

2020 WUSM GH&M Jonathan Mann International Elective Fellowships (JMann) Guidelines

GENERAL GUIDELINES:

Applications will be available **April 2019**. Applications are due **September 23, 2019**.

Applications will be reviewed by the WUSM GH&M Faculty Committee.

Fellowship awards will be announced in **November 2019**.

Fellowships will be ~\$2,500 and will be awarded to WUSM students to conduct research or non-research clinical experiences abroad.

The awards will be distributed after the student returns from their trip.

Stipends will be funded by the Medical School Dean's fellowships and the Alumni Association fellowships.

To be eligible, you must be a full-time medical student in good academic standing.

The JMann Fellowships must be for academic credit.

Students are not allowed to do international rotations for academic credit during **May 2020**.

All electives must be conducted under the direction of an onsite faculty member.

All electives must have a co-mentor at WUSM.

APPLICATION PROCESS:

Complete the following documents (2-7) and return by **September 23, 2019** to Paula Williams, electronically or in person. The PDF includes the following documents:

- 1) These Guidelines
- 2) Application form
- 3) Educational Goals Essay form (1-2 pages)
- 4) Statement of Participation form
- 5) Statement of Personal Responsibility form
- 6) Message from Student Health form
- 7) Security Tips for Traveling Abroad form
- 8) For your information only, the WUSM GH&M Evaluation Criteria form is also included at the end of the PDF

PLEASE NOTE:

No application will be approved for travel to countries with Level 4 travel advisories. Level 1 and 2 are normally fine. We will consider Level 3 countries on an individual basis.

In addition, submit a copy of the guidelines/country information sheet pertaining to the area you are visiting: <http://travel.state.gov/content/passports/en/country.html>

REQUIREMENTS AFTER YOU RETURN:

Complete a log book/journal and summary upon your return.

If you are in town, present a poster at the GH&M Global Health Symposium Poster Session in April 2020. Since many of the 4th year medical students continue to travel in

the second semester, the poster presentation is not required. However, for those students who are in St. Louis during April, we highly recommend that you participate. For those students who are traveling at that time, if you want to print your poster and give it to our office, we could have the GH&M leadership display it. Volunteers will also be needed to give a short talk at the Global Health Symposium.

CONTACT INFORMATION:

<http://gm&h.wustl.edu/>

GH&M Board 2019:

President: Cyrus Ghaznavi

cghaznavi@wustl.edu

Treasurer: John Deng

jhdeng@wustl.edu

Events Coordinator: Urvi Sinha

urvisinha@wustl.edu

GH&M Faculty Advisors:

Dr. Gary Weil

gary.j.weil@wustl.edu

Dr. Cynthia Wichelman

wichelmc@wustl.edu

Dr. Koong-Nah Chung

chungk@wustl.edu

Dr. Philip Budge

pbudge@wustl.edu

Administrative Contacts:

Dr. Koong-Nah Chung

Associate Dean for Medical Student Research

Director, Office of Medical Student Research

Instructor, Cell Biology and Physiology

Washington University School of Medicine

Campus Box 8077

Becker Library Floor 4

chungk@wustl.edu

Paula Williams, MSNM

Administrative Assistant

Office of Medical Student Research

& Office of Postdoctoral Affairs

Washington University in St. Louis

Becker Library 410

660 S. Euclid Avenue

St. Louis, Missouri 63110-1093

(314) 273-9059

paula.williams@wustl.edu

(pronouns: she/her/hers)

2020 WUSM GH&M JMann INTERNATIONAL ELECTIVE FELLOWSHIPS APPLICATION

This application form must be typed and filled out completely. Please submit your application to Paula Williams in the Office of Medical Student Research (OMSR; paula.williams@wustl.edu) by September 23, 2019. For questions, contact Paula via email or (314) 273-9059. PLEASE NOTE: No application will be approved for travel to countries with Level 4 travel advisories. Level 1 and 2 are normally fine. We will consider Level 3 countries on an individual basis.

Name:	
Email:	Cell:
Emergency Contact (Other Than Yourself; Name, Phone, Email):	
Number of Weeks and Dates:	
Elective Title:	
Clinical or Research Elective:	
City and Country:	
Brief Description of Work You Will Be Doing: (Include project title; attach additional sheet if needed.) For research projects, include hypothesis, specific aims, methods, anticipated results, significance.	
Location - Hospital/University Name Where You Will Be Working:	
WUSM Faculty Co-Mentor Name and Title:	
Onsite Faculty Who Will Receive the WUSM Evaluation Form	
Name and Title:	
Email:	Telephone:
Complete Address:	

WUSM Co-Mentor Signature/Date

**2020 WUSM GH&M JMann
Essay on Educational Goals**

Educational goals should be described in 1-2 pages and attached to the application. Goals should be limited in number (1-3 typically). You should describe why these goals are important to you, and how the specific elective experience and location are particularly appropriate for the goals. This essay should be typed. Include any GH&M or international experiences you have participated in during medical school.

Possible Topic Areas for Educational Goals

Traditional/Alternative medical practice

Cross-cultural health beliefs/practices

Maternal and infant health

Immunization

Nutrition/malnutrition

Sanitation/water sources

Economics/politics of health care

Health care systems

Community health care

Specific tropical diseases

AIDS, other sexually transmitted diseases

Family planning/population growth

Varying roles of physicians and other health care workers

Geographic and environmental factors in diseases

Epidemiology

Ethics

Technology transfer – barriers and opportunities

**2020 WUSM GH&M JMann
Statement of Participation**

I have participated in GH&M activities or other international experiences during medical school (check yes or no):

YES

NO

If **“YES”** list activities here:

2020 WUSM GH&M JMann STATEMENT OF PERSONAL RESPONSIBILITY AND ASSUMPTION OF RISK

No application will be approved for travel to countries with level 4 travel advisories. Level 1 and 2 are normally fine. We will consider Level 3 countries individual basis.

I, _____, a student at Washington University in St. Louis School of Medicine (“University”), plan to participate in one or more international elective rotation during the 2019-2020 academic year the 4th of my medical schooling.

1. University Is Not Insurer. I understand that the University does not require that I enroll in this course or participate in the Electives. I understand that the University has no control over the laws, transportation, politics, or social or medical conditions I will encounter as part of my elective(s). I further understand that I am solely responsible for my own safety during the elective(s).
2. Medical Needs and Health Insurance. I am aware of my own personal medical needs. I have purchased travel health insurance for the duration of my trip, as required by the University. I understand and agree that Washington University cannot be and is not responsible for attending to any of my medical needs, that I assume all risk and responsibility therefore, and that if I must be hospitalized or otherwise receive medical care while on the trip, the University cannot and does not assume legal responsibility for payment of such costs.
3. Authorization for Emergency Medical Treatment. I hereby grant the University, or any faculty member or fellow student acting on behalf of the University, permission to authorize emergency medical treatment, if necessary, and understand and agree that neither the University nor the person acting on behalf of the University assumes responsibility for any injury or damage that may arise out of or in connection with such authorization.
4. Compliance with Laws and Behavioral Standard. I understand that the possession or use of any quantity of marijuana, cocaine, or other illegal drug is strictly prohibited. This prohibition applies not only while I am in the company of my fellow participants, but also while I am alone or with people not associated with the Electives. As a United States citizen in a foreign country, I will also be subject to the laws of that country. I understand that neither the United States Embassy, nor the University can obtain my release from jail. As a participant in these Electives I will behave in a manner that is consistent with the behavioral standards of the Washington University Judicial Code.
5. Motor Vehicle & Personal Property Insurance Coverage. I understand that the University strongly discourages students from owning or operating vehicles while participating in the Electives. Traffic congestion and different traffic laws and regulations can make driving motor vehicles in foreign countries extremely hazardous. If I operate a motor vehicle while abroad, I recognize that the University assumes no financial responsibility for me. I also understand that the University recommends that I insure my personal property from loss and theft, and that the University is not responsible for loss or theft of personal property.
6. General Release. I understand that participation in these Electives is entirely voluntary and that any program of international travel involves certain inherent conditions, hazards, and risks. These conditions, hazards and risks include but are not limited to risks associated with air and ground transportation; housing and facilities; medical facilities and treatment; strikes; work stoppages; labor disputes of any kind; natural disasters; inclement weather; riots; terrorist activities or attacks; crimes; accidents; or illnesses. I have received information regarding these risks and have discussed my concerns with the University personnel. I specifically understand, have been informed and have done my own research regarding the risks to my health, including the contraction of disease, infection and illness, associated with my internship in a medical facility as part of these Electives. I agree that University personnel have taken appropriate and reasonable measures to inform me of potential risks and ensure my safety. I further understand that the University cannot and does not assume responsibility for any of these conditions, hazards or risks for any related personal injuries or property damages. I understand that I am solely responsible for my own safety during my participation in these Electives. I am voluntarily accepting the risks associated with participating in these Electives. Knowing these risks, and in consideration of being permitted to participate in these Electives, I agree to indemnify, hold harmless, release and forever discharge the University, its trustees, officers, employees, faculty, volunteers, agents, and co-sponsoring institutions and their agent(s) (collectively, “Releasees”) from any and all claims and demands whatsoever which I, my parents, heirs, representatives, executors,

administrators, or any other persons acting on my behalf, or on the behalf of my estate, have or may have against the Releasees by reason of any accident, illness, or injury or other consequences arising or resulting directly or indirectly from my participation in the Electives irrespective of whether the liability is due to any negligence on the part of Releasees.

7. Law; Forum. I agree that this Release shall be constructed in accordance with the laws of the State of Missouri, which shall be the forum for any lawsuits filed under or incident to this Release or the elective(s). In the event any term or provision of this Release is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release shall remain in full force and effect.
8. Age. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.

THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING

ACCEPTED AND AGREED:

(Signature)

(Date)

(Printed Name)

**2020 WUSM GH&M JMann: Health Concerns
A Message from Student Health**

Regarding this away rotation, please be aware of the blood and body fluid exposure plan at your visiting site. Student Health wants you to be aware of CDC (www.cdc.gov) guidelines for receiving necessary treatment in an expeditious manner and appropriate follow-up. **After you receive notification of funding from JMann, please schedule one appointment to see Dr. Karen Winters in Student Health. You can discuss travel immunizations, and BBP (blood born pathogen) and PEP (post-exposure prophylaxis) protocols during the one appointment.**

Sign stating that you read and understand the above requirement.

Name

Date

2020 WUSM GH&M JMann SECURITY TIPS FOR TRAVELING ABROAD

- Learn about the places you plan to visit. Familiarize yourself with local laws and customs in those areas. If you are traveling to a high-risk area, get as much information as possible about the threat in your destination before you leave. Information can be obtained from WUSM Becker Medical Library, the public library, local travel agency, or U.S. State Department (<http://travel.state.gov>).
- Ensure that you have all official documents; i.e. passport, shot records.
- Grant power of attorney to an immediate relative/close friend.
- Establish a point of contact for your family to call in an emergency. Someone should know your whereabouts from the time you depart the United States until you return home.
- Register with the nearest U.S. Embassy or Consulate.
- Carry an extra set of eyeglasses and any necessary medications (along with a copy of the prescription and the generic name of the drug) in your carry-on luggage. Keep all medications in their original containers.
- Carry identification: make copies of your airline ticket, passport identification page, driver's license and any credit cards you take with you. Carry this record, along with two extra passport photos, in a separate place from the originals. If your passport is lost or stolen abroad, report the situation IMMEDIATELY to the nearest U.S. Embassy or Consulate and to the local police authorities.
- Take all essential personal and medical identification. Items to consider are telephone numbers of relatives, health and life insurance policy numbers.
- Plan ahead to ensure that you will have enough foreign currency.
- Avoid attracting unwanted attention to yourself. Take a good look at the clothing, jewelry and even reading material that you take, some items may be considered offensive in the country you are visiting.
- Always be conscious of your surroundings and avoiding any areas you believe may put your personal safety at risk. Never travel alone after dark.

The Office for International Students and Scholars (<http://oiss.wustl.edu/>) at Washington University is available to provide additional information on the safety of your trip: (314) 362-6939.

I have received and reviewed a copy of the Safety Tips for Traveling Abroad:

Name

Date

