



UNIVERSITY
OF MANITOBA

Faculty of Medicine - Undergraduate Medical Education
260 – 727 McDermot Avenue, Winnipeg, MB R3E 3P5
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Travel Information Package
for Electives in
Developing
and/or
Challenging Health Care Settings
(June 2009)

The following forms/guides are attached for your benefit to ensure a safe and healthy elective experience while traveling to a developing and/or challenging health care setting. All 'orange' paper forms must be returned to the UGME Office at 260 Brodie.

- 1) Travel Health Checklist (orange)
- 2) Information for Students Planning Out-of-Town Electives
- 3) Pre and Post Travel Health Clinic Certificate of Attendance (orange)
- 4) Sample of Letter Required for WRHA Travel Clinic
- 5) Acknowledgement of Responsibility and Liability Waiver (orange)
- 6) Out on a Limb (provided by Consular Affairs)
- 7) Her Own Way (provided by Consular Affairs)

Basic Information that you should know:

- Leave copies of your passport identification page, travel itinerary and accommodations with friends and family.
- Carry a passport that is valid well beyond the date of your anticipated return.
- Obtain any required visas in advance.
- Anticipate financial needs – airport taxes, taxi fare, currency exchange etc.
- Ensure that you have adequate travel and health insurance and proper vaccination requirements.
- Make sure that you have adequate medical supplies and extra prescription eyeglasses if required.
- Check for any travel advisories.

Important websites with valuable information:

- Foreign Affairs and International Trade Canada: www.voyage.gc.ca
- International Centre for Students at the University of Manitoba:
http://umanitoba.ca/student/ics/exchange/before_leaving.html
- WRHA Travel Health & Tropical Medicine Services
<http://www.wrha.mb.ca/community/travel/index.php>

Information for Students Planning Out-of-Town Electives

The Faculty of Medicine at the University of Manitoba encourages and supports the valuable educational opportunities that exist in developing nations and other challenging international health care settings. However, it is recognized that there is a need for accessible, regularly updated, and evidence based guidance on how to go on electives safely.

This brochure provides an overview of travel health recommendations and selected Faculty of Medicine policies governing undergraduate medical electives.

1. BEFORE YOU TRAVEL

Travel Health Advice

As soon as you receive approval for your elective experience from the Electives Coordinator contact your elective site preceptor:

- to determine specific health risks associated with clinical activities
- to determine access to accepted post-exposure prophylaxis for clinical exposure to blood borne pathogens.

You are required to make an appointment to attend a recognized travel health clinic. It is advisable to initiate this contact at least six months before travel to complete all recommended immunizations prior to travel. A recognized travel health clinic is designed to provide a comprehensive health assessment and to assist with risk reduction specific to your destination and activities at your destination.

a) General Risk Reduction Education:

- Food and water risk
- Vector-borne concerns (i.e. malaria)
- Environmental risk assessment
- Political environment assessment
- Sexually transmitted infections/body fluid risk counseling
- Other regional risks.

Required and recommended vaccines and anti-infection therapy can be provided or prescribed by a travel health clinic. Your family physician should be aware of your travel plans and travel health consultations.

b) Specific Recommendations Regarding Post-Exposure Chemoprophylaxis

If your elective preceptor cannot assure you of timely access to post-exposure chemoprophylaxis for HIV, the Faculty of Medicine strongly recommends that prior to travel you obtain a 5-day starter kit of zidovudine and at least one other agent, such as lamivudine. The starter kit can be prescribed by a recognized travel health clinic or specialist in infectious diseases.

c) Travel Insurance

You should obtain travel health insurance that provides appropriate coverage for all health concerns, including those related to clinical activities. Your travel insurance should include evacuation and repatriation costs.

d) Expenses

Expenses related to travel, including but not limited to, pre- and post-travel health consultation, vaccines, anti-infective therapy, post-exposure chemoprophylaxis, and travel insurance are the responsibility of the student. The Undergraduate Medical Education Office can assist in directing you to possible funding sources for elective travel expenses.

2. AFTER YOU TRAVEL

Fever in a returning traveler is considered to be a medical emergency, with a need to rule out the diagnosis of malaria as soon as possible. Attend the travel clinic for comprehensive post-travel assessment, which may include:

- completion of an immunization program
- tuberculin skin testing
- clinical assessment for acquired travel related illnesses.
- Additionally, if you become ill within the year following travel, seek medical advice from your family physician and advise your health provider of your travel history.

3. TRAVEL HEALTH CLINICS

a) Winnipeg Regional Health Authority

The Winnipeg Regional Health Authority offers a travel health and tropical medicine program specific to health profession students. Please identify yourself as a medical student when you contact the clinic to make an appointment. The clinic is located at:

490 Hargrave Street
Winnipeg, MB R3A 0X7
Telephone for appointments:
1-204-940-8747

b) Other Travel Health Clinics

There are other travel health clinics in Winnipeg that offer a range of services depending upon location. Information on these clinics and the services they offer should be available from your family physician or Health Links.

4. REPORTING REQUIREMENTS

The Faculty of Medicine requires you to fill out and report your attendance at a recognized travel health clinic prior to, and following your elective by completing the following documentation:

- Travel Health Documentation Form for Electives in Developing Nations and Other Challenging Settings
- Pre/Post Travel Health Clinical Certificate of Attendance

You are encouraged to voluntarily report information regarding health issues associated with your elective. This will assist the Faculty of Medicine in providing optimal advice to future elective students.

5. WAIVER AND RELEASE

Students doing medical electives in developing nations and other challenging settings are required to complete a University of Manitoba Acknowledgement of Responsibility and Liability Waiver Form.

Documentation for 4 & 5 are also available from the:
Undergraduate Medical Education Office
260 - 727 McDermot Avenue
Winnipeg, MB R3E 3P5

6. RESOURCES

a) International Centre for Students

The University of Manitoba International Centre for Students (474-8501) is a valuable resource for pre-departure orientation, travel risk reduction and pre and post-travel cross-cultural adjustment. If requested they will maintain a link with you during your elective. Please read the Overseas Program Checklist for your information.

Contact the Student Exchange Coordinator at 474-6763 to find out when the next orientation is scheduled or to obtain a workbook.

b) Selected Literature

- Medical students, their electives, and HIV: Unprepared, ill-advised and at-risk. *BMJ* 1999; 318: 139-40.
- Mycobacterium tuberculosis infection in travelers: tuberculosis comes home. *Lancet*. 2000; 356: 442-3.
- Malaria deaths in visitors to Canada and in Canadian travelers: a case series. *CMAJ*. 2001; 164(5): 654-9.
- Integrated post-exposure protocol. Communicable Disease Control. Public Health Branch. Manitoba Health. October 2000.
- Web Site Resource <http://TravelHealth.qc.ca>



**Travel Health Checklist for Electives in
Developing and/or Challenging Health Care Settings**

STUDENT NAME: _____

CLASS OF: _____

Part A. Pre-Travel

I have received and read the document entitled *Information for Students Planning Out-of-Town Electives'* Yes No

I have attended the _____
travel health clinic and have complied with all health-related advice and suggestions made
to me by the staff of that clinic: Yes No

I have read and returned to the Medical Education Office my Pre-travel Health Clinic
Certificate of Attendance: Yes No

It has been recommended that I obtain medication for the purpose of post-exposure HIV
chemoprophylaxis prior to travel and have this available for my use during my elective: Yes No

I have obtained appropriate travel health insurance: Yes No

I have read and completed the *University of Manitoba Acknowledgement of
Responsibility and Liability Waiver* and have submitted it to the Medical Education
Office: Yes No

Student's Signature

Date

Part B. Post-Travel

I have attended _____
travel health clinic post-travel and have complied with all health-related advice and
suggestions made to me by the staff of that clinic: Yes No

I have completed and returned to the Medical Education Office my Post-travel Health
Clinic Certificate of Attendance: Yes No

You are encouraged to voluntarily identify health related issues associated with your
medical elective on Part D of the reverse of this form.

Student's Signature

Date

PART C. For Office Use only

Action Required: Yes No

Action Taken (summarize below):

Signature

Date



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Canada R3E 3P5
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Fax (204) 789-3929
www.umanitoba.ca

DATE

WRHA Travel Clinic
490 Hargrave Street
Winnipeg, MB
R3A 0X7

To Whom It May Concern:

This is to confirm that **STUDENT NAME** is a currently registered Undergraduate Medical Student in **YEAR XX** at the University of Manitoba. He/she is making arrangements for an approved elective application to the University of **NAME, in CITY, COUNTRY** for the approximate dates of **Month XX to Month XX, Year**. At the time of the elective he/she will be in **YEAR X**.

If you have any further questions please do not hesitate to call.

Sincerely;

NAME

Clerkship & Electives Program Administrator **OR** Assistant
Faculty of Medicine, Undergraduate Medical Education

T: (204) **XXX-XXX**

F: (204) 789-3929

E: **XXXXX**



Pre-Travel Health Clinic Certificate of Attendance

Students Name: _____ Class of: _____

Proposed Travel Dates: from _____ to _____

Community, City, and/or Country Travelling to: _____

This is to certify that the above named student has attended our travel health services to receive a pre-travel health consultation and required immunizations.

Date of Attendance: _____

Name of Physician / Health Care Professional

Signature

**This document is to be returned to the U of Manitoba, Faculty of Medicine, UGME
Office at 260 Brodie Centre, 727 McDermot Avenue.**

Post-Travel Health Clinic Certificate of Attendance

Students Name: _____ Class of: _____

Dates Travelled: from _____ to _____

Community, City, and/or Country Travelled to: _____

This is to certify that the above named student has attended our travel health services to receive a post-travel health consultation and any required follow-up medications.

Date of Attendance: _____

Name of Physician / Health Care Professional

Signature

**This document is to be returned to the U of Manitoba, Faculty of Medicine, UGME
Office at 260 Brodie Centre, 727 McDermot Avenue.**

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

In consideration of The University of Manitoba (the "University") making arrangements for me to study receive training at _____ *[location host institution]* *[name name of country]*, for a period beginning on _____ and ending on _____ (the "Program"). I agree as follows

Assumption of Risks: I understand that the Program will take me away from campus for an extended period of time. During this period, I understand that I will be in an unfamiliar surrounding and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, disease, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of accidents, natural hazards, violence, crime, civil unrest, disease, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers. I further acknowledge that I had other options, other than to participate in the Program, but selected to do so freely and voluntarily.

Assumption of Responsibility: I understand that it is my responsibility to abide by all applicable policies and laws of the University and the host institution country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate the University does not carry accident or injury insurance for my benefit and I acknowledge that I have been advised by the University of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the University to participate in the Program. I recognize that there may be certain portions of the Program which the University will not supervise. Further, I recognize that the University will not arrange any living accommodations or extracurricular activities during my participation in the Program, unless specifically detailed in the Program description.

Liability Waiver: I release and hold harmless the University, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in this Program, including, but not limited to, accidents, natural hazards, violence, crime, civil unrest, sickness, disease, homesickness and loneliness. Moreover, the University shall not be liable for loss, damage or costs of any kind which I may incur as a result of my participation in this Program and which relates to transportation, scheduling, government restrictions, acts of God or any other matter beyond the University's control. I understand that this waiver cannot be modified except in writing, with the consent of the University. This waiver shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns.

Pre-Departure Preparation: I acknowledge and agree that I have been provided with the *Pre-Departure Handbook for University of Manitoba Students Traveling Abroad* (http://umantoba.ca/student/res_exchange/index.html) and that I have attended or will be attending a pre-departure orientation session.

I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER ON MY LEGAL RIGHTS AND RESPONSIBILITIES.

(Please Print)

Student Staff Name: _____	Student Staff Number: _____
Permanent Address: _____	
Permanent Telephone: _____	
_____	_____
<i>[Signature of Participant]</i>	<i>[Witness as to Signature of Participant]</i>
Date: _____	