



NORTHWESTERN
UNIVERSITY

Feinberg School of Medicine Institute for Global Health Student Handbook

2023 - 2024

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PART I: PRE-DEPARTURE PREPARATION

CONTACT INFORMATION

Below is a list of university offices students may need to contact. In the case of an emergency, contact the Northwestern Police, Institute for Global Health, and NU's Office of Risk Management immediately.

FSM Institute for Global Health:

710 N Lake Shore Dr, Suite 800 Chicago, IL 60611

Main: 1-312-503-9000

Fax: 1-312-503-8800

Globalhealthinstitute@northwestern.edu

Robert Murphy, MD, Director

r-murphy@northwestern.edu; 1-312-503-9000

Kate Klein, MPH, MA, Administrative Director

kate.klein@northwestern.edu; 1-312-503-8829

Ashti Doobay-Persaud, MD, Co-Director, Center for Global Health Education

a-doobay-persaud@northwestern.edu

Shannon Galvin, MD, Associate Professor of Medicine (Infectious Diseases)

s-galvin@northwestern.edu

Sara Caudillo, Education Program Coordinator

sara.caudillo@northwestern.edu; 1-312-503-8802

Counseling and Psychological Services:

710 N. Lake Shore Drive, Abbott Hall, 5th floor;

For appointments, 847-491-2151; Daytime emergency service, 847-491-2151;

After-hours emergency service, 847-491-8100 (Ask to speak with a CAPS staff on call)

Registrar's Office:

Jess Voth, Director of Registration and Student Records/Registrar, Office of Registration and Student Records

Ward 1-003; Phone: 1-312-503-4070; Fax: 1-312-503-0715; jav@northwestern.edu

Augusta Weber Office of Medical Education

Sandy Sanguino, MD, MPH, Senior Associate Dean for Medical Education; 1-312-503-0345;
ssanguino@northwestern.edu

Office of Global Safety and Security

Beth Osterlund, Assistant Director of Global Safety and Security. 1-847-467-3899;
Beth.osterlund@northwestern.edu

Northwestern Police Department International Emergency Assistance

1-847-491-3456

GeoBlue Insurance 24-7 Emergency Line

1-610-254-8771

PASSPORTS

All citizens of the United States are required to have a valid passport for travel overseas and reentry into the United States. All travelers are required to have a passport that is valid for a minimum of six months beyond your planned date of travel. **If you have a passport that is due to expire six months beyond this date, renew as soon as possible.** The renewal process can take six to eight weeks. Travelers may be charged a fine for trying to re-enter the U.S. with an expired passport. You are solely responsible for obtaining this essential travel document.

Applying for a U.S. Passport

A passport application form (DSP-11 Passport Application) is available from most post offices or may be downloaded from the State Department's Bureau of Consular Affairs homepage (<http://travel.state.gov>). A new passport must be applied for in person as far in advance as possible to allow maximum time for processing, which may take up to six to eight weeks. You may renew your passport by mail if you meet the requirements listed on the website. United States citizens may apply for a passport at a United States Passport Agency, a federal or state courthouse, or an authorized post office. There are fees associated with getting a new passport and for renewing one.

For more information:

National Passport Information Center

<http://travel.state.gov/content/passports/english/passports/apply.html>

VISAS

FSM students may need to apply for a visa to complete a visiting rotation or research/public health project. Entry requirements vary based on destination-country requirements, the purpose of the visit, as well as the visitor's nationality and country of residence. Below, we provide the embassy or Chicago consulate website for the countries where we have partner sites. It is the responsibility of FSM students who are visiting these sites to learn about and follow current entry requirements. *Entry requirements may change at any time.* FSM students who are not U.S. citizens or residents should check the host country's embassy website to review entry requirements which may be different for non-U.S. citizens and residents. Contact Kate Klein (kate.klein@northwestern.edu) with any questions.

Visa and Passport Services

G3 Visas & Passports is the industry leader in providing its customers with the visas, passports, or legal document authentications they need for business or pleasure travel. If you require private assistance or expertise about visa and/or passport applications, the Institute for Global Health recommends using G3, which is located at 11 E. Adams, Suite 1605, Chicago, IL 60603; 1-800-830-8472. www.g3visas.com

Embassy and Consulate Websites:

Argentina U.S. State Department, Argentina Travel Requirements U.S. State Department, Argentina Travel Requirements
Belize Consulate of Belize Chicago https://www.consulate-chicago.com/belize.html Use navigation bar on webpage to avoid advertisements.
Bolivia Consulate General of Bolivia http://www.boliviawdc.org/
Chile U.S. Embassy in Chile, Travel requirements https://cl.usembassy.gov/u-s-citizen-services/entry-exit-requirements/
China Consulate General of the People's Republic of China http://www.chinaconsulatechicago.org/eng/ywzn/qzhez/qz/
Dominican Republic U.S. Embassy in the Dominican Republic, Travel Requirements https://do.usembassy.gov/dominican-republic-entry-requirements/
Ecuador Consulate of Ecuador in Chicago

Consulate of Ecuador in Chicago Scroll down to “Quick Facts”
France Consulate General of France in Chicago Consulate General of France in Chicago
Germany German Consulate General Chicago https://www.germany.info/us-en/service/visa
Ghana Embassy of Ghana Washington, DC https://ghanaembassydc.org/consularservices/
India Consulate General of India, Chicago https://www.cgichicago.gov.in/page/visa/
Ireland Consulate of Ireland, Chicago https://www.dfa.ie/irish-consulate/chicago/our-services/visas/
Israel Consulate General of Israel to the Midwest Consulate General of Israel to the Midwest
Japan Consulate-General of Japan in Chicago https://www.chicago.us.emb-japan.go.jp/itpr_en/visa.html
Mexico General Consulate of Mexico in Chicago General Consulate of Mexico in Chicago
Peru Consulate General of Peru in Chicago Consulate General of Peru in Chicago
Philippines Consulate General of the Philippines Chicago http://www.chicagopcg.com/visa.html
Rwanda Consulate of Rwanda, U.S. Visa Application https://rwandaembassy.org/visa
Senegal Embassy of Senegal in Washington http://www.ambasenegal-us.org/rubriques.php?rubpage=10
South Africa South African Home Affairs Website https://www.southafrica-newyork.net/homeaffairs/jurisdiction.htm
Sweden

Honorary Consulate General of Sweden in Chicago

<http://www.chicagoconsulateofsweden.org/>

Uganda

Embassy of the Republic of Uganda

<https://washington.mofa.go.ug/visa/uganda-electronic-visapermit-application-system>

FUNDING OPPORTUNITIES

The following organizations and university departments offer funding opportunities to Northwestern medical trainees interested in pursuing a global health experience abroad.

For more information: www.globalhealth.northwestern.edu

Global Health Experience

Type of Funding: Internal

Description: Funding is available to FSM medical students and residents who wish to pursue a global health experience or clinical rotation with an Affiliated Partner or via an approved unaffiliated experience.

Eligibility: Rotations must be at least 4 weeks in duration, students must actively be pursuing their studies in the Feinberg School of Medicine.

Application Deadlines: Every January for non-elective MD student travel the following summer, every March for elective MD student travel the following academic year, PA/DPT/MPH students are recommended by their home department.

Website: <https://www.globalhealth.northwestern.edu/education/medical-students/apply/index.html>

Long-Term Global Health Projects

Type of Funding: Internal

Description: Funding for long-term global health projects is available from the Institute for Global Health to support FSM student engagement in global health and to encourage student interest in and understanding of cross-cultural competencies, social determinants of health, and clinical practice in resource-limited settings, among other topics.

Eligibility: Current Feinberg students entering their second or third year of the curriculum

Application Deadline: March

Website: <https://www.globalhealth.northwestern.edu/funding/internal-education/lt-funding-ghi-policies.html>

HBNU Fogarty Global Health Program for Fellows and Scholars

Type of Funding: External - Fogarty International Center, National Institutes of Health

Description: The purpose of the program is to generate a new cadre of global health researchers, educators, and professionals who will be prepared to address the new challenges in global health. The program will provide fellows with a one year mentored clinical research fellowship in innovative global health research to promote health equity for populations around the world. The Program brings together leading academic research institutions with longstanding relationships in LMICs throughout Africa and Asia in a variety of disciplines and with multidisciplinary research capacities. The four U.S. academic research institutions in our consortium are Harvard University (Harvard T. H. Chan School of Public Health, Harvard Global Health Institute), Boston University (School of Public Health, Institute for Global Health and Development), Northwestern University (Institute for Global Health, Feinberg School of Medicine), University of New Mexico (School of

Medicine, Institute for Global Health)

Eligibility/Application: Pre and post-doctoral students (see website for additional details).

Website: <https://www.globalhealth.northwestern.edu/funding/external/fogarty-global-health-training-program.html>

TRAVEL RESOURCES

University Policy on Travel

Students are free to select any travel agent or airline for travel abroad. However, it is recommended that students make considerations for the reliability and safety of the selected vendor.

Travel with Rewards Programs

For the best protections on your purchase, it is advised to book directly through the vendors whenever possible. The use of travel rewards program points to purchase flights or accommodations for global health experience related expenses can create risk in unexpected circumstances where travel needs to be adjusted or cancelled.

International Student Identification Cards (ISIC)

It may be to students' advantage to have an ISIC. The cards give students access to discounted airfares, lodging, train, and mass transportation fares, as well as theatre tickets, and museum entries. It is easier to obtain an ISIC through a travel agent in the United States before travel. More information about card benefits is available on the ISIC website: www.isic.org

Eduroam Wireless Services

Northwestern participates in eduroam (education roaming), a secure federated wireless network for the international research and education community. The service allows Northwestern students, staff, and faculty to use their NetID credentials to access wireless network services while visiting eduroam-participating institutions located throughout the world. With hundreds of thousands of wireless access points sharing a common SSID, eduroam acts as one large, world-wide, wireless hotspot.

Before leaving campus, choose "eduroam" from the list of wireless networks on your device, use your Northwestern NetID credentials to log in following the format below:

Username: Your NetID@northwestern.edu (e.g. abc123@northwestern.edu. This is not the same as your University email address.)

Password: NetID Password

If, while traveling, you require access to Northwestern-specific resources, you must connect via the [Northwestern University VPN](#) in order to receive on-campus-equivalent Northwestern network access.

While visiting other institutions, [contact the IT Support Center](#) for technical support when troubleshooting network access with eduroam. Host institutions are not obligated to support visitors accessing eduroam.

<http://www.it.northwestern.edu/oncampus/eduroam/>

Guidebooks and Travel Websites

Suggested Travel Guides and Websites

- Lonely Planet www.lonelyplanet.com
- Rough Guides www.roughguides.com
- Yahoo Travel www.travel.yahoo.com
- Kayak – Compare airline rates www.kayak.com
- Oanda – Currency converter www.oanda.com

PRE-DEPARTURE PREPARATION

FSM's Institute for Global Health believes that it is imperative that Feinberg students are properly prepared before they embark on a clinical rotation or medical education program at an international site. The Institute for Global Health has developed a pre-departure preparation process for Feinberg students that can be completed via the Feinberg Global Health Elective Canvas course.

Pre-Departure Checklist for Global Health Education Programs

Northwestern University Feinberg School of Medicine, Robert J. Havey, MD Institute for Global Health Updated June 2023

This checklist was developed to assist **medical students participating in elective global health electives** in locating the relevant resources needed to complete the Pre-Departure Requirements associated with participation in global health experiences and receipt of Global Health Experience award funding.

This tool is best utilized once you have access to the Feinberg Global Health Elective course in Canvas. While the course should lay out your assignments, it is used by students from various programs. If you have questions about whether you need to complete something, you can always reference and take direction from this checklist or email sara.caudillo@northwestern.edu.

All the following checklist items must be completed in order to be considered ready for travel. Please note that all forms and documents will not be recorded as received unless they are uploaded to the Canvas course. Although there are no due dates listed, everything should be completed or submitted according to recommended timeline shown below.

NOTE: There are three [IGH Pre-Departure Seminars](#) offered for students participating in the Global Health Experience. You will eventually be asked to confirm which talks you attended and when (assignment within the Pre-Departure Curriculum Module). Please remember these are **required**:

- Global Health Ethics
- Top 10 Habits of Successful Global Health Practitioners
- Global Risks: Guidance and Resources for Responsible Travel

Canvas Course Assignment Checklist

At least 3-6 months prior to travel

Module: Required Waivers, Attestations & Registrations		Review	Upload	Complete
<input type="checkbox"/>	Passports and Visas	X		
<input type="checkbox"/>	Quiz: Contact, Passport & Visa Information	X		X
<input type="checkbox"/>	Office of Global Safety and Security (OGSS)	X		
<input type="checkbox"/>	Security & Health Information Resources	X		
<input type="checkbox"/>	Quiz: Records & Registration Office – Student Attestations			X

At least 3 months prior to travel

Module: Travel Funding		Review	Upload	Complete
<input type="checkbox"/>	Internal Funding Opportunities for Global Health Electives	X		
<input type="checkbox"/>	Global Health Experience Funding Application	X		X
<input type="checkbox"/>	Travel Funding Payroll Process for Students <i>* Will only be visible to students upon approval of funding application</i>	X	X	

At least 2 months prior to travel

Module: Pre-Departure Curriculum		Review	Upload	Complete
<input type="checkbox"/>	Global Health Away Elective Credit	X		X
<input type="checkbox"/>	Analytic Memo and Introspection Paper	X		X
<input type="checkbox"/>	EdX Global Health Pre-Departure Course	X		
<input type="checkbox"/>	Practitioner’s Guide to Global Health Attestation of Completion	X		X

<input type="checkbox"/>	A note on Post-Program Deliverables and Reflection	X		
<input type="checkbox"/>	Quiz: Global Health Seminar Series Attendance Attestation			X
<input type="checkbox"/>	Policies	X		
<input type="checkbox"/>	Quiz: Policies Review			X
<input type="checkbox"/>	Post-Exposure Prophylaxis Guidelines	X		
<input type="checkbox"/>	Quiz: PEP Guidelines			X
<input type="checkbox"/>	Student Handbook for Global Health	X		
<input type="checkbox"/>	Ethics & Global Health Travel	X		
<input type="checkbox"/>	Culture Shock & Communication	X		

At least 30 days prior to travel				
Module: Required Waivers, Attestations & Registrations		Review	Upload	Complete
<input type="checkbox"/>	GeoBlue Travel Health Insurance	X		X
<input type="checkbox"/>	International Travel Registry	X		X
<input type="checkbox"/>	Security & Health Information Resources	X		
<input type="checkbox"/>	Quiz: Health, Safety, and Security Attestations			X

Within 30 days of return from travel				
Module: Post-Program Deliverables		Review	Upload	Complete
<input type="checkbox"/>	Post-Program Evaluation on Global Health			X
<input type="checkbox"/>	Post-Program Reflection	X		X

<input type="checkbox"/>	Post-Program Photo Deliverable	X		X
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PACKING AND DEPARTURE CHECKLIST

- ❑ Pack light. You must be able to carry all of your own luggage at all times and in all weather conditions. Leave extra room for items purchased while traveling.
- ❑ Use an overnight bag as a carry-on. Pack everything you will need for at least one night so you will be prepared if your luggage gets lost or delayed.
- ❑ Pack according to the climate conditions and realize the indoor room temperature standards vary from country to country.
- ❑ Put a colored ribbon or some other identification item on your suitcase so that you can identify it easily, especially if it is black.
- ❑ Bring photocopies of all important documents (especially your passport photo page), carry these on your person when traveling, and leave photocopies with family.
- ❑ Bring an adequate supply of prescription medications, an original prescription in case of loss, as well as basic first aid supplies for personal use. Pack these in your carryon luggage in case your checked luggage is lost or delayed. Check the regulations of the country you will be travelling to as certain medications may be classified differently or restricted.
- ❑ Always have a backup source of funds available (i.e. a second credit card and/or cash) and keep it in a safe location separate from your wallet or purse. If you lose your wallet, you will have a backup credit card available.
- ❑ Confirm with your bank and credit card companies that you will be traveling and ensure that your cards will not be turned off due to suspicious activity. Also, ask what charges may apply to international ATM withdrawals and credit card charges. Some banks charge flat rate fees, some charge percentages or both.
- ❑ Bring a guidebook (or e-book) for the city and country to which you are traveling.
- ❑ Visit the airport website where you will be arriving and plan on how you will handle transportation to your hotel or dormitory.
- ❑ Give emergency contact information, particularly your international flight itinerary and international cell phone number to your family and to the Institute for Global Health
- ❑ If your destination requires immunizations, have you gotten them, and do you have the necessary paperwork to illustrate this (e.g. yellow fever certification)?
- ❑ Consult the website for the Centers for Disease Control and Prevention to make proper preparations for your health: www.cdc.gov
- ❑ Bring a pocket dictionary for the foreign language(s) spoken in the destination country or acquire a mobile application for translation.

DON'T carry everything in one bag. Never pack essential documents, medicine, or anything you cannot do without in your checked luggage. Put them in your carry-on.

DON'T pack money, credit cards, or checks in your suitcase. Carry these in your wallet, in a money belt, or carry-on luggage.

DON'T bring anything that you are not willing to lose (this may include expensive cameras, computers, and items of sentimental and material value.)

TIPS ON MONEY, COMMUNICATIONS & TRANSPORTATION

- Once you arrive at your housing, leave your passport there and carry a photocopy around the local town / city. If you ever do lose your passport, contact the local U.S. consulate (or other consulate that issued the passport) immediately.
- You should be able to get local currency very easily from an ATM at the airport or around the local city upon arrival. It is normally not worth the trouble of obtaining foreign currency from banks prior to travel.
- Contact your bank to let them know you will be traveling internationally so they will not shut off your card due to suspicious activity. Ask what you will be charged per transaction in fees. It is preferable to be charged a flat rate per transaction rather than a percentage rate.
- Contact your cell phone provider to find out what international calling plans are available and their costs. Make sure you know how to completely turn off data plans on your phone when traveling as apps downloading in the background can quickly add up to big roaming expenses.
- Download WhatsApp and use it to call and text for free over wireless networks from anywhere in the world. Encourage close friends and family members to download it as well.
- To keep ATM transaction costs down you may wish to visit an ATM once every week or two, withdraw a reasonable sum that will cover your expenses and leave most of the money in a safe place in your residence. You can carry a modest amount on your person for daily expenses.
- Register with the US State Department (see STEP program on their website) to let them know your dates of travel and where you will be staying in case of an international emergency.
- Leave a second credit card or debit card in your place of residence in case you lose your wallet or purse with your primary bank card. If your primary card is lost or stolen, you will have access to funds (usually via a cash advance on credit) while you wait for your primary card to be re-issued by your U.S. bank and be mailed abroad.
- Do not try to use traveler's checks. Nobody uses these.
- Always greet everyone when entering a room and say goodbye to everyone when leaving. It never hurts to be polite.
- Do not make ostentatious use of expensive cameras, cellphones, laptops, and iPods, iPads, etc... in public. Expensive handbags or backpacks can also mark you as a target for pickpockets.
- Bring a hardcopy of your acceptance letter from the host institution on your first day of the rotation to show to relevant hospital staff.
- Always dress professionally when on a rotation even if other visiting students insist that more casual wear is acceptable. Take cues from local medical students rather than from other international medical students. Do not wear open-toed shoes, sandals, or flip-flops in cities or rural areas.

RETURN TO FSM

The Institute for Global Health values engaging with FSM students on global health education initiatives at the medical school and invites their continued participation and engagement with the center after they return from their global health experience. Upon returning home to Chicago, the challenge to you will be to apply in a thoughtful manner what you have learned during your global health rotation and find ways to make contributions towards global health initiatives within the larger FSM community. There are a number of ways this can be achieved.

I. Post-Program Evaluation

The Institute for Global Health will email all returning medical students to encourage them to complete the [online evaluation tool](#) upon their return to Chicago. This feedback is extremely important to the medical school and is not only used to assess and improve existing global health opportunities but also is used as a resource for future medical students who wish to apply for rotations in the future. Students are encouraged to complete the evaluation within two weeks of returning to the U.S.

I. Post-Program Deliverables

Students receiving funding from the Institute for Global Health should submit a reflection in the format of a post-program evaluation, reflection essay, and photo documenting their experience. FSM students are encouraged to share additional photos, videos, and perspectives from their global health experience. All images must be HIPAA compliant and follow these ethical photography guidelines: https://www.cfhi.org/sites/default/files/files/pages/cfhi_photo_and_social_media_ethics_policy_updated_2022_1_2.pdf & <https://www.radiaid.com/social-media-guide>.

II. FSM Student Committee on Global Health

The Institute for Global Health has a Student Advisory Committee on Global Health which FSM students may apply to annually. FSM students from all class years are invited to participate. By serving on the Student Advisory Committee, FSM students will have a unique opportunity to work alongside center administrators and faculty to help shape the vision and direction of student engagement in global health at Feinberg. To learn more: <https://www.globalhealth.northwestern.edu/education/medical-students/committee.html>

III. Serve as Returnee Reference

FSM students love to hear from their peers about their experiences and IGH encourages returnees to stay in contact with the center and act as resources for other FSM students. Returnees are sometimes invited to speak at information sessions, serve on a global health student panel, and attend other events related to global health.

IV. Global Health Poster Session

Each year for Global Health Day, IGH sponsors a poster session to give FSM students and residents the opportunity to share their recent global health experiences with the Northwestern community and create networking opportunities among mentors and students.

PART II: HEALTH AND SAFETY

HEALTH

Students should visit their physician and dentist to ensure that they are in good health before traveling. If you have a particular health condition, the Institute for Global Health recommends that you have your medical condition documented and translated into the official language of your destination before travel.

Prescription Medication

Students needing prescription medication should bring an ample supply in the original container and a copy of the prescription. Please note that in some countries some medications are not available as prescribed in the United States. Therefore, travelers should pack all prescription medication in carry-on luggage. Do not pack prescription medications in checked luggage in the unlikely event that the luggage may be lost or delayed. Some medications may also be classified differently or restricted in some countries. Your prescriber can help you to determine whether an alternate medication should be used.

Before traveling abroad, students should take a close look at the many factors that contribute to one's physical and emotional wellbeing. With proper planning, travel can be a happy and health-promoting experience. However, travel may also trigger disorientation, stress, homesickness, and emotional exhaustion.

NMH Travel Clinic

For country specific information about vaccinations please review the location-specific information section and contact the Northwestern Memorial Hospital, Travel Medicine, (t) 312-926-3155. There is a fee for consultation.

- Health Check for Study Abroad
- Assess your health and your health-related practices
- Identify your health needs
- Check health advisories
- Know emergency contact numbers, including your health insurance information
- Consult your health practitioners
- Pack a copy of all prescriptions

NU Student Health Services Travel Clinic

NU students may receive a free consultation at NU Student Health Services Travel Clinic located at 633 Emerson St, Evanston, IL. Depending on your health insurance plan, immunizations and travel medicine may or may not be covered. Most HMO's, including NU's plan with Aetna, do not cover travel medicine immunizations. FSM students should build expenses for travel medicine and immunization

into their budgets when applying for funding. The Centers for Disease Control and Prevention (CDC) provides general guidelines on recommended immunizations and travel medicine by country.

For more information: <https://www.northwestern.edu/healthservice-chicago/>

Centers for Disease Control and Prevention Yellow Book

The Yellow Book is published every two years by the CDC and is an excellent reference for international travelers about health risks. The Yellow Book is written primarily for health professionals, but others find it useful.

For more information: www.cdc.gov

GeoBlue Health Insurance

It is important that all students have sufficient health insurance coverage while abroad. An existing personal or family insurance plan may already be adequate, but many plans are regional and may not cover you beyond a limited geographic area. For this reason, Northwestern provides excellent supplemental travel insurance via [GeoBlue](#). *Northwestern University and the Institute for Global Health requires travelers to purchase this coverage.* Be prepared to pay for medical services while you are abroad since the medical providers likely will not bill your insurance company directly. After payment, you may request reimbursement according to your insurance plan's claims procedure and benefits. [GeoBlue](#) will reimburse travelers for 100% of covered health care expenses including most primary and emergency care. For more information on health insurance coverage and services, refer to the GeoBlue section of this handbook.

Identifying Healthcare Services Abroad

International travelers should become familiar with local healthcare services in the host community prior to travel. This includes knowing the names and locations of well-regarded local hospitals with in-patient services. While many global health experiences may include valuable experiences in rural areas, FSM medical trainees should keep in mind what obstacles may exist to access to care for themselves and peers when visiting remote areas. Prior to travel, FSM trainees should consult the website for GeoBlue, which recommends local healthcare services around the world.

MENTAL HEALTH

The FAQ and resources below were prepared courtesy of NU's Study Abroad Office. For more information: www.northwestern.edu/studyabroad/

Frequently Asked Questions

I'm currently working with a counselor. What should I consider when discussing study abroad and my mental health needs?

It is extremely important to discuss your plans to go abroad with your treatment professional. Traveling abroad presents unique challenges that can heighten current symptoms. While it is very exciting to think about traveling internationally and training in a new health care system, keep in mind that moving to a different country for a global health experience means the loss of a support network, a routine, and a familiar environment. Particularly if you are taking any new medications, it is important that you reach a stable condition for a period of time before leaving Chicago.

Will I have access to a local mental health professional while I'm abroad?

Finding resources and establishing your support system is an important thing to do before you go. All FSM students are required to purchase GeoBlue. GeoBlue has mental health professionals available by phone 24/7 and will also refer students to local mental health professionals. If you are hoping to continue counseling sessions while abroad it is highly recommended that you work with GeoBlue and/or your family's insurance company, your study abroad program and Northwestern to confirm an arrangement ahead of time. For more information about GeoBlue, see page 21.

I'm currently taking medication prescribed by a psychiatrist; can I keep taking this while I'm abroad? How do I get a refill?

If you are taking a prescription medication, talk with your prescribing physician well in advance about getting the supply you need for going abroad. You can also contact GeoBlue to find out if your medication is available abroad. You will want to bring an adequate supply in the original container, and a prescription with your physician's explanation of the condition and the generic and brand names of the medication and dosage information. Check with the embassies of the countries you expect to visit to make sure your medications are not illegal there. For more information, visit www.miusa.org

Will my health insurance cover mental health treatment while I am abroad?

All FSM students purchase GeoBlue insurance before going abroad, which does cover some mental health treatment abroad. It is important to contact them ahead of time to confirm that your treatment needs will be covered. You should also check with your regular policy to see if it provides the

coverage you need for medical services abroad, and whether your plan pays providers directly, or requires you to pay and seek reimbursement. Pay close attention to benefits relating to pre-existing conditions, prescription drugs in more than a 30-day supply, and mental health coverage for seeing psychologists or counselors.

Mental Health Considerations Before Travel

Mental health support services vary widely from country to country and within communities and populations and you may not have access to mental health services in some countries. If you anticipate needing support services while abroad, it is essential that you do some research before you go to know if, what, and where those services are available in your host country.

If you are taking a prescription medication, bring an adequate supply in the original container, and a prescription with your physician's explanation of the condition, as well as the generic and brand names of the medication and dosage information. Check with the embassies of the countries you expect to visit to make sure your medications are not illegal in the host country.

Be sure to review potential side effects of your medications with your provider, as your body may react differently because of adjustment to new sleep habits, time zones, activities, and diet.

Do not plan on shipping medications abroad since it will require customs paperwork and may be delayed in delivery. Maintain your usual dosage and pattern of taking your medication while you are away from home. Consult with your physician before making any changes to your dosages. Consult with your physician about any necessary adjustments to your dosage due to significant changes in time zones.

Remember that while you may see your mental health concerns as something “in your past,” preparing for and actually participating in this new experience may bring about a return of symptoms or increased depression and anxiety. Since it is always easier to prevent or respond to difficulties if they have been anticipated ahead of time, speaking with a medical or mental health professional before you leave will allow you to prepare coping strategies and appropriate treatment options. Contact your current providers or Counseling and Psychological Services (**CAPS**) for support prior to your departure and/or to discuss your readiness to have a global health experience.

How do I know if I need to see a mental health professional while I'm abroad?

If you are currently working with a therapist/psychiatrist, discuss this before you go. Some signs to look for that may indicate the need for professional support include, but are not limited to:

- Heavy alcohol or drug use
- Not getting out of bed

- Staying in a room alone
- Changes in eating habits such as eating excessively or very little
- Avoiding friends
- Not attending classes or marked decrease in academic performance.

Remember, you know yourself best and should seek out assistance when needed.

What should I do if I am in crisis?

Anytime you are in a crisis situation abroad or feel your health and/or safety is at risk, you should first contact your on-site program director and/or the local emergency services. If they are unavailable, GeoBlue Global Health Insurance has mental health professionals available to you 24/7. You should carry the contact information of your onsite director and ID cards for GeoBlue with you at all times so that you have access to these numbers.

Mental Health Resources

Northwestern Counseling and Psychological Services (CAPS)

The services that CAPS offers are designed to assist students, mainly through individual and small group interventions, in overcoming obstacles and in achieving their academic and other personal developmental goals. The staff also emphasize to students the importance of taking time to take care of their emotional and psychological health and to find balance in their lives.

GeoBlue Global

The safety and well-being of University employees and students who travel outside the United States for University-related activities is of paramount importance. To best meet the medical needs of those who travel abroad, Northwestern University requires all study abroad students to obtain health insurance from GeoBlue. GeoBlue has mental health professionals available by phone 24/7 and will also refer students to local mental health professionals.

While you are abroad, your first contact should always be the director of your overseas program. Contacts at the Institute for Global Health, our Deans in AWOME (Augusta Webster Office of Medical Education), and NU Police are all available to you at any time. See Emergency Contacts on page 31.

GEOBLUE SUPPLEMENTAL HEALTH INSURANCE

It is required that FSM students register for GeoBlue insurance before traveling for a global health rotation. Northwestern University offers students, faculty, and staff supplemental GeoBlue travel insurance at an additional cost. GeoBlue insurance covers primary care when traveling abroad for a nominal fee (\$1.97 per day.) GeoBlue is not meant to be a substitute for domestic health insurance and should not be used to replace your primary health insurance coverage, but covers an individual for certain services when outside of the U.S. This comprehensive insurance plan provides up to \$250,000 in medical coverage with no deductibles. In coordination with their partners, Crisis24 (formerly Drum Cussac), GeoBlue also provides evacuation services in the event of a medical emergency, natural disaster or civil/political unrest.

Coverage Highlights

- Zero deductible/no co-pays/no co-insurance
- Pre-departure consultations with GeoBlue Global Health team
- Routine, non-emergency care (including appointment assistance)
- Continuing services needed for pre-existing condition (such as physical therapy, allergy shots, counseling, routine blood work, etc.)
- Emergency treatment for accidents, injuries, illness, etc.
- Mental health services (including counseling/therapy)
- Prescription medication
- Care coordination/quality assurance
- Remote counseling and telehealth services

Travelers with pre-existing health conditions are strongly encouraged to discuss strategies for managing their condition abroad with a GeoBlue Global Health specialist in advance of departure. Global Health specialists are available 24/7 at (610) 254-8771. Tell the operator you are calling about planning for future travel (not seeking immediate, emergency medical assistance).

Additional Specialty Benefits

Requires approval from GeoBlue before benefit is conferred:

- Emergency family travel arrangements
- Medical evacuation
- Security/natural disaster evacuation (provided by Drum Cussac)
- Medical escort for travelers unable to return on their own
- Repatriation of remains
- Accidental death/dismemberment benefit

Activity Exclusions

Illness or injury as a result of participating in any of the following activities will not be covered under this policy:

- Participation in professional sport, contest, or competition
- Mountaineering (where ropes and climbing equipment are customarily used)
- Ultra-light aircraft, parasailing, sailplaning/gliders
- Scuba/skin diving
- Hang gliding/Parachuting/sky diving/bungee jumping

Enrollment Confirmation

Travelers are required to carry a copy of their GeoBlue certificate card ([see example](#)), which can be printed as a PDF upon confirmation of GeoBlue coverage. This confirmation will come via email within 24 hours of enrollment and requires travelers to [create a profile](#) on the GeoBlue website.

Accessing Care Abroad

Students on direct enrollment or third-party provider programs as well as Northwestern faculty and staff who need medical care abroad should contact GeoBlue's Global Health Team directly by phone (24/7) at (610) 254-8771 by email at globalhealth@geo-blue.com. Callers should be prepared to provide their GeoBlue certificate number, current location (city/country), a description of symptoms (and whether or not they are related to any pre-existing conditions in case referral to a specialist is required), and any relevant contact information.

In the case of a medical emergency, do not send e-mail. Go to the nearest treatment facility and phone GeoBlue as soon as possible.

For non-emergency medical needs, patients are directed to the nearest GeoBlue-affiliated facility so that no out-of-pocket costs are incurred (and there is no deductible). If the patient prefers to see another provider, GeoBlue can inquire with the treatment facility to see if they would be willing to establish a direct-bill relationship. If this is not possible, the patient will need to pay up-front for the care and seek reimbursement from GeoBlue. In any circumstance, students, faculty, or staff can also contact Northwestern University Police for any emergency abroad, (847) 491-3456. The duty officer will locate the Director of Global Safety and Security (or her back-up), who will return the call.

Reimbursement / Notice of Claim

GeoBlue makes every effort to direct travelers to facilities with which they have a direct financial relationship, so that travelers do not incur out-of-pocket costs. However, this is not possible in all locations abroad. If travelers pay up front for care, GeoBlue will reimburse these costs, so long as the patient produces a receipt and completes a claim form. Please be sure to note your GeoBlue Certificate number on the claim form for quicker processing. For comprehensive details on the policy or for additional questions, please contact GeoBlue

GEOBLUE GLOBAL HEALTH INSURANCE

International Assistance, Emergency Evacuation and Repatriation, Accident and Sickness Insurance.
For more information, email claims@geo-blue.com or visit <https://www.geo-blue.com/> GeoBlue Insurance is administered by:

GeoBlue Worldwide
100 Matsonford Rd, One Radnor Corporate Center, Suite 100
Radnor, PA 19087
PHONE (610) 254-8771 United States
(800) 257-4851 Toll-Free Inside the U.S.
FAX (610)482-995350

GUIDELINES FOR BLOOD-BORNE PATHOGEN EXPOSURE AND POST-EXPOSURE PROPHYLAXIS AT GLOBAL HEALTH FIELD SITES

Developed by Dr. Brian Jack and colleagues at Boston University

Adapted with permission by Dr. Chad Achenbach, Dr. Kristin Darin, and Dr. Shannon Galvin for
Feinberg's Institute for Global Health at Northwestern University

Last Reviewed July 2023

Purpose

The purpose of the guidelines are to delineate recommended actions that should be taken in case of an occupational exposure of any member of the Feinberg School of Medicine to infected or potentially infected bodily fluid while at a global health field site, i.e. off-campus, non-U.S. site. The policy extends to Feinberg School of Medicine students.

The guidelines outline the recommendations of the Feinberg School of Medicine (FSM). 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 students in FSM global health programs will be provided with a copy of these guidelines and should familiarize themselves with it prior to travel so that they are prepared 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. See OSHA website in appendix. In the event of a potential exposure, immediate action will be taken to protect the exposed person. A copy of these guidelines will be readily available to FSM students. An exposed individual should first consult an attending physician or clinical preceptor at the host institution and contact FSM as soon as possible for further advice – please see Emergency Contacts section of this document for more details. *The guidelines supplement rather than replace FSM's current needle-stick policy and apply only to global health sites. Link to FSM's current needle-stick policy is included in appendix.*

Reduction of Risk

All FSM global health program participants, i.e. all FSM graduate students, are required to have a full course of vaccination against hepatitis B virus prior to travel. If possible, antibody titers should be obtained to prove immunity. It is recommended that all members, including faculty, residents, and clinical volunteers, be tested for HIV at least once prior to travel regardless of personal risk factors. Individuals who engage in personal behaviors placing them at high-risk for HIV exposure should be tested more frequently, as needed based on risk exposure.

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, 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 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.

Nonblood borne pathogen transmitting 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 (100 times and 10 times less, respectively). The risk of transmission of HIV due to sexual intercourse is summarized in table 2.

There is also a risk, although lower, of transmission of any other infectious agent present in the blood (viruses that cause hemorrhagic fever, 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 (infected) patient, a sharp that is visibly contaminated with HIV-positive blood, or an untreated source patient with primary HIV infection or end-stage HIV.

The HIV prevalence in some world regions is high. Estimates of HIV prevalence in sub-Saharan African countries range from ~3% to 30% depending on what population is considered. The hospitalized population is estimated to be ~50% HIV-infected (1). Hepatitis B and C prevalence 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(s) offer the benefit of preventing transmission, though it may be associated with risk of adverse drug effects to the exposed person (see table 3). These guidelines provide a recommendation about when to take PEP and describe 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. Stop what you are doing immediately and rinse/disinfect the exposed area.** Percutaneous injuries should be allowed to bleed and rinsed thoroughly in running water for five minutes. Mucous membranes including the eyes should be rinsed with saline or with water for five minutes.
- 2. Evaluate the type of exposure.** If exposure was to potentially infectious body fluids (see above) via percutaneous injury, mucus membranes, cutaneous lesion or sexual contact then consider initiation of PEP. If exposure was to non-infectious fluids (i.e. non-bloody sputum, vomit, or feces) then you do not need to take PEP.
- 3. Briefly evaluate the source patient.** In these settings, the HIV status of patients may be unknown or recent testing unavailable at the time of exposure. If the current HIV status for the source patient is not known, have someone help you with obtaining consent from the source patient or family for immediate testing for HIV, Hepatitis B and Hepatitis C, if available.

At the time of exposure, if the patient: a) is known to be HIV infected, b) has an unknown HIV status, or c) if there is uncertainty about whether the patient could be acutely infected with HIV and in a “window” period, then ***immediately initiate HIV PEP.***

- 4. Initiate HIV PEP as soon as possible after the exposure.** Do not delay the administration of PEP more than 2 hours post-exposure. If more than 72 hours have passed since the exposure (usually in the setting of sexual exposure), PEP may not be recommended. In this case, seek consultation with the Northwestern Infectious Diseases specialist assigned to you prior to your departure at the debriefing (see below #5).

Recommended HIV PEP regimens

The recommended regimens for HIV PEP are the following regimens for **28 days**:

Truvada® (tenofovir 300 mg/emtricitabine 200 mg) one tab PO once daily OR Descovy (tenofovir alafenamide 25mg/emtricitabine 200mg) one tab PO once daily

And

raltegravir 400mg po twice daily OR dolutegravir 50mg po once daily

Alternative options that may be found at international sites are below: (Pick one drug/drug pair from each bulleted section below; the regimen should contain three full-dose antiretroviral drugs. Either the brand name or generic products are acceptable):

- **(Pick one drug/drug pair):**

Preziata® (darunavir 800mg po once daily and Norvir® (ritonavir) 100mg po once daily OR

Reyataz® (atazanavir) 300 mg one tab PO daily + Norvir® (ritonavir) 100 mg one tab PO daily with food

OR

Kaletra® or Aluvia® (lopinavir 200 mg/ritonavir 50 mg) two tabs by mouth (PO) twice daily with food

PLUS

- **(Pick one drug pair):**

Combivir® (zidovudine 300 mg/lamivudine 150 mg) one tab PO twice daily OR

Truvada® (tenofovir 300 mg/emtricitabine 200 mg) one tab PO once daily OR

tenofovir 300 mg/lamivudine 300 mg one tab PO once daily.

Note: although other combinations of antiretroviral medications may be appropriate for PEP, nevirapine (NVP) is **contraindicated** for use as PEP and should **never** be used.

If the affiliated FSM global partner is designated in these guidelines under “HIV PEP Kit Access” as having a policy in place and HIV PEP kit available, the HIV PEP medication regimen should be obtained from the local healthcare facility or clinic. Otherwise, consult the section on “Unaffiliated FSM Partner Institutions.” Exposed individuals are encouraged to assure local health care providers that all expenses for medication and lab tests will be reimbursed promptly by Northwestern University.

People taking HIV PEP may experience uncomfortable side effects and choose to discontinue before the 28 days are complete. *Discontinuation is highly discouraged* without first consulting your Infectious Diseases (ID) specialist. Many side effects can be managed symptomatically, so a person taking HIV PEP and experiencing side effects is encouraged to seek medical consultation in order to consider options before self-discontinuing HIV PEP.

5. **Alert your local direct clinical supervisor and your assigned Northwestern Infectious Diseases faculty specialist as soon as possible. Do not delay the steps listed above while waiting to contact your supervisor or faculty member.** The Northwestern ID faculty member will initiate an incident report. If you have any medical conditions, are 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 notify the ID faculty consultant of these issues at the initial communication. **Do NOT delay initiation of HIV PEP while awaiting consultation and communication.**

6. **You must have the following laboratory tests performed at your local healthcare facility as soon as possible after the exposure and initiation of PEP (see table 4):** HIV Rapid Test, hepatitis B surface antigen, hepatitis C antibody, complete blood count, creatinine, ALT, and Urine HCG (for females only). In the event that these tests are not available, get all the testing that you can and proceed with initiation of PEP. Again, do not delay the administration of PEP more than 2 hours post-exposure while obtaining laboratory testing. If you decide not to take PEP, then you should still be evaluated and have the following laboratory testing: rapid HIV test, ALT, hepatitis C antibody, hepatitis B surface antigen, and urine HCG (for females only).

Considerations for hepatitis B PEP: At your visit to the local healthcare facility post-exposure, they will assess your need for hepatitis B PEP. You do NOT need hepatitis B PEP if you have received the HBV vaccine within the last five years AND have had antibody testing to prove response with anti-HbS level >10 IU/L. If you have ever had an antibody anti-HbS >100IU/L, then there is no need for hepatitis B PEP regardless of when the last vaccine was given. These assessments should have been performed prior to your departure by student health services. In the case that you do not fulfill the criteria above, then you should initiate hepatitis B revaccination as PEP, if available at the local healthcare facility. If you have never been vaccinated against hepatitis B, the vaccine should be given and the option to travel and obtain immune globulin treatment should be considered.

There is no post-exposure prophylaxis for hepatitis C, and often no readily available laboratory testing in many low resource settings. Exposed persons should seek medical attention immediately if they experience any symptoms of hepatitis. One hepatitis C antibody test should be performed at the time of exposure and six months after exposure to evaluate for hepatitis C infection, and hepatitis C viral load should be done at 6 weeks.

7. **You must complete an incident report according to the policy of the training site where the incident has taken place.** The ID faculty consultant to whom the exposure is reported will also fill out an incident report to be kept on file. The incident report will contain your name, the date, a narrative of the details of the exposure, the type of exposure and the source patient, and a record of whether you decided to take PEP. The case will be reviewed by clinical faculty in six months and the outcome will be recorded in the report, including changes in the PEP plan, and final HIV and hepatitis B and C

results, if you consent to providing this information. The disclosure of information about test results or the course of PEP is completely voluntary. Disclosure of this information is requested to help the program to assess the utility and efficacy of the PEP policy.

- 8. You should follow up with your local healthcare facility or your assigned faculty ID specialist for clinical visits and blood work according to the schedule in table 4.** You should not engage in unprotected sex or donate blood during the first six months after exposure to prevent the possible spread of HIV or hepatitis B or C. If you have side effects or problems with taking PEP, then immediately discuss these issues with your local clinical advisor as well as your assigned Northwestern ID faculty specialist.

HIV PEP Kit Access

Affiliated FSM Partner Institutions:

Many affiliated FSM global partners have their own policies on needle stick protocol and visiting trainees should familiarize themselves with local policies and how to access the HIV PEP kit upon arrival. If trainees plan on training at rural district hospitals/clinics for an extended period of time or plan on spending time on rotations where access to the HIV PEP kit would be limited or unavailable, students should ask the attending on day one of the rotation what PEP resources are available in the case of an exposure and take proper precautions regarding occupational hazards.

Affiliated Partners that have needle-stick policies in place and offer HIV PEP Kits on-site to international students:

- Centro de Investigaciones Tecnologías, Biomédicas y Medioambientales (CITBM) – Peru
- Centro Medico Susan Hou - Bolivia
- Charite University – Germany
- Child Family Health International – Various locations
- Clínica de Familia – Dominican Republic
- Hillside Health Care Clinic – Belize
- Karolinska Institutet – Sweden
- Keio University – Japan
- Makerere University – Uganda
- Royal College of Surgeons in Ireland
- Stellenbosch University
- Tel Aviv University – Israel
- Trinity College Dublin – Ireland
- Universidad Panamericana – Mexico
- Université Cheikh Anta Diop – Senegal
- Université de Strasbourg – France

Short-term visits to rural community-based clinics, including but not limited to the COBES program at Makerere University, the Hope/FAMCRU program at Stellenbosch, and the social service program at Panamericana may involve visits to facilities that do not have PEP kits available. Students should be aware of the risk involved.

Unaffiliated FSM Partner Institutions: It is the responsibility of FSM students who independently identify international host-institutions to inquire prior to travel whether an HIV PEP kit is available for visiting international trainees. See the Institute for Global Health's Approval Form for Unaffiliated Sites. If students plan to visit rural district hospitals and/or plan on spending time on rotations where access to the PEP kit designated would be limited or unavailable, students will be traveling and training at their own risk.

Communication Protocol

FSM trainees and/or faculty who have been exposed should first consult the local attending physician and/or local medical director about PEP protocol at the local, host-institution. Next, trainees should contact FSM's emergency contacts in the Institute for Global Health as soon as they are reasonably able. **Do NOT delay initiation of PEP while awaiting consultation and communication with FSM.**

Trainees should email ALL emergency contacts listed below after an exposure. If no local physician or medical director is available students should contact FSM faculty by email, phone and/or Skype. Trainees should schedule a consultation with an FSM faculty member in the Division of Infectious Disease upon their return to FSM.

Emergency FSM Contacts

1. Dr. Shannon Galvin, Associate Professor, Division of Infectious Disease; Institute for Global Health
 - a. Email: s-galvin@northwestern.edu
 - b. Cell: 1-312-613-8161
2. Dr. Chad Achenbach, Associate Professor, Division of Infectious Disease; Institute for Global Health
 - a. Email: c-achenbach@northwestern.edu
 - b. Cell: 1-773-251-6970
 - c. Skype: chad.achenbach
3. Dr. Robert Murphy, Professor, Division of Infectious Disease; Institute for Global Health
 - a. Email: r-murphy@northwestern.edu
 - b. Cell: 1-312-404-1352

Students should also CC the following Deans in the office of Medical Education:

1. Dr. Sandy Sanguino, Senior Associate Dean, Medical Education
 - Email: ssanguino@northwestern.edu

The exposure and subsequent lab results and treatment should be documented in an incident report (described above in Action #7) and shared with both FSM and the medical director at the host institution.

TABLES

Table 1. Risk of transmission after occupational exposure to infected blood

Virus	Exposure Type	Risk of Infection
HIV	Percutaneous	0.3%
HIV	Mucocutaneous*	0.09%
HBV	Percutaneous	10-30%
HCV	Percutaneous	0-10%

*Exposure to mucus membranes or cutaneous cuts or abrasions

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

Exposure Type	Risk of Infection
Receptive anal intercourse	1.38%
Insertive anal intercourse	0.11%
Receptive vaginal intercourse	0.08%
Insertive vaginal intercourse	0.04%
Receptive or insertive oral sex	Low, but not zero

Table 3. Description of different forms of post-exposure prophylaxis (PEP)

Virus	PEP Options	Benefit	Risk
HIV	28 days of combination (3-drug) antiretroviral therapy	80% reduction of risk of transmission	Medication side effects depending on PEP regimen
Hepatitis B	Hepatitis B vaccine Hepatitis B immune globulin	No good data as an occupational form of PEP, but when combo given in perinatal situation, transmission from mother to child is prevented in 85-95% of cases	Allergic reaction, pain at infection site
Hepatitis C	None		

Table 4. Recommended clinic visit and laboratory monitoring follow-up after exposure.

Time since exposure	Taking PEP	Not taking PEP
Initial visit as soon as possible after exposure	Rapid HIV test, Hepatitis C antibody, Hepatitis B surface antigen, creatinine, ALT, Complete Blood Count (CBC), and urine HCG (if applicable)	Rapid HIV test, Hepatitis C antibody, Hepatitis B surface antigen, ALT, and urine HCG
2 weeks	Rapid HIV test, creatinine, ALT, and CBC	None
6 weeks	HIV test and ALT, hepatitis C viral load	HIV test and ALT, hepatitis C viral load
12 weeks	HIV test and ALT	HIV test and ALT
6 months	HIV test, Hepatitis C antibody, Hepatitis B surface antigen and ALT	HIV test, Hepatitis C antibody, Hepatitis B surface antigen and ALT

APPENDIX

1. Occupational Safety & Health Administration Universal Precautions: <https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>
2. Feinberg’s Needle Stick policy: <http://www.feinberg.northwestern.edu/education/current-students/policies/needle-stick.html>

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<https://www.cdc.gov/hiv/risk/pep/index.html>

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5. Medcines Sans Frontieres Post-Exposure Prophylaxis Policy, February 2005.

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PRACTICING SAFETY ABROAD

By choosing to participate in a clinical rotation at an international site, the Institute for Global Health hopes that you will continue to challenge yourself and take advantage of the opportunities that present themselves to you while abroad. Remember that you have a significant role in your own health and safety. Pay attention to your surroundings, keep your head on straight, and do not place yourself in situations that could be potentially dangerous. Prior to travel, you should do careful research on your destination country. Read about the political system, culture, language, and history to better prepare yourself for a safe and fulfilling study abroad experience.

Any person traveling to a foreign country or city should be careful, regardless of location. “Street smarts” are useful everywhere. Standard safety precautions include always knowing your destination, traveling in groups and with maps, using a money belt, and not keeping valuable items in purses or backpacks. You should always keep your eyes wide open, look confident and in control. That said, it is also important not to become paranoid so that your time abroad is spent in fear.

Use common sense: No matter where you travel, even in English-speaking countries, remember that you must be aware of your environment because you are new to (or re-entering) the culture.

Avoid traveling alone. When exploring a new campus, city, or town, it is a good idea to be with a colleague or friend at all times, including free time, shopping and entertainment. You should communicate with your local contact at the partner university, clinic, or organization and share your plans for travel and cell phone number, including during weekends and evenings. Never go home with a stranger, and never invite a stranger into your hotel / dorm.

Street smarts: This means using your best judgment in all situations. When faced with the question of “is it too late to walk home alone?” – use the same logic you would in Chicago or any other big city. When in doubt, play it safe. Trust your instincts and move away from uncomfortable situations. Never allow strangers into your room or apartment. Learn how to use local phones and report emergencies. Always lock your doors and windows when you go out. Do not leave valuables such as cash, laptops, cameras out in plain view in your hotel or dorm or unattended when in public.

Be aware and alert: Stop, look, and listen, then ask questions. Do people hail cabs, or do they call first? What are the subway hours? Educate yourself about your new environment and learn how people function. Learn about the nightlife of your country; never assume you know how people act and conduct themselves. Consult with the hotel front desk on safety and where to go. They are there to help you and have important local knowledge.

Be prepared for the unexpected: Make sure your family, a friend, or partner has copies of your passport, license, and credit card numbers. Keep copies for yourself just in case these items are lost,

so that you can replace them. Never carry large amounts of cash with you or all of your traveler's checks at once; using an ATM card is likely the best way to get cash but plan ahead using guidebooks and other resources.

For more information about safety in your particular destination country, you can look at U.S. Consular Information Sheets [here](#).

The Institute for Global Health at Northwestern University is committed to the safety, security, and well-being of FSM students both when they are abroad. While efforts are made to ensure the safety of participants, it is necessary to note that each participant is the primary person responsible for his or her own safety and security. The following outlines the responsibilities of participants, procedures in the event of an emergency, and recommended codes of conduct. *

Prior to departure:

- Familiarize yourself with the terms of participation, codes of conduct, host-country law, and emergency procedures.
- Educate yourself about host-country conditions, customs, and laws that may present health and/or safety risks.
- Register for security alerts and upload emergency contact information to Drum Cussac website.

While abroad:

- Upon arrival, provide family and staff with emergency contact information, especially your international cell phone number.
- Comply with terms of participation, codes of conduct, and host-country law.
- Express any concerns about local conditions to program staff.
- Familiarize yourself with the procedures for obtaining emergency health and law enforcement services in the host country.
- Follow the program policies for keeping program staff informed of your whereabouts (e.g. travel plans).
- Maintain a low profile and act responsibly.
- Do not accept a drink (especially alcoholic, but even non-alcoholic beverages) from strangers. Some criminals will add drugs to beverages before robbing or assaulting their victims.

In the event of terrorism, political unrest, war, or natural disaster:

- Report your whereabouts. Contact the Northwestern Police Department International Emergency Assistance 1-847-491-3456 and the Institute for Global Health, 1-312-503-8829; kate.klein@northwestern.edu.
- Return to your host family or other living quarters and await contact from program staff or local authorities. Follow their instructions: Specific response plans will vary according to the situation at hand

- Avoid congregating in groups of Americans or foreigners and try to avoid places known to be frequented by foreigners

Safety Tips

- Do not go out alone. Always be with at least one other friend or colleague when exploring a new city or country
- When traveling, carry your valuable documents on your body and pack photocopies of them in a separate piece of luggage
- When it comes to your passport and your wallet, be vigilant
- If you are not in transit, leave your valuables safely at home or in the safe at the hotel.
- Do not take anything with you that you don't want to lose
- Don't depend on the kindness of strangers; know your traveling companions.
- Walk in groups whenever possible
- Be respectful and polite to those you meet. Remember you are a guest in someone else's country. If you conduct yourself accordingly, people will be more willing to help you adjust
- Register with the U.S. Embassy before travel
- Do not accept drinks from strangers

EMERGENCY ACTION PLAN (EAP)

An EAP is an action plan that allows groups of people to facilitate and organize responses and behavior in advance of emergencies.

Types of emergencies: Emergencies may be medical or involve fire, severe weather, terrorist threat, chemical spill, extended power loss, political protests, riots, or other unforeseen events.

Emergency phone numbers: Key questions to ask oneself prior to an emergency are: Do you know how to contact local police and fire departments? Do you have contact information for key personnel at the host and home institutions? Do family members, friends, and colleagues know how to contact you in case of an emergency at home? Do you have these critical numbers programmed into your cell phone AND written down in case you lose your cell phone?

Designated contact person: In case local communication networks are temporarily down or if there is a medical emergency that makes it difficult to communicate with all members of a group, it can be helpful to have one person identified as the primary contact person, so all members of the group can report to one individual who can quickly account for each individual's safety. It often works best if that contact person is someone that everyone knows and who is in a neutral location. It could be a mutual friend back home in Chicago or someone's friend or family member who lives locally.

Text messaging: Often times in the case of severe weather or terrorist threats, local communication networks can get clogged with the sudden increase in calls causing delays, dropped lines, and miscommunication. Text messaging is a good (but not full proof) alternative to allow you to quickly get in touch with others. In case cell phone networks are down entirely, having a designated meeting place identified, and moving towards that location to meet up with others is the next best alternative.

Designated Meeting Place: Prior to an emergency, groups should identify a common meeting area so that everyone will know where to assemble in case communication systems are temporarily down. This makes it easier to account for all personnel.

U.S. State Department and Local Consulate: The Smart Traveler Enrollment Program (STEP) is a free service provided by the U.S. Government to U.S. citizens who are traveling to, or living in, a foreign country. STEP allows you to enter information about your upcoming trip abroad so that the Department of State can better assist you in an emergency. Also, if one experiences problems with the local authorities (such as an arrest) or local foreign government, you should immediately request to be put in touch with the closest U.S. consulate which can offer legal advice, medical services, and other emergency response services.

<https://step.state.gov/step/>

PART III: ACADEMICS

GLOBAL HEALTH CORE COMPETENCIES

The global health essential core Competencies were developed by the joint U.S./Canadian Committee on Global Health Core Competencies in 2008-2009 via the Global Health Education Consortium (GHEC) which has since become Consortium of Universities for Global Health (CUGH).

All medical graduates should understand the major factors that influence the health of individuals and populations worldwide. They should have a basic understanding of the complexity of global health issues, especially in low-resource settings, and be able to identify sources of information concerning global health topics. They should appreciate the role of physicians as advocates for improving the health of patients and populations in their communities and globally.

These competencies were developed by a Joint US/Canadian Committee on Global Health Core Competencies in 2008-09. The Committee's work benefitted greatly from a Report of the Association of Faculties of Medicine of Canada's Resource Group on Global Health, as well as review of recent literature on this topic. The competencies are made available on GHEC's website in the hopes they will elicit discussion, refinement and use in the planning of global health curricula.

All medical graduates should have competency in the following areas:

1: GLOBAL BURDEN OF DISEASE

A basic understanding of the global burden of disease is an essential part of a modern medical education as this knowledge is crucial for participating in discussions of priority setting and the allocation of funds for all health-related activities. A medical graduate should be able to demonstrate:

- A. Knowledge of the major global causes of morbidity and mortality and how health risks vary by gender and income across regions.
 - Be able to describe the principal measures of morbidity and mortality and their roles and limitations for health program monitoring, evaluation, and priority setting.
 - Be able to identify the major categories of morbidity and mortality used by the World Health Organization (WHO) and to describe how the relative importance of each category, and of the leading diagnoses within each category, vary by age, gender, WHO region, and between high, middle, and low-income regions. For example:
 - Be able to efficiently access global health data from sources such as the WHO Global Burden of Disease measures and understand the limitations of these data.

- B. Be able to knowledgeably discuss priority setting, healthcare rationing and funding for health and health-related research
 - Be familiar with the concepts of priority setting and healthcare rationing and be able to describe challenges for the existing healthcare system in your community/country.
 - Be aware of global systems of funding for health research and service provision and describe what is meant by the concept of neglected diseases

2: HEALTH IMPLICATIONS of TRAVEL, MIGRATION and DISPLACEMENT

Travel, migration, and displacement may have significant impact on the health of individuals and populations. Medical graduates should have an understanding of health risks associated with international travel, migration, and foreign birth in order to appropriately manage patients in their care. The proper management of patients necessitates taking into consideration perspectives and implications posed by international travel, foreign birth, or culture. A medical graduate should be able to:

- A. Understand health risks associated with travel, with emphasis on potential risks and appropriate management, including referrals
 - Know general patterns of disease and injury in various world regions, and how to counsel or refer patients traveling to or returning from those areas.
 - Understand the importance of a recent or past travel history when patients are present for care and have proficiency in obtaining a relevant travel history.
 - Recognize potentially serious or life-threatening conditions such as the febrile traveler and be able to arrange timely, appropriate referral.
- B. Understand the health risks related to migration, with emphasis on the potential risks and appropriate resources
 - Understand the basic demographics of foreign-born individuals in one's local community and country.
 - Recognize when foreign birth places a patient at risk for unusual diseases or unusual presentation of injuries, common diseases or tropical diseases and make an appropriate diagnosis or referral.
 - Be able to elicit individual health concerns in a culturally sensitive manner.

- Be familiar with issues that arise when communicating with patients and families using an interpreter.
- C. Understand how travel and trade contribute to the spread of communicable diseases
- Describe the concept of a pandemic and how global commerce and travel contribute to the spread of pandemics.
 - Understand how travelers may contribute to outbreaks of communicable diseases such as measles in a context of local and international populations with varying levels of immunization
 - Be aware of the utility and limitations of common infection control and public health measures in dealing with local or global outbreaks.
 - Know how to liaise with local or regional public health authorities and be aware of national and international public health organizations responsible for issuing health advisory recommendations

3A: SOCIAL and ECONOMIC DETERMINANTS of HEALTH

Physicians should understand the many ways social and economic conditions affect health, both to recognize disease risk factors in their patients and to contribute to improving public health. A medical graduate should be able to:

- A. Understand the relationship between health and social determinants of health, and how social determinants vary across world regions
- Define health inequity and be able to describe one local and one international example.
 - List major social determinants of health and their impact on differences in life expectancy, major causes of morbidity and mortality and access to healthcare between and within countries.
 - Topics include absolute and relative poverty, urbanization, crowding, inadequate housing, education (especially for females), gender and other inequities and discrimination based on race, ethnicity, or other social determinants.
- B. Be aware of local, national, or international interventions to address health determinants
- Examples include the UN Millennium Development Goals or the US Global Health Initiative

3B. POPULATION, RESOURCES, and ENVIRONMENT

Demographic projections anticipate a ~40% increase in the world population by 2050, with almost all of it concentrated in low-income countries. This growth will have a major adverse impact on the availability of food, water, and other essential resources and increase the planet's pollution. A medical graduate should be able to:

- A. Understand the impact of rapid population growth and of unsustainable and inequitable resource consumption on important resources essential to human health including water, sanitation and food supply and know how these resources vary across world regions
 - Have a basic understanding regarding the adequacy of nutrition, potable water, and sanitation in different regions around the world.
- B. Describe the relationship between access to clean water, sanitation, and nutrition on individual and population health
 - Explain the basic relationship between the availability of adequate nutrition, potable water and sanitation and risk of communicable and chronic diseases and provide specific examples.
- C. Describe the relationship between environmental degradation, pollution, and health
 - Be able to explain examples of causes of pollution and environmental degradation and their consequences for health globally. For example: The effects of air pollution on chronic lung and cardiovascular disease, the relationship between environmental pollution and cancers, Radon, and lung cancer; benzene and leukemia

4: GLOBALIZATION of HEALTH and HEALTHCARE

Globalization affects all aspects of healthcare including the ability of governments or organizations to provide adequate care, the evolution of the local healthcare system, disease patterns and the movement of healthcare workers within a global shortage of health human resources. A medical graduate should be able to:

- A. Understand how global trends in healthcare practice, commerce and culture contribute to health and the quality and availability of healthcare locally and internationally
 - Describe different national models for public and/or private provision of healthcare and their impact on the health of the population and individuals.
 - Be aware of examples of how globalization and trade, including trade agreements, affect availability of healthcare such as patented or essential medicines.

- B. Be familiar with major multinational efforts to improve health globally
 - Describe the core functions and role of the WHO in developing healthcare policies and practices.
 - Discuss the function/intention of the Millennium Development Goals and identify health-related objectives, including: reduce child mortality, improve maternal health, eradicate extreme poverty and hunger, combat HIV/AIDS, malaria and other diseases
- C. Understand and describe general trends and influences in the global availability and movement of healthcare workers
 - Know the approximate extent of national and global healthcare worker availability (shortage).
 - Describe the most common patterns of healthcare worker migration (“brain drain”) and its impact on healthcare availability in both the country that the healthcare worker leaves and the country to which he/she migrates.

5: HEALTHCARE in LOW-RESOURCE SETTINGS

Healthcare needs and resources differ markedly between high- and low-resource settings, yet most medical training occurs in high-resource settings. To effectively care for patients across a range of settings, a medical graduate should be able to:

- A. Identify barriers to health and healthcare in low-resource settings locally and internationally.
 - Describe barriers to recruitment, training, and retention of human resources in underserved areas such as rural, inner-city, and indigenous communities within high- and low-income countries.
 - Describe the effect of distance and inadequate infrastructure on the delivery of healthcare. For example, be able to discuss the effects of travel costs, poor roads, lack of mailing address or phone system, lack of medicines, inadequate staffing, and inadequate and unreliable laboratory and diagnostic support.
 - Identify barriers to appropriate prevention and treatment programs in low-resource settings. For example, be able to discuss the effects of low literacy and health literacy, user fees, lack of health insurance, costs of medicines and treatments, therapies and procedures, advanced presentation of disease, lack of provider access to management guidelines and training including continuing professional development, concerns regarding quality of care – real or perceived, cultural barriers to care, underutilization of existing resources, issues facing scaling up and implementation of successful programs.

- B. Demonstrate an understanding of healthcare delivery strategies in low-resource settings, especially the role of community-based healthcare and primary care models
 - Differentiate between and highlight the benefits and disadvantages of horizontal and vertical implementation strategies.
 - Be familiar with the concept of an essential medicines list and understand its role in ensuring access to standardized, effective treatments.
- C. Demonstrate an understanding of cultural and ethical issues in working with underserved populations
 - Discuss the professional and ethical issues involved in allowing trainees to practice or assist in settings where they may be perceived and treated as healthcare workers, even by local healthcare providers.
- D. Demonstrate the ability to adapt clinical skills and practice in a resource-constrained setting
 - Identify signs and symptoms for common major diseases that facilitate diagnosis in the absence of advanced testing often unavailable in low-resource settings. For example, HIV/AIDS, TB, malaria, childhood pneumonia, cardiovascular disease, cancer, diabetes
 - Describe clinical interventions and integrated strategies that have been demonstrated to substantially improve individual and/or population health in low-resource settings. For example, be able to discuss immunizations, an essential drugs list, maternal, child and family planning health programs.
- E. For students who participate in electives in low-resource settings outside their home situations, demonstrate that they have participated in training to prepare for this elective
 - Demonstrate preparation in the following areas:
 - a. Personal health: basic health precautions, immunizations, health insurance, personal protective equipment, post exposure prophylaxis for HIV, access to medical care.
 - b. Travel safety: orientation upon arrival, packing requirements, registering at home embassy, travel advisory warnings, emergency preparedness.
 - c. Cultural awareness: basic understanding of culture (especially as it pertains to health), intercultural relationships, gender, family and community roles, and religion.

- d. Language competencies: language basics, host language expectations and availability of interpreters.
- e. Ethical considerations: evaluate motivations for participating in international elective, discuss potential ethical dilemmas prior to departure, code of conduct, appropriate licensing, local mentor/supervision, communications, and patient privacy.
- f. Review guidelines for professionalism in electronic communications such as blogging, emails, and/or distribution of photographs taken in low resource settings.
- g. Understand the possible historical and current socio-political and economic factors pertaining to the region in which they will work and how these may affect their work abroad.

6: HUMAN RIGHTS in GLOBAL HEALTH

Advocating for health equity is a basic tenet of global health, and health and access to healthcare have been recognized as fundamental human rights. Yet, large inequities in health and healthcare exist within and between communities and countries. To advocate effectively for patients' and communities' health based on an understanding of the relationship between human rights and health, a medical graduate should be able to:

- A. Demonstrate a basic understanding of the relationship between health and human rights
 - Have an understanding of the right to health and how this right is defined under international agreements such as: the United Nations' Universal Declaration of Human Rights or the Declaration of Alma-Ata.
 - Discuss how social, economic, political, or cultural factors may affect an individual's or community's right to healthcare. Examples include availability, accessibility, affordability, and quality.

EXPECTATIONS AND PROFESSIONALISM

Medical students should pay careful attention to both their own expectations and professionalism while visiting an international site to engage in a global health experience. The expectations one sets before a rotation or program can often play a critical role in what a trainee gets out of the experience in addition to what they contribute. It is important to clarify your own expectations heading into a rotation and assess whether they are reasonable or not. Writing out your goals is a great starting point. Research on local customs, language, gender differences, and the levels of respect shown to doctors and patients can go a long way towards setting reasonable expectations that are both fair and achievable. Some key reflections on expectations:

- What outcomes do I wish to come from this experience?
- How can I best contribute while on a clinical rotation at an international site?
- What resources and knowledge do I need to perform well?
- Have I shared and expressed my expectations with others?
- Are my expectations reasonable and achievable?
- How can I contribute without being a burden on scarce resources?

In terms of professionalism, students should research the institution they are visiting beforehand and consider the impact they will have, particularly in resource-limited environments. International travel and global health rotations are not a common element of the medical curriculum in many resource-limited countries, simply because of the high cost associated with travel. As such, it is a privilege for the visitor to be admitted into the host clinic or hospital where the rotation will take place and it is the responsibility of the medical student to represent Northwestern University, the Feinberg School of Medicine, as well as the student's country of origin. Examples of unprofessional behavior include being inappropriately dressed on the first day of a clinical rotation, wearing a wrinkled or dirty white coat, arriving late or not at all for a rotation, not showing proper respect for elders or members of the opposite sex, dressing in clothing that is considered by local customs to be inappropriate, as well as ignoring rules of a host family or the health care institution. *Leaving a rotation early without written permission from both the host and home-institutions is one of the most common examples of unprofessional behavior.*

Some medical students also pay fees for a global health experience via a host organization, but this transaction should not result in different behavior on the part of the student. Paying for an experience does not reduce one's responsibility to act professionally. It is also important to consider that in some resource-limited and rural environments, local people in the community may not have as much experience interacting with foreigners. In such environments, the visiting medical student's behavior and actions will be remembered long after s/he departs, and any unprofessional behavior may influence the decision of a community, clinic, or university to host medical students again in the future not only from Northwestern University but from other institutions as well.

It is critically important that FSM students and trainees keep the following principles of professionalism in mind during an away-elective or another project at an international site:

Professionalism and Integrity

- Particular attention should be paid to local cultural norms regarding dress, professional attire, and behavior and make concessions when local customs call for adjustments
- Show respect for the knowledge and expertise of collaborators and preceptors at the host institution
- Avoid any and all political rallies and controversial political actions while abroad. The political debates of your hosts may be interesting to learn about but are not the business of short-term visitors in terms of any active involvement
- Only travel and participate in leisure / tourist activities during personal free time on weekends and before or after rotation dates. Remain committed to completing all rotation / project requirements as determined by FSM and the host institution. Requesting permission for time-off from a host-institution physician or administrator when otherwise scheduled to be at the hospital, clinic, or university does not justify engaging in travel or leisure activities.
- Pay in full all required visiting student fees, registration and matriculation fees, university housing expenses, and all other related fees for visiting medical students as determined by FSM's Institute for Global Health and the host institution. Haggling over prices set by the host institution can be perceived as extremely rude behavior by visitors from 'rich' countries like the U.S. Even if you do not feel rich or privileged as a medical student, you often are perceived to be rich especially in low-income countries, and it is not up for debate that you are training to become part of a high-status and well-compensated profession in the future

Global Citizenship

- Observe all applicable U.S., international, and local laws and follow principles of good practice in all administrative, business, and financial arrangements.
- Recognize and appreciate the importance of the core elements that define global citizenship, including appreciating the importance of cultural competency, being aware of relevant and current global issues, and developing an appreciation of the host country by studying its language, culture, politics, history, and economy
- Remain aware of differences in power and privilege among patients, physicians, medical trainees, and other collaborators within the host county and between cultures.

Ethical Research in a Global Setting

- If conducting research, one should remain committed to conducting ethical research and, if applicable, obtain approval of the IRB and/or ethics committee of the home institution, the host institution, and the host community for all protocol, policies, and procedures
- Obtain informed consent from patients before involving patients in any aspect of my training and/or research

- Collaborate with locals by adopting a community-based participatory framework when initiating research and public health projects and interventions

Keep in mind that confidentiality as a concept may be interpreted differently in different cultures and communities, both within the United States and abroad. Because of these different interpretations, one should maintain the highest possible standard when considering confidentiality in a global context. [OBJ]

Language Competency

- Communicate transparently regarding one's proficiency in the host community's language and appreciate the potential limitations of training in a clinical setting when physicians, house staff, other healthcare workers, patients, students, and others may be communicating in a foreign language
- Even if you do not speak the language of the community you are visiting, it means a lot to your hosts if you make the effort to learn a few simple phrases in their language before arriving, especially polite greetings, salutations, and how to say thank you and please.

Social Media

- Abide by FSM's existing guidelines for social media use and strive to be sensitive to and respectful of the host institution at all times when sharing the experience via social media and always consider the perspectives of one's hosts and local community members when posting content online. Do not post ANYTHING to a social media website that you would not want your hosts to read. They very likely use Facebook, Twitter, and Instagram too....

Students should consider themselves ambassadors of Northwestern University and should treat others with courtesy and respect at all times.

ETHICS & GLOBAL HEALTH

Ethics is a critically important topic to reflect upon, consider, research before engaging in a global health experience, particularly if visiting a resource-limited environment. Students who pursue a rotation in a resource-limited setting may face unique ethical challenges during their experience, and the ramifications of these decisions may be felt over the short and long-term. Medical students often pursue global health experiences due to the perceived beneficial outcomes of such experiences, including strengthened physical examination skills, less reliance on laboratory tests and technology, enhanced sensitivity to cost issues, and exposure to the treatment of less-commonly seen diseases and symptoms of chronic disease. None of these benefits are justification for a medical student to perform procedures or take on responsibilities that exceed their level of skill or qualification. The adage that some health care is better than none does not justify a medical student presenting themselves to patients or other caregivers as a qualified and licensed medical professional. Furthermore, leaving the confines of FSM and United States does not allow one to experiment within a clinical environment to obtain hands-on experiences that otherwise would not be made available to students in Chicago. The Feinberg School of Medicine reviews and approves high-quality clinical training and educational opportunities for its students and takes its responsibility seriously to ensure that qualified medical professionals are responsible for supervising its medical students and that proper licensure and insurance requirements have been met. Medical tourism and other unsustainable or unethical programs that employ unqualified or unlicensed medical professionals are not endorsed by FSM.

Key strategies and questions regarding ethics and global health

- Communicate early on with attending physicians about your level of clinical experience so that they are able to make informed decisions about what participation is appropriate.
- If you feel that you've been asked to perform a procedure or provide some other service that you are not qualified to do, speak to your attending physician or the local clinical coordinator immediately to express your concerns.
- Familiarize yourself with literature on ethics and global health before you begin your clinical rotation at an international site (see following section, "Additional Reading on Ethics and Global Health.")
- Are you, intentionally or unintentionally, placing a burden on the host institution? How is your presence affecting the local workforce? How do you plan to contribute after your time abroad is over?
- Who are the primary beneficiaries of your global health experience?
- How would you define medical tourism?
- Are your actions sustainable for the host organization?
- How knowledgeable are you about local political, cultural, and/or gender norms?

Select Reading on Ethics and Global Health

- Stapleton, Schorder-Back, Laaser, Meerschhoek, Popa. Global Health Ethics: An Introduction to Prominent Theories and Relevant Topics. *Global Health Action*. 2014 Feb13;7:23569.
- Pratt B, Loff B. A Framework to Link International Clinical Research to the Promotion of Justice in Global health. *Bioethics*. 2014 Oct;28(8):387-96.
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Ethics Links

- [The Belmont Report](http://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/)
- [The Nuremberg Code](https://history.nih.gov/display/history/Nuremberg%2BCode)
- [Social Research Update Case Study: Payment in social science research](#)

- <http://sru.soc.surrey.ac.uk/SRU14.html>
- World Medical Association Declaration of Helsinki
<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>

CROSS-CULTURAL COMPETENCIES

Culture Shock and Reverse Culture Shock

Culture shock can best be described as the physical and emotional discomfort an individual may experience in varying degrees, both when they arrive overseas and when they return home. It is common for many students to underestimate its impact. It is caused by the anxiety that results from losing all familiar signs and symbols of social interaction. These signs are the many ways in which we familiarize ourselves in various situations during daily life. Some of these include:

- When to shake hands
- What to say when you meet people
- When and how to give tips
- How to make basic purchases
- When to take statements seriously

These signs, which may be words, gestures, facial expressions, customs, or norms, are acquired by all of us in the course of growing up and are as much a part of our culture as the language we speak or the beliefs we accept. When an individual enters another culture, all or most of these familiar cues may be removed.

Stages

There are four main stages of culture shock. You may experience all, some, or none of the following, but your awareness of these stages can often be useful (adapted from Cross-Cultural Issues by Christine Szustaczek & Jody White):

Honeymoon Stage: This is when everything is new and exciting. People tend to want to experience and absorb as much of the new culture as possible.

Rejection Stage: This occurs when your ability to carry out simple tasks (i.e. using the bank machine, introducing yourself to someone, or making a phone call from a pay phone) leaves you feeling inadequate or incompetent. Things that recently seemed exotic and exciting (new food, new ways of doing things) begin to lose their charm and appeal.

Adjustment Stage: This occurs when you begin to recognize and appreciate the differences between your home culture and your host culture. At this junction, you gain insight into the new culture and a renewed feeling of excitement, satisfaction, and contentment.

Adaptation Stage: In this final stage, you no longer think in terms of differences between your host culture and your home culture. You've developed a flexible personality where you retain your own cultural identity but respect the fact that members of other cultures also retain their own identity.

The important thing to remember is that culture shock is normal. It just means that you are experiencing the culture and adjusting, which is the reason you went in the first place.

Reverse Culture Shock

Most students expect to experience culture shock while abroad, but many do not expect it when they return to the United States.

Upon your return home, you may feel a bit strange. It will take some time to readjust. The degree of reverse culture shock you experience depends on several factors such as the amount of time you traveled overseas, your previous experience in coping with reentry shock, and the degree of cultural immersion you experienced while abroad.

Resources

Although it is completely normal, culture shock can be difficult. Remember to ask for help if you need it. Onsite, FSM students may contact GeoBlue which provides 24-7 counseling and other emergency support. At Northwestern, counseling services are available, and students may call for services even when out of the country.

Counseling and Psychological Services

710 N. Lake Shore Drive, Abbott Hall, 5th floor;

For appointments, 847-491-2151; Daytime emergency service, 847-491-2151;

After-hours emergency service, 847-491-8100 (Ask to speak with a CAPS staff on call)

Cross-Cultural Communication

It is important that medical students, doctors, nurses, and caregivers recognize and be cognizant of the fact that cross-cultural communication is an essential component of a global health experience that that it can be a great challenge even when patients and caregivers speak the same language. Misunderstandings may arise especially when either the patient or caregiver, or both, are speaking a second language in which they are not fluent, but miscommunications may also occur when cultural references and norms are misunderstood. Culturally specific terms, religious customs, as well as gender differences can significantly alter the interpretation of symptoms, diagnosis and treatment. Dr. Mark Johnson's article "Cross-Cultural Communication in Health" cites the following communication areas that are fundamental to health care:

The Role of Communication in Health Care

- Ensure sharing of key information (Diagnosis)
- Prevent medical accidents (Protecting patients)
- Build consensus between providers and patients that treatment regimens lead to better outcomes (Compliance or concordance)
- Improve use of preventive services (Health promotion)

Patient-focused interviewing is also cited in research on cross-cultural communication as a helpful approach to bridge cross-cultural differences. Many cultures display different attitudes towards health care providers and the relationship between a caregiver and a patient can represent significant power imbalances. One manner to overcome these differences and attitudes is to promote patient-initiated questions. The article by Dr. Melanie Tervalon and Dr. Jann Murray-Garcia, in entitled, “Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education” cites that patient-focused interviewing techniques allow patients to tell their own stories of their illness or wellness, and can minimize the need for the caregiver to be an expert in every culture or group’s belief system and values. These are just two relevant topics related to cross-cultural communication, and medical students are encouraged to do independent research in preparation for their global health experience. The reading list that follows this section provides additional resources and further reading.

Language competencies should also be considered as an important element of cross-cultural communication. Medical students should make an effort to study and utilize the native tongue of the host environment if possible. Research should be done to study what indigenous languages may be spoken in a particular region in addition to the official language and special attention should be given to interpreters and their role. Interpreting is a special skill and should not be underappreciated. Medical students with advanced language skills should not assume they are skilled enough to adopt the role of interpreter. Students should be wary of overvaluing their own language skills, which may be rusty due to disuse or lack of study. Lastly, learning a new language in a short period of time is unrealistic, but making an effort to learn a select number of greetings, salutations, and commonly used expressions can go a long way to minimize the impression of traveling as an ‘ugly American.’ Some particularly useful expressions to learn before you travel are:

- How are you? / I’m well, thank you.
- Good morning / afternoon / evening
- Thank you / I’m sorry / I apologize / Excuse me
- I’m very sorry but I do not speak < local language>. Do you speak English or <other language>?

For those with basic foreign-language proficiency, you may not understand what is said in return, but you will be pleasantly surprised by how much people appreciate the small effort.

Cultural Competency and Health

One of the basic goals of engaging in a global health experience is to increase awareness of health disparities especially in resource-limited environments, strengthen physical examination skills, enhance sensitivity to cost issues, and rely less on technology when making a diagnosis, among other outcomes. Each of these goals relies heavily on cultural competence and the ability to recognize and understand socio-cultural differences. According to the article “Cultural Competence and Health Care Disparities: Key Perspectives and Trends” published in the journal, *Health Affairs*, “The goal of

cultural competence is to create a health care system and workforce that are capable of delivering the highest quality care to every patient regardless of race, ethnicity, culture, or language proficiency.”

Certain behavior, skills and knowledge can strongly influence cultural competency including the attitude and expectations of the caregiver, as well as his/her ability to self-reflect and self-critique. It is important for medical students to examine their own expectations before engaging in a global health experience. Relevant questions to ask one-self include, who are the beneficiaries of my work in a resource-limited setting, are my own expectations reasonable, and what goals have I set for myself? Taking time to write down one’s expectations before a rotation begins can help clarify goals and attitudes as well as serve as a valuable learning tool later on.

Self-reflection can also help one increase cultural competency. By creating a routine and structure to express one’s questions and doubts, either in a journal, by blogging, or in regular debriefing sessions with fellow students, a caregiver may examine and reflect upon their decisions and motivations and analyze their own interests as well as those of patients and other caregivers. It is important to consider the context and the method of self-reflection. Social media tools, such as Facebook, may be useful ways to stay connected with friends, but it is not an optimal means to express self-doubt and questions about socio-cultural differences and health care disparities. Travelers should always assume their hosts may read their social media posts and adhere to high ethical standards when posting photos and comments online about their experience. See section on FSM’s social media policy in this handbook.

Self-critique takes self-reflection one step further by first admitting that improvement of cultural competency is necessary and by accepting constructive criticism from oneself and from others. Useful questions include: what could I have done differently to achieve the desired outcome, and what resources do I need to look for or ask for to improve my future work? Lastly, it is critically important to know when to act independently and when to ask for help.

Further Recommended Reading on Cross-Cultural Communication & Competence

The following are several suggestions for additional information on culture shock, cross-cultural communication, competence, and global health:

- Vidaeff A, Kerrigan, & Monga. Cross Cultural Barriers to Health Care. *Southern Medical Journal*. 2015, Jan, Vol.108(1), pp.1-4.
- Frintner MP, Mendoza, Dreyer, Cull, Laraque. Resident Cross-cultural Training, Satisfaction and Preparedness. *Academic Pediatrics*. Vol 13, Issue 1, Jan-Feb 2013, pgs. 65-71.
- Kayes, DC, Kayes, & Yamazaki. Essential Competencies for Cross-cultural Knowledge Absorption. *Journal of Managerial Psychology*. 2005, 20.7: 578-589.

- Cole DC, Davison, Hanson, Jackson, Page, et. al. Being Global in Public Health Practice and Research: Complimentary Competencies Are Needed. *Canadian Public Health Association*. 2011; 102(5):394-97.
- Bertelsen, N, Dallapiazza, Hopkins, & Ogedegbe. Teaching global health with simulations and case discussions in a medical student selective. *Globalization and Health*. 2015, 11:28.
- Houpt E, Pearson, Hall. Three Domains of Competency in Global Health Education: Recommendations for All Medical Students. *Academic Medicine*. 2007; 82:222-225.
- Chun M, Yamada, Huh, Hew, & Tasaka. Using the Cross-Cultural Care Survey to Assess Cultural Competency in Graduate Medical Education. *Journal of Graduate Medical Education*. March 2010.
- Betancourt J, Green, Carrillo, & Park. "Cultural Competence and Health Care Disparities: Key Perspectives and Trends." 2005 *Health Affairs*. Vol. 35, No. 2.
- Betancourt J. "Cross-cultural Medical Education: Conceptual Approaches and Frameworks for Evaluation." *Academic Medicine*. 2003 Vol. 78, No. 6.
- Johnson M. "Cross-Cultural Communication in Health." *Clinical Cornerstone*. 2004 Vol. 6, Issue 1.
- Kagawa-Singer & Kassim-Lakha. "A Strategy to Reduce Cross-Cultural Miscommunication and Increase the Likelihood of Improving Health Outcomes." *Academic Medicine*. 2003 Vol. 78, No. 6.
- Kleinman, Eisenberg, & Good. "Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research." *The Journal of Lifelong Learning in Psychiatry*. Winter 2006, Vol. IV, No. 1.
- Pretorius & Small. "Trans-Cultural Nursing: Exploring the Experiences of International Students Visiting Namibia." *Journal of Interdisciplinary Health Sciences*. 2007 Vol. 12, No. 1.
- Samovar, Porter, & McDaniel. Intercultural Communication: A Reader, 13th Edition. 2008.
- Tervalon, Melanie, & Murray-Garcia. "Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education." *Journal of Health Care for the Poor and Underserved*. 1998 Vol. 9, No. 2.
- Verghese, Abraham. "Culture Shock – Patient as Icon, Icon as Patient." *The New England Journal of Medicine*. 2008, 359(26): 2748-2751.

PART IV: NU POLICIES

Northwestern University expects students abroad to behave in a manner that demonstrates good intentions, mature judgments, and respect for the rights of others. Those who do not comply will undergo the Northwestern University judicial procedure. Criminal acts also will be dealt with through the proper authorities. Policies and guidelines applicable to student conduct are found online by visiting: www.policies.northwestern.edu

Academic Policies

Admission to a NU Feinberg global health rotation / program is contingent upon a medical student's continued academic success. Should a medical student's admission to an NU Feinberg global health rotation / program be revoked as a result of poor academic performance or based on a recommendation from the Student Promotions Committee (SPC), Northwestern University and the FSM Institute for Global Health will not be responsible for refunding any expenses incurred in preparation for the intended time abroad.

Student Standards

Membership in an academic community requires mutual respect, consideration, and concern for the well-being of others, as well as a significant degree of personal integrity and maturity. Students who have engaged in misconduct or other unethical behavior, as determined by the Students Promotions Committee (SPC), may be precluded from participation in an NU Feinberg global health rotation / program. SPC actions may include reprimand, suspension, or dismissal of a student whose actions are found to be inconsistent with the qualities of a good physician. These vital qualities include:

- sound judgment
- personal insight or perception
- motivation
- personal integrity and accountability
- responsibility to patients
- ability to recognize personal limitations
- ability to function under pressure

Information concerning medical student conduct is made available to NU Feinberg Institute for Global Health and will be considered when reviewing a student's application and may be considered a determining factor for a medical student's continued eligibility for a clinical rotation at an international site.

Students who have been put on disciplinary probation, suspension, or who have been reprimanded by the Students Promotions Committee are ineligible to participate in an NU Feinberg global health rotation / program during the period of their probation, suspension, or reprimand. Students who have been suspended, withdrawn, or dismissed from the University may be ineligible to participate

in an NU Feinberg global health rotation / program. Should a student's admission to an NU Feinberg global health rotation / program be revoked as a result of disciplinary action or conduct violation, Northwestern University will not be responsible for refunding any expenses incurred in preparation for the intended time abroad.

NU Policy on Alcohol, Drug Use, Sexual Harassment, Discrimination

Alcohol and Drug Use

Please download and read the NU Drugs and Alcohol Policy Statement. Students are responsible for understanding this information. Please keep in mind that being alert and being sober are keys to personal safety. This policy is available online:

<https://policies.northwestern.edu/docs/drugs-and-alcohol-policy.pdf>

Sexual Harassment

Please download and read the Sexual Harassment Policy Statement. Students are responsible for understanding this information. This policy is available online:

<http://www.northwestern.edu/sexual-harassment/policy/index.html>

Discrimination and Harassment

Please download and read the Discrimination and Harassment Policy Statement. Students are responsible for understanding this information. This policy is available online:

<https://www.northwestern.edu/civil-rights-office/documents/discrimination-harassment-policy-resources-procedures-final.pdf>

International Laws

Faculty, staff, and students should be aware that in addition to the university sanctions, all program participants are subject to the local laws of the host country, which may specify fines or imprisonment for conviction of offenses. When appropriate or necessary, NU will cooperate fully with international law enforcement agencies. Inform yourself on the laws of your host country, particularly in regard to controlled substances.

Immediate Suspension

If in the opinion of the Program's Faculty Director, a student's behavior presents an imminent threat to the student's physical or emotional health, safety, or well-being, or the health, safety, or well-being of others, the maintenance of public order, or the effective continuation of the educational process, the director may immediately suspend the student from the program prior to any formal disciplinary proceeding. The director shall promptly advise the Dean of the school in which the student is enrolled, and the designated representative from the Institute for Global Health. The student will be responsible for returning and for making alternative housing arrangements on his/her own and at his/her own cost.

Refund Policy

The Institute for Global Health understands that changing situations may occasionally cause students to be unable to participate in global health education experiences. If you cannot complete your scheduled rotation, please inform the Institute for Global Health staff and the affiliated program contact as soon as you know that you will be unable to travel.

Students that can no longer participate in the global health experience because of a schedule change will be responsible for any program fees owed, if applicable, or the cost of travel if already purchased. Each affiliated program has its own refund policy, so please inform your contact at the site as soon as possible. If a Global Health Experience Award has already been dispersed to the student, they will be expected to return the funds to the Institute for Global Health.

In the case of illness or family emergency, students may be eligible for an exception to the rule above about program fees and travel costs but must still return any Global Health Experience Award. Please contact the Institute for Global Health staff as soon as possible to discuss your situation so we can best support you.

In the case of trips cancelled due to safety concerns, for example, a new State Department travel warning or a natural disaster, students will not be responsible for travel or other program fees.

FSM POLICY ON STUDENT TRAVEL AND FUNDING FOR GLOBAL HEALTH EDUCATION

The Feinberg School of Medicine's Institute for Global Health establishes the following policy for Feinberg students participating in all clinical away-rotations and medical education programs at international sites, which became effective January 2011 and was revised January 2018.

I. Education programs for academic credit vs. vacation

In order to obtain academic credit for an international clinical rotation or research elective, each of the application and preparation steps detailed in this policy must be completed in advance of the rotation. Rotations at international settings not previously approved by the Institute for Global Health and Dean's Administration (in accordance with the steps below) are considered vacation/non-school sanctioned travel.

Definitions

An affiliated institution/site is defined as any university, teaching hospital, medical school, clinic, and/or nonprofit or nongovernmental organization, either foreign or domestic, that has a formal legal agreement or signed memo of understanding with Northwestern University.

An independent institution/site is defined as any university, teaching hospital, medical school, clinic, and/or nonprofit or nongovernmental organization, either foreign or domestic, that does not have a formal legal agreement or signed memo of understanding with Northwestern University.

II. General Considerations

The Institute for Global Health (IGH) at the Feinberg School of Medicine (FSM) in conjunction with Dean's Administration retains the right to review, approve and/or deny clinical electives, research and public health projects, and/or medical education programs at both affiliated and independent institutions at international sites for all medical trainees including medical, physical therapy, physician assistant and all other FSM students as well as FSM student organizations. A committee will be formed of FSM faculty and administrators to review, approve, suspend, and/or deny school-sponsored global health education proposals. This policy is in place to ensure standard criteria are met regarding safety, risk and liability, sustainability and organizational mission, and proper supervision by a licensed medical professional in accordance with Illinois and local requirements.

In order to receive academic credit and/or funding for a *clinical* rotation at an affiliated or independent site, approvals must be received in advance from both the clinical clerkship director/faculty supervisor and the Institute for Global Health, and all steps below must be complete. To receive academic credit and/or funding for a *research* rotation at an affiliated or independent site, approvals must be received in advance from both the FSM faculty supervisor and the Institute for Global Health, and all steps below must be complete.

Short-term medical missions, non-approved research or volunteer work, and other non-credit programs where students do not receive credit, and which are not supported by FSM funding are considered vacation /non-school sanctioned travel.

Approved international rotations for research or clinical education must be a minimum of four consecutive weeks in duration. Special exceptions to this minimum duration will be considered for unique professional development opportunities, such as select academic conferences and research projects for FSM students, to be considered on a case-by-case basis by the Institute for Global Health and Dean's Administration.

In order to be eligible for elective credit or FSM funding for an international clinical rotation, public health and/or research project at an independent institution, FSM students must be supervised by an appropriately licensed medical professional in accordance with Illinois law and/or with the state and/or country where the off-site rotation will occur.

III. Education Programs in Countries with the U.S. State Department Travel Warnings

Elective rotations, research and public health projects, and any other international education programs will generally not be approved in countries with U.S. State Department Travel Advisory Levels 3 or 4 due to safety concerns.

In the case of specific partner institutions located in countries with travel advisories with whom Northwestern University has an established relationship and a signed memorandum of understanding, an appeal to the Feinberg Study Abroad Risk Assessment Committee may be made, however there is not guarantee this will be granted as appeals will be judged on a case-by-case basis. This committee, jointly run by FSM and the Institute for Global Health, considers proposals, reviews safety and security issues, and assesses the academic merit of the program(s). This committee will make final decisions regarding international rotations for all FSM students, residents, and fellows.

Independent student proposals in any country with a U.S. State Department Travel Advisory Level 3 or 4 will not be considered. Countries with Travel Advisory Level 2 will be considered, however final approval by the Institute for Global Health and the Vice Dean of Education (students) or Associate Dean for Graduate Medical Education (residents/fellows) is required.

IV. Insurance and Liability

All FSM students are required to meet the standards and laws set by local, state, and/or national regulations that apply to the independent institution to ensure that all proper licensure and insurance requirements are met before any clinical or research rotation begins. Particular attention should be given to requirements for medical licenses, registration with the ministry of health, liability insurance, etc.

All FSM students are required to register for GeoBlue international student health insurance, which is available to all Northwestern University students, faculty, fellows, and staff, before participating in

a global health rotation/program. In addition, all FSM students are expected to enroll in the U.S. State Department's Smart Traveler Enrollment Program (STEP) at <https://step.state.gov/step/>.

All FSM students are required to complete the International Travel Registry, submit, and receive confirmation of approval before participating in an off-site rotation.

V. Health, Safety and Security

FSM places great importance on the safety and security of its students. Proper contingency planning and risk assessment must be made and documented detailing what emergency medical and transportation facilities and resources exist within the community where an FSM student plans to complete the off-site rotation/program.

FSM students will comply with the posted Guidelines for Blood-borne Pathogen Exposure and Post-Exposure Prophylaxis at Global Health Field Sites

Feinberg students should consult with their primary care physician and are required to make proper preparations and obtain appropriate medical resources regarding their personal health before travel. In addition to a visit to a primary care physician, these preparations may include a visit to an authorized travel clinic for consultation, review of prior immunization records, review of the host country's entrance requirements particularly regarding immunizations and ensuring that there will be access to prescription medications and care for emergencies and/or pre-existing conditions. Students will submit a signed Health Agreement Form to IGH before traveling.

AAMC GUIDELINES FOR PREMEDICAL AND MEDICAL STUDENTS PROVIDING PATIENT CARE DURING CLINICAL EXPERIENCES ABROAD

Guidelines are available online:

<https://www.aamc.org/download/181690/data/guidelinesforstudentsprovidingpatientcare.pdf>

Guidelines for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad

Acquiring exposure to a variety of health-related clinical settings is a vital part of premedical and medical student preparation. Many students are now taking advantage of opportunities to gain clinical experiences abroad, where regulations governing the procedures that students can perform on patients are often less stringent and well defined than in the United States and Canada. Additionally, existing local regulations may not be uniformly or fully enforced. While many students have had beneficial experiences through involvement in patient care activities abroad, and services have been provided to people in need, the potential for harm and abuse in these situations cannot be ignored. Participation of inadequately educated and untrained students in these situations can have negative consequences including:

- **Harm done to the patient.** Everyone's goal is to always help those in need; the first step in that direction must be to avoid doing any harm. As a student, it may be difficult to know what might cause harm, so you must carefully avoid situations where there is any possibility that you might injure someone or cause other harm.
- **Physical harm to yourself.** Engaging in any clinical practice without sufficient training and protection can result in direct harm to you, as well as to the patient. Further, sponsoring organizations may not have in place plans to assist you if you contract an illness and/or are injured.
- **Legal issues with local authorities.** Even if a local health care provider is supervising your interactions with patients or says that it is acceptable for you to perform a procedure, violation of local laws may still be a punishable offense.
- **Putting acceptance to medical school and residency training programs at risk.** Many pre-medical students believe that the more in-depth clinical experience they have, the stronger their applications will be. However, taking on tasks that are beyond your training could make you look unethical, unknowledgeable about the health professions, irresponsible to admission committees, and may diminish or eliminate your chance for acceptance into medical school. Similarly, medical students who perform procedures beyond their training may negatively impact their chances of matching in residency programs.
- **The potential for being involved with a fraudulent company.** There are companies that will, for a fee, help place you in a foreign clinic. Be aware that some of these companies are in the business of making money first, and they may not be ethically sound. Check out these companies very carefully before signing any contracts. If any agency is over-promising and

suggests that you will actually practice medicine while abroad, rather than simply observe or shadow, you should have serious reservations about working with this agency.

Premedical and Medical students considering participating in an international medical service experience should review the following:

- The primary purpose of a student's clinical experience is observation, not hands-on treatment. You are there to learn, not to treat.
- Always keep the welfare of the patient foremost in your mind, not the perceived opportunity for proving yourself. Ask yourself how you would feel if you were in the place of a patient and a person with limited skills and preparation was about to perform a procedure on you. If this thought makes you feel uncomfortable, it is probably not an appropriate task for you to be doing. Recognizing patient autonomy is one of the core values of medical ethics; it is particularly important to honor communities with limited resources, where all patients must be given the choice whether to have trainees involved in their care.
- Every act of service involves the building of a cultural bridge. Students should bring knowledge of the history and culture of the community they will serve, respect for cultural differences, a listening and learning attitude, and behaviors that will enable ethical and effective service. Health care professionals in the country being served will likely have a deep understanding of local health care issues, resources, and challenges. Be sensitive to the concerns of the local health care team and seek to understand the perspective of the patients you are serving.
- It is appropriate for students to provide preventive health education and to support the health care team by assisting in the provision of health treatment after receiving adequate instruction. However, students should never engage in any unsupervised activity that is considered the practice of medicine including, but not limited to: diagnosing diseases, administering narcotics, performing surgical procedures, suturing or other tasks generally reserved for the trained health professional.
- There will always be disparities in what individual students are prepared and trained to do. Some students (e.g., those with previous EMT training) will be better prepared to take on more advanced patient care than others. However, just because a peer has been able to successfully perform a particular task does not mean that you are also ready to undertake the same task. Understand and perform within your limitations.
- Students should be aware that it is not necessary to travel abroad to serve those in need. There are many opportunities to help the disadvantaged and other underserved groups in the U.S. There are likely worthwhile volunteer opportunities in your own community, with many more around the country. Also, be mindful that while appropriate experience in other countries can be valuable and may be viewed as complementary, if you plan to practice in the U.S, it is particularly important to understand U.S. healthcare.

Approved by the AAMC GSA Steering Committee on February 25, 2011

Adapted with permission from policies developed at: Hendrix College, Conway, AR by Mark Sutherland, Ph.D., Professor of Biology; Stanford University's Haas Center for Public Service (<https://haas.stanford.edu/about/our-approach/principles-ethical-and-effective-service>), and the American Dental Education Association.

FSM STUDENT CODE OF CONDUCT

The 1999–2000 Medical Student Senate developed the following “Code of Conduct” (revised in 2011) to emphasize students’ commitment to certain principles. The Code of Conduct now serves as a guide for continuing discussion and reflection among students and faculty members regarding the nature of honor and integrity, professional responsibility, and respect.

Student Professional Code of Conduct

As members of Northwestern University’s Feinberg School of Medicine community, we are entrusted with the care of human life. With this great privilege, we have an obligation to uphold the ideals and values of the medical profession. This Code of Conduct articulates the principles by which we will abide. By adopting these principles into our personal and professional lives, we will positively influence our present community at the School of Medicine and our future as professionals. We expect the teachers and learners of the medical school community to have the responsibility to foster a learning environment that promotes these principles and ensures that we can live by this code

Honor and Integrity

- I will neither give nor receive impermissible assistance on academic examinations and assignments.
- I will abide by the Feinberg School of Medicine’s policies and procedures, including those regarding plagiarism, use and distribution of controlled substances, and downloading copyrighted material, as outlined in the Student Handbook.

Professional Responsibility

- I will commit myself to life-long learning, and pledge to contribute to the advancement of medicine.
- I will be a patient advocate and speak up on behalf of my patients.
- I will keep all identifying information that I receive about patients in confidence from anyone outside of the medical team.
- I will not engage in inappropriate relationships with patients or members of my medical team.
- I will not give a false impression of my medical knowledge and skill and will not falsify medical records.
- I will ask for academic and personal support from my peers and superiors when necessary, and offer similar help as needed.

Respect

- I will treat all people equitably without regard to age, race, gender, religion, ethnicity, disability, socioeconomic status, sexual orientation, disease status, or political ideology.
- I will collaborate with members of the medical school community to promote an environment that supports teamwork.

Observed Misconduct

Any incident of cheating, falsifying records, or other breach of academic integrity, either confirmed or suspected, should be reported promptly by the observer to the course director or to one of the academic deans. The observer must identify himself/herself to one of these individuals for even a cursory investigation to proceed and/or for any discussion to be held with the alleged offender. At the observer's request, his/her identity will be kept confidential; in such a case, however, no further action can proceed beyond a private discussion. Only if the identity of the observer and the nature of any evidence can be made known to the alleged offender can others be brought into the investigation and the matter referred to the Student Promotions Committee for a hearing and possible disciplinary action.

POLICY ON SPONSORED TRAVEL FOR FSM STUDENTS

The Institute for Global Health at Northwestern University's Feinberg School of Medicine allocates travel funds to select FSM students who wish to pursue a global health rotation/program at international sites. IGH's sponsored travel policy specifically applies to the Global Health Experience.

Award amounts are determined through an evaluation of expected rotation related costs, such as housing, airfare, and program fees. This appraisal involves global health education staff and administrators from the Institute for Global Health.

I. Eligibility Requirements

- Applicants must be registered as full-time matriculated medical students at the Feinberg School of Medicine (FSM) to be eligible.
- The medical student must be in good standing at the time of proposed travel.
- If awarded funding, a student must submit the appropriate financial paperwork and complete IGH's required application, orientation, and evaluation steps.
- Students must submit the IGH online evaluation, an evaluation from their preceptor if receiving elective credit, and/or a scholarly paper for research projects to the Institute for Global Health upon completion of the project.
- Trainees are eligible for a maximum of two Global Health Experience Awards during their training programs.

II. Funding Restrictions

- Students may not receive funding from more than one source from Northwestern University for the same rotation/project. Sponsored FSM and NU travel sources for students include, but are not limited to the Global Health Experience, the Program in Public Health, and the Medical Student Summer Research Program.
- Travel funds may not be deferred and must be used for the approved rotation/project within the same academic year that the award is issued.

III. Taxable Income

Scholarship payments issued by Northwestern University may be considered taxable income by the IRS depending on a student's individual financial situation. No taxes will be taken out of the scholarship payment at the time of payment if processed by NU's Payroll Department, but trainees should be aware that they will need to report this during the following year's tax season. Reference the IRS website: https://www.irs.gov/publications/p505#en_US_2013_publink1000194401.

This is solely the responsibility of the award recipient. If you would instead like taxes withheld from your award, please fill out the W4 form with Payroll on the 1st floor of Abbott Hall.

IV. How Do I Receive My Travel Funds?

For Students:

All scholarship awards must be processed via NU Payroll. Once an award letter is received, you will be provided with instructions and forms to complete the payroll process. Paperwork submitted in conjunction with a completed i-9 verification before the last Wednesday of the month will generally be paid out at the end of the next month, while paperwork submitted after the last Wednesday of the month will be paid out at the end of the subsequent month. Please allow 4-6 weeks for processing. Please note that all such timelines are an approximation and that students may have to wait longer periods of time depending on individual financial circumstances.

For Residents:

In order to receive your GHE funding, you must contact your residency Program Coordinator to discuss the required steps for the reimbursement process and fill out the appropriate paperwork for the GME office.

Global Health Experience awards are distributed as a reimbursement for residents. Allowable expense categories for reimbursement include:

- Market rate international ticket – coach class
- Program fees (i.e. Any required fees paid to host-institution)
- Immunization and travel medicine
- Visa application fees
- Housing expenses at destination
- Per diem (at discretion of the Department)

Global Health Experience awards will **NOT** cover local fares (i.e. taxis, public transportation) or other transportation expenses in the U.S. or abroad nor will they reimburse for medical supplies, individual meal expenses, or unplanned medical expenses. Each award will be made up to a maximum dollar amount to be reimbursed after travel is complete. If additional receipts are submitted with totals that exceed the maximum award amount, the additional expenses will not be reimbursed. Awards are contingent upon prior approval of the rotation by your respective Program Director and McGaw.

Contact Information:

All forms and paperwork should be submitted directly to the Institute for Global Health via the Canvas course or globalhealthinstitute@northwestern.edu.

V. When Travel Funds Must Be Returned to FSM

FSM students may be required to return FSM travel funds that are awarded to support a global health experience if any one of the following conditions occurs:

- An FSM trainee is dismissed from a visiting rotation or medical education program at an international site by the host institution's program director for unprofessional or unethical behavior.
- A trainee leaves a visiting rotation or medical education program early and without prior permission from both the host institution and FSM.
- Unforeseen emergencies, natural disasters, or another force majeure causes the cancellation of a visiting rotation or medical education program *before* the rotation / program begins. In such cases, it is the student's responsibility to contact airlines, travel agents, and places of residence where they intend to stay to cancel reservations and request refunds as soon as reasonably possible. Cancellations that occur due to emergencies, natural disasters, or force majeure *during* a rotation / program at an international site will be handled on a case-by-case basis and under such circumstances students should contact the Institute for Global Health as soon as possible.
- A student completes the rotation / medical education program and FSM later learns that the student acted in an unprofessional or unethical manner and is consequently disciplined by FSM's Student Promotions Committee.

If any of these situations occur, the funds must be returned by the student to the Institute for Global Health within 30 days of the request and before graduation, whichever date comes first.

FSM'S SOCIAL MEDIA POLICY

Students accepted to Feinberg and current Feinberg medical students should be cautious in using social networking such as Facebook, Twitter, blogging etc. The profession of medicine is founded on the highest standards of conduct because of the great level of trust patients place in medical professionals. After you are admitted to Feinberg, enrollment remains contingent on your demonstration of this high standard of conduct, through sound judgment, personal perception, integrity, and accountability. Posting items that represent unprofessional behavior, release patient health information, violate HIPAA standards or Northwestern University policies on social networking sites will result in disciplinary action by the medical school.

Tips on Social Networking:

- **Always represent yourself professionally:** As a Feinberg medical student, you are entrusted with a wealth of confidential patient information. Sharing patient information verbally or electronically is illegal and unethical. As a medical professional in training, it is your responsibility to uphold a professional, discreet demeanor in all your correspondences and posts.
- **Protect your online profile and identity:** It is important to scrutinize all materials you post on personal pages. It is equally important to speak to family and friends and request that no embarrassing or unprofessional materials be posted and “tagged” to you. Be selective about who you accept as a friend on a social network.
- **Assume that everything posted is permanent:** Be mindful of what you post. Even if you remove embarrassing or inappropriate materials from a site, or delete your account all together, those materials will remain in cyberspace forever. Anyone on the internet can easily print photos or save text, images and videos to a computer. Once material is posted, it is out of your control forever.
- **Privacy Settings:** Take the time to establish privacy settings on all social networking sites you use. These settings will help to protect your identity and personal information.
- **Search Yourself:** On a regular basis, search yourself online to audit what is posted about you

Additionally, the Institute for Global Health advises students to adopt a conservative and thoughtful approach when posting on social media while abroad. It is always a good idea to assume your hosts may at some point have access to your social media posts. It is important to display cultural-competency and professionalism when describing your experience online.

**RESOURCES USED TO COMPILE FSM GLOBAL HEALTH STUDENT
HANDBOOK:**

Centers for Disease Control and Prevention
FSM partner institution websites and handbooks
GeoBlue Insurance
Northwestern University Feinberg School of Medicine Student Handbook
U.S. State Department
World Health Organization