, or (http://www.cdcfoundation.org/fellowships/students.aspx)
- MAP International Medical Fellowship: (http://www.map.org/site/PageServer?pagename=what_Medical_Fellowship)
- Rotary International Ambassadorial Scholarships: (see under Students & Youth) http://www.rotary.org/en/StudentsAndYouth/EducationalPrograms/AmbassadorialScholarships/Pages/ridefult.aspx

References


