

International Educational Experience Application

Instructions: Complete this application entirely. Attach a separate sheet of paper if there is not enough space provided to complete your response and indicate that the response is completed on attached sheet. Initial and sign the attached Code of Conduct and submit with the completed application to your school/faculty mentor.

RESIDENT/STUDENT INFORMATION

LAST NAME:		FIRST NAME:		MI:
SCHOOL/PGY LEVEL:		PASSPORT #/ COUNTRY:	PASSPORT EXP DATE:	
CURRENT ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
PHONE:		EMAIL:		
INTERNATIONAL EDUCATION FACULTY MENTOR:				

FERPA (Federal Education Records Protection Act) permits disclosure of a student's educational record without consent to school officials with legitimate educational interest. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. More information is available here: <https://www.lsuhsoc.edu/registrar/ferpa.aspx>

____ (initial) I understand that during review of my IEE application, my full education record may be disclosed to LSUHSC New Orleans school officials outside of my school program.

____ (initial) I agree to attend all pre-boarding meetings, cultural introductions, and orientations required for my site/trip. I understand that failure to attend these sessions may result in my inability to participate in this IEE trip.

PROPOSED IEE INFORMATION

SITE NAME:		IF OTHER, LIST SITE NAME HERE:	
TYPE OF SETTING:		COUNTRY:	IF OTHER, LIST COUNTRY HERE:
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 IEE (initial) _____			
How did you learn of this site?			
Has the site previously hosted students/residents? (if yes, please explain what type of residents/students and whether they were from your institution)			
Will you be supervised by an LSUHSC faculty member during IEE? (if yes, please provide the name of the faculty member and the duration of time they will be present. If no, please provide name and attach CV of non-LSUHSC faculty supervisor.)			

____ (initial) I understand that I must be registered in the proper course offering in the correct semester to receive any course or degree credit for this IEE trip.

____ (initial) I understand that I (and this IEE trip) must be registered in the [MyTrips](#) system offered through the LSU System prior to departure.

BACKGROUND INFORMATION & LEARNING OBJECTIVES

Describe prior international education 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 IEE? (What do you hope to learn? What do you hope to take away from this experience?)
What are your specific objectives for this IEE? (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 IEE be structured? (What will your day to day work involve? Who will supervise this work?)

Are you now or have you ever been on academic suspension/probation?

Emergency Contact Information

RESIDENT/STUDENT INFORMATION

LAST NAME:	FIRST NAME:	MI:
SCHOOL/RESIDENCY PROGRAM:	PASSPORT #/ COUNTRY:	PASSPORT EXP DATE:

UNITED STATES EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:	MI:	
RELATIONSHIP TO RESIDENT/ STUDENT:	EMAIL ADDRESS:		
CURRENT ADDRESS:	CITY	STATE	ZIP CODE
HOME PHONE:	CELL PHONE:	WORK PHONE:	

_____ (*initial*) I authorize a representative to contact this person in the event of an emergency.

INTERNATIONAL EDUCATION FACULTY MENTOR CONTACT INFORMATION

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

ON-SITE EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:	
TITLE/POSITION:	EMAIL ADDRESS:	
CURRENT ADDRESS:	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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Code of Conduct and Risk Mitigation Agreement

for International Educational Experiences

LSUHSC NEW ORLEANS is committed to preparing leaders for distinguished careers in clinical and public health practice, teaching, research, and public service. As part of that commitment, we support our trainees in their humanistic and compassionate desire to participate in international educational experiences. This document provides important information about the health and safety risks of traveling abroad and recognizes that while abroad, you are a representative of LSUHSC NEW ORLEANS. As such, in order to participate and/or receive credit for your experience, you are required to carefully review and sign this risk mitigation and code of conduct document. Please review this form and initial each section, date and sign the last page, and submit the document with your IEE General Application. Please also review this form with the LSUHSC NEW ORLEANS faculty member who will serve as your international education mentor and make sure you fully understand all aspects of this policy. An international educational experience can be incredibly powerful and inspiring, and we congratulate you on your decision to apply for this experience.

Personal Health:

- I will arrange an appointment with my primary medical doctor or travel clinic, to ensure that ALL recommended/required pre-travel vaccinations, and other essential medications are obtained in sufficient time prior to departure (it is recommended a pre-travel appointment be scheduled for three months prior to departure).
- I will sign up for LSUHSC NEW ORLEANS travel insurance, through the LSU System provided MyTrips system, which will provide coverage for health issues while abroad, coverage of lost or stolen items, as well as expatriation should there be any conflict or safety concern while I am abroad (sign up [here](#).) I understand that I will be financially responsible for any items or dollar amount not covered through LSUHSC NEW ORLEANS travel insurance (deductibles, exclusions, etc.)
- I will keep a copy of my health insurance and evacuation insurance information with me on my person at all times during my international experience.
- Health issues can be exacerbated under stressful and unfamiliar situations. I have no physical or mental health issues that would put me at risk or preclude my safe participation in this program. I understand that there may be limited availability of medications and will be responsible for bringing my own supply of necessary medications (over-the-counter and prescription) for personal use.
- I understand that neither LSUHSC NEW ORLEANS nor the host institutions are responsible for expenses relating to any illness occurring during my international experience. I will be responsible for medical and medically---related expenses and for

seeking reimbursement from LSUHSC NEW ORLEANS travel insurance and/or my own health insurance company.

- Prior to my departure, I will review the Emergency Plan contact information with my LSUHSC NEW ORLEANS faculty mentor and fully understand whom to contact in case of illness or injury while working abroad. If I become ill or injured, I will follow the notification process as outlined in the Emergency Plan.
- Upon return to the U.S., if I become concerned or develop symptoms, I will schedule an appointment with my personal physician to check for any illnesses acquired abroad.

Initial Here:

Occupational Standards:

- I will or have already participated in the LSUHSC NEW ORLEANS International Educational Experience pre-departure training and/or the online orientation materials.
- I will discuss with my faculty mentor whether I will need to bring N95 masks and gloves, and will review with my mentor the appropriate situations for use of these precautions.
- I will utilize universal precautions at all times.

Initial Here:

Travel and Recreational Safety:

- I understand that my international educational experience is for educational purposes. If I would like to travel for tourism, I will do so outside of my educational time, it will not conflict with my clinical or research commitments nor my classwork, and it will be at my own risk. I will arrange for my own travel and cover my own expenses when travelling as a tourist. When traveling as a tourist I recognize that I remain a representative of LSUHSC New Orleans and will maintain the same code of conduct and engage in the same safety measures.
- If there are any itinerary changes, regardless of whether these changes impact the dates of my rotation abroad, I will discuss these with my LSUHSC NEW ORLEANS faculty mentor.
- Traveling by car in resource-limited settings is markedly more dangerous than traveling in high income settings. I will wear safety belts in vehicles when a belt is available. I understand that my institution urges against hitchhiking, traveling on motorcycles, in the open back or tops of vehicles and trains, and at dusk or nighttime. I will avoid these modes of travel if possible, and if I must do so, will engage in these modes of transportation at my own risk while taking all reasonable precautions to mitigate the risk to myself and others.

- I understand that my institution recommends against driving motorized vehicles while working or traveling internationally, and I will do so at my own risk.
- Prior to travel, I will review with my primary medical doctor or travel clinic physician the risks for exposure to bodies or sources of water that may be sources of infectious diseases (i.e., schistosomiasis, Guinea Worm, bacterial infections, etc.)
- Locally present fauna and flora can pose specific risks based on location. I will make every effort to understand the risks posed by local flora, fauna and wildlife through my pre-departure and on site orientations. I am aware that the rabies vaccine use is not universally required and animals, including stray dogs, may have rabies or other transmissible and dangerous maladies.

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Professionalism and Behavior:

- As a representative of LSUHSC NEW ORLEANS, I will hold myself to the highest standards of professionalism, respect and courtesy.
- I understand that the same standards of professionalism apply when I am abroad as when I am at LSUHSC NEW ORLEANS, including full disclosure about my status as a student or trainee, discussing patient care with a supervising preceptor, and obtaining consent from patients and their families.
- I recognize that personal behaviors, clinical skills and competencies are culturally/locally framed and resource-dependent. I will refrain from passing judgment and will be sensitive to cultural differences in standards of care.
- If awarded funding (stipend, scholarship, travel grant, etc.) from LSUHSC NEW ORLEANS, I understand that the stipend is to contribute to but may not cover all costs of travel preparation, travel, accommodation, food, and elective associated fees, and is not meant to support tourism or extra-curricular related travel.
- I understand that if I receive funding from LSUHSC NEW ORLEANS, I am making a commitment to participate in the experience. Once I have signed this conduct form I understand that if I cancel my elective I may be held responsible for costs incurred on my behalf including, but not limited to, airfare, travel advances, and administrative fees. Exceptions will be made only in the case of medical or personal emergency with an attending physician note and upon discussion with my faculty mentor.
- I am aware that I am responsible for fulfilling the number of elective weeks required for graduation, and for meeting my financial aid requirements (as applicable) each semester. At least ____ work days of ____ hours per day is the expected professional time commitment. Some days may require longer hours due to specific circumstances and conditions. Students/Residents/Participants are required to remain on site until dismissed by their respective team leader/mentor/supervisor.

- I understand that LSUHSC NEW ORLEANS will require me to participate in a pre-travel curriculum, and upon my return, I may be required to present my experience or participate in feedback to meet the requirements of this program and to receive elective credit if applicable (requirements determined by specific faculty mentor).
- I have been made aware of and understand all the requirements of this international educational experience.
- I understand that LSUHSC NEW ORLEANS may revoke my funding or require for it to be paid back if I am not able to participate due to withdrawing from the program for any reason.

Initial Here:

Clinical and Public Health Practice:

- If performing clinical care or public health activities, I will care for patients/participants under the direct supervision of my assigned clinical/local mentor within the limitations established by my level of training in my home institution and including adherence to national and locality rules and regulations related to patient care and public health activities (dispensing medications, etc).
- If I am concerned that the work or activity is unsafe, I will discuss it with my local mentor before proceeding. If in doubt, I will contact an LSU faculty member on site, or my mentor at LSU.
- I will fully explain to my clinical/local supervisor my level of training and experience. I will not perform tasks, including exams and procedures, that I have not yet mastered without close supervision and assistance and under the direction of locally present LSU faculty if possible
- I will keep the welfare of the patient foremost in my mind. I recognize that it is particularly important to honor patient autonomy and respect local culture in communities with limited resources, where all patients and participants must be given the choice of whether or not to have students and/or trainees involved in their care and participation.
- I will not assume that individuals are always open or comfortable in providing the information I am seeking or receiving the care offered. However, at a minimum, I shall treat all persons with at least the respect I would give them in the US.
- I agree to not express political or religious ideologies, regardless of the situation. When dealing with agencies or organizations, I will respect their operations and boundaries.
- When dealing with children, I will be especially cautious and respectful, even in the absence of their parents.

Initial Here:

Social Media and Photographs:

- I will use discretion in taking photographs, especially in a medical setting. When taking a photograph or video, I will always seek permission first, and provide information regarding planned use of the photograph to individuals or the host institution being photographed. I will take all possible measures to protect patient privacy. If photographs will be used for public viewing (blogs, internet, email, Facebook, presentation, publication, etc.), LSUHSC NEW ORLEANS photograph release forms must be signed.
- In taking photos I recognize that it is important to respect people and take into consideration whether they may experience negative consequences of having their photo used.
- If I would like to keep family and friends informed of my experiences while abroad, I will use my personal email and ask that these emails not be shared publicly without my consent.
- I will avoid posting any sensitive information (i.e. regarding patient care, lack of resources, cultural differences, or political situations) on any public forum including but not limited to blogs, Facebook, twitter, etc.

Initial Here:

Personal Conduct:

- I will respect and comply with the rules, regulations, and cultural standards of both the US and my host country, LSUHSC NEW ORLEANS and host institution.
- I will inform my LSUHSC NEW ORLEANS faculty mentor immediately of any legal problems.
- I will not engage in illegal substance use. This includes alcohol if use of alcohol is illegal in the host country. If culturally appropriate to consume alcohol, I will do so responsibly.
- I understand the sensitivities (including exploitation of power dynamics) involved in engaging in sexual relationships with individuals in less resourced settings and as well as the risks (HIV and other sexually transmitted infections, unintended pregnancy) and will not engage in such relationships.
- I will not engage in romantic or sexual relationships with staff, community members, or patients in my host country during my elective.
- I will refrain from participating in any political activity (i.e. strike, demonstration, protest, rally, etc.).

- While in the host country, I will dress in a culturally appropriate and professional manner inside and outside clinical settings.
- I will be punctual and arrive at meetings and rotations on time. I realize that people in my host community may not always be punctual by Western standards, and I will also be sensitive to cultural difference regarding punctuality.

Initial Here:

Research and Teaching:

- I will consult with my faculty mentor if I am interested in conducting research or obtaining data for publication during my international educational elective. The IEE committee or subcommittee must provide advance written approval for any research to take place abroad to ensure that IRB approval and appropriate human subjects/ethical training, including any approvals required in the location, are obtained if needed.

Initial Here:

Gift and Donation Policy:

- In engaging in international educational I am receiving education and experience from this elective, and will likely receive more out of this experience than I am able to contribute. Personal gifts and donations, while expressions of my gratitude, may have negative consequences by causing jealousy, conflict and/or favoritism in the workplace. Prior to my departure I will discuss with my faculty mentor the appropriateness of giving personal gifts and donations.
- I will not make direct donations to patients or other individuals, as that may compromise the patient-clinician working relationship and would also set a precedent for future visiting clinicians. If I would like to contribute to a patient's care, I will request to do so in an anonymous manner and will obtain permission through the host administration and mentor, and discuss this with my LSUHSC NEW ORLEANS faculty mentor.
- In making donations of medical supplies I will discuss with my LSUHSC NEW ORLEANS faculty mentor the utility of those donations in the clinical setting and the sustainability of an individual bringing donations of medical supplies. I will not administer expired medication or use non-sterile equipment without discussion with my LSUHSC NEW ORLEANS faculty mentor and the faculty mentor at my host institution.

Initial Here:

Code of Conduct and Risk Mitigation Agreement for International Educational Experiences Acknowledgment of Review:

Please submit this signed form with your application.

I have carefully reviewed the risk mitigation agreement and code of conduct. The above risk mitigation and code of conduct document is designed to serve as a guide to ensure a safe, fulfilling, and ethically sound international educational experience for both students/trainees and for host institution.

Participant's Name (please print)

Participant's Signature

Date

LSUHSC NEW ORLEANS Faculty Mentor Name (please print)

LSUHSC NEW ORLEANS Faculty Mentor's Signature

Date