

Program Director completes the questions below, prints out Q&A, signs it and mails to GME Office, L579

Off Campus Elective or Rotation

Out of State* Authorization Request

1. Describe with specificity the process that has been undertaken to evaluate this program/site/preceptor for this rotation. Please obtain the CV of the Direct Supervisor
2. Describe the significance of this rotation and/or this specific rotation site to the Residency Training Program and the impact to the program if this out of state rotation is not approved
3. If this is an education related activity, does this educational opportunity exist at OHSU? (Please describe)
4. Explain the educational value of this activity
5. Explain the public health value of this opportunity
6. Describe the impact if this activity is not approved
7. Has this proposed activity previously been submitted for approval?

Karen Brasel, M.D.
Program Director
Department of Surgery
Oregon Health & Science University

Date

**PROGRAM LETTER OF AGREEMENT
(FOR ELECTIVE OR ROTATION SITE)**

BETWEEN
OREGON HEALTH & SCIENCE UNIVERSITY
AND

The Muhimbili University of Health and Allied Sciences (MUHAS)

Program: OHSU Department of Surgery

Entity: The Muhimbili University of Health and Allied Sciences (MUHAS)
United Nations Rd
Dar es Salaam, Tanzania
P.O. Box 65001
Dar es Salaam
+255 022 2150302-6 Ext. 1024
255-022-2150465

Period of Assignment: _____

Oregon Health & Science University (hereinafter called OHSU) and Entity (as defined above) have entered into this Program Letter of Agreement (PLA) for the purposes of providing OHSU Residents/Fellows with structured learning experiences at Entity. This PLA is entered into by OHSU, on behalf of the Department defined above, and Entity for the provision of such learning experiences of the Resident/Fellow named above for the Period of Assignment stated above.

WHEREAS, OHSU operates graduate medical education programs for the training of physicians (hereinafter called Residents/Fellows) intended to provide Residents/Fellows with a variety of structured learning experiences;

WHEREAS Entity can provide a portion of the learning experience for Residents/Fellows;

WHEREAS, both OHSU and Entity will benefit from OHSU's willingness to provide and Entity's willingness to accept Residents/Fellows at Entity for a structured learning experience upon the terms and conditions hereinafter set forth;

Therefore, in consideration of the mutual covenants and agreements contained herein, and intending to be legally bound hereby, OHSU and Entity agree as follows:


Educational Supervisor	Dr. Douglas Grey
Direct Supervisor(s)	Dr. Douglas Grey

Financial arrangements	Compensation for training time is the responsibility of OHSU. The Facility is not responsible for travel or lodging expenses for the Residents/Fellows.
Liability coverage and indemnification	<p>Entity is ultimately responsible for the care of its patients. Subject to the limitations of liability, exclusions and notice requirements of the Oregon Tort Claims Act (ORS 30.260-30.300) OHSU shall indemnify, defend and provide professional liability insurance to Residents/Fellows for their acts within the course and scope of their duties under this learning experience.</p> <p>Entity shall notify OHSU immediately of any incident, occurrence, or event that is likely to result in a claim against OHSU. Said notice shall be in writing and directed to the OHSU Department of Risk Management, (3181 SW Sam Jackson Park Road, Mail Code L328, Portland, OR 97239-3092.) Entity shall also notify OHSU of any claim, suit or other demand for compensation by any third party that relates directly or indirectly to activities or omissions of OHSU under the terms of this PLA.</p> <p>Entity agrees to cooperate fully with OHSU in the investigation and defense of third party claims brought against OHSU and/or any of its directors, officers, employees and agents as a result of the activities performed under the terms of this learning experience. Such cooperation shall include, but not be limited to, making Entity staff available and providing access to pertinent Entity records and documentation to allow investigation, evaluation and defense, except as otherwise prohibited by law.</p>
Faculty's responsibilities for teaching residents/fellows	The faculty member will provide instruction in the practice of surgery in a resource scarce environment. They will instruct residents in facets of the diagnosis and management of surgical disease, including operative treatment. Many diseases encountered in Tanzania are rare or unseen in the United States, or they present in a far more advanced state, thus they present a significant addition to the educational experience of OHSU surgery residents.
Activities residents/fellows will be doing at this site	Residents will see patients with surgical issues in the clinic, emergency department and hospital. They will provide direct patient care in the form of diagnosis and medical/surgical management of surgical diseases in this developing world country. Residents will perform both

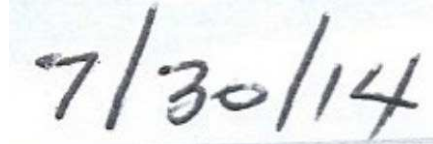
	major and minor operations with direct attending supervision. US resident will work alongside African residents at the only surgical residency program in Tanzania. Residents will be expected to conduct a research project of their choosing as part of the international surgical experience.
Faculty's responsibilities for supervision of residents/fellows	The faculty member will provide direct supervision, or indirect with direct immediately available, of residents during patient care in the clinic, emergency department, hospital and during surgical procedures in the operating room. They will be immediately available as needed during resident call.
Faculty's responsibilities for formal evaluation	The faculty member will provide verbal feedback at the end of the rotation as well as a written assessment of resident performance.
Content of the educational experience; attach the goals & objectives of this training	See attached form (Tanzania Educational Content)
Explain the public health value of this opportunity	<p>There are numerous public health learning opportunities to be gained by OHSU surgery residents during this rotation including: 1) gaining first hand education about diseases affecting patients in the developing world; 2) developing collaborative research with Tanzanian surgical staff and residents; and 3) participating in educational and infrastructure building initiatives with local organizations.</p> <p>The educational and surgical experience of OHSU residents will be primarily gained by caring for patients with diseases that are rare or unseen in the United States, or that present in a far more advanced state. For example, small bowel perforation secondary to typhoid fever is a condition that is frequently encountered in Tanzanian hospitals and a diagnosis rarely considered by US surgical residents practicing in the US. In addition, many cancers including colon and breast present at much more advanced stages in Tanzania, posing complex medical, surgical and ethical dilemmas different from those encountered in the US. These experiences will broaden the scope of our training.</p> <p>Collaborative research is also a goal of this rotation. Last year Mackenzie and Dr. Peck made significant strides in this area and are still working on projects with residents in Tanzania. In addition, OHSU residents and supervising faculty have the ability to help coordinate preventative</p>

	<p>health efforts such as trauma prevention (seatbelts, helmets, etc). Trauma prevention efforts in the developing world have been spearheaded by other US institutions. It is our hope that with continued involvement with MUHAS, OHSU residents and supervising faculty will also be to conduct similar initiatives.</p> <p>Lastly, this rotation will provide an opportunity to learn and observe the practice of surgery in a resource scarce environment, which is vastly different than practicing surgery at OHSU. Developing these skills is incredibly valuable to a US surgery graduate in that they will provide a model of value based care applicable to future surgical practice. In addition, these skills can be easily translated by those surgical residents who desire to practice surgery in a US, rural hospital with limited resources. For those residents who seek to make global surgery a part of their long term career goals, this month long international surgical experience working alongside residents being trained in a foreign surgical training program will provide invaluable insight into the workings of surgical training and surgical care in the developing world.</p>
Describe the impact if this activity is not approved	Without approval, the educational opportunities for surgical residents in global surgical care are very limited. Many, if not all of the educational opportunities listed above could not be accomplished.
Attach the Policies and Procedures that will govern Residents/Fellows' education at site	Resident education will be governed by the same policies and procedures in place at OHSU. See attached form (Tanzania Educational Content)

Karen Brasel, M.D.
Program Director
Department of Surgery
OREGON HEALTH & SCIENCE
UNIVERSITY



Date



Dr. Douglas Grey
Direct Supervisor

Date

Patrick Brunett, M.D.,
Associate Dean for Graduate Medical
Education

Date

Mark Richardson, MD, MBA
Dean, School of Medicine

Date

Period of Assignment of Residents or Fellow(s)	
Name of Resident/Fellow	

If this site is not a hospital, remuneration for preceptor must be negotiated. Please indicate type of remuneration

Remuneration Type	Volunteer
Remuneration Amount	0



Out of Country Elective Rotations

Risk Management

MCL328
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098
tel 503 494-7189
www.ohsu.edu/risk

Name of Resident/Fellow: _____

Period of Travel: _____

Host Agency/Institution Name: _____

Address: _____

City and Country: _____

Phone No. (including country code): _____

In signing this document, I agree and accept that there are certain risks inherent in international travel, that I am voluntarily participating in this elective, which is not required for my training, and that OHSU cannot and will not assume responsibility for any of my activities. I am aware of my personal medical needs and hereby assure OHSU that I have consulted with a healthcare provider, as I may have deemed necessary, with regard to any of my personal or medical needs. I am aware that, should I be required to be hospitalized or evacuated for a medical emergency at any time during this program, OHSU cannot and does not assume any legal responsibility for payment of such costs. Rather, I hereby assure OHSU that I am assuming all risk and responsibility and that I have acquired medical insurance, with international coverage and coverage for emergency medical evacuation, to meet any and all needs for payment of hospital costs while participating in this program. Adequate insurance coverage is **MANDATORY**. OHSU Risk Management requires you purchase a travel insurance policy with combined emergency medical expense coverage and emergency medical evacuation coverage.

_____ (Initial) I understand that my participation in this out-of-country elective rotation requires a minimum level of fitness and health (physical, mental, and emotional) and I agree and warrant that I am physically fit and able to participate in the rotation described above.

_____ (Initial) I confirm that I have arranged medical and evacuation insurance for the duration of my international travel; and that I have provided proof of such insurance to the GME office .

I agree and understand that, as a guest in a foreign country, there is certain behavior which will be unacceptable and could lead to possible removal from this training site. I agree and understand that should I have or develop legal problems with any foreign nationals or government of the host country, I will attend to the matter personally with my own personal funds. OHSU shall not provide any assistance under such circumstances.

I agree and understand that there are risks associated with international travel. Risks may be minor or serious and may result from my own actions or the actions or inactions of others, or a combination of both, or may be beyond the control (such as the risk of illness, accident, disease, death, war, or violence) of preventive or preparatory measures.

_____ (Initial) I understand that international travel involves risk, including travel to/from the United States and a difference in standard conditions (possibly sub-standard conditions) in healthcare, sanitation, communication, infrastructure, politics, culture, and environment. I understand and accept all risks involved with international travel.

I agree and understand that OHSU assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my luggage or personal belongings (i.e., clothing, cameras, computers, or other assets). I acknowledge that I have retained adequate insurance or have sufficient funds to replace such belongings and will hold OHSU harmless therefrom.

I agree to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes.

IN VIEW OF MY VOLUNTARY ASSUMPTION OF ALL RISKS, shown by my signature below, I agree for myself and my family, heirs, and executors that Oregon Health & Science University and its officers, employees, and agents shall not be liable for any loss of life, injury to my person, illness, loss or damage to my personal property, or any damages, whether direct, indirect, or consequential arising in any way from my participation in this rotation. Without limiting the generality of the above, this release of liability includes any DEATH, ILLNESS, ACCIDENT, SICKNESS, CANCELLATION,

DELAY, ALTERATION, OR INCONVENIENCE suffered or incurred by me or any person in consequence of, or in any way related to, the assistance provided by OHSU and my travel abroad, while in transit to or from the United States or domestically, or any claims resulting as a passenger on, or from the operation of, a motorized form of transport (vehicle or motorcycle), non-motorized means of transport, such as a bicycle, or pedestrian activities, in any country.

I HAVE READ AND UNDERSTOOD THE ABOVE CONSENT AND RELEASE FROM LIABILITY IN ITS ENTIRETY AND AGREE TO BE BOUND BY THESE TERMS, AND HEREBY CONSENT TO PARTICIPATE ACKNOWLEDGING ALL OF THE FOREGOING.

Travel Acknowledged

Signature of Resident/Fellow

Date

Signature of Training Program Director

Date

Patrick Brunett, M.D.,
Associate Dean for Graduate Medical
Education

Date