Global Health Rotations for McGaw Residents and Fellows (Trainees)

Ashti Doobay-Persaud, MD and Shannon Galvin, MD
Outline

• Center for Global Health has affiliated sites for medical students
• Outline of the McGaw Approval Process*
• Outline of GHI Funding through CGH
• Overview of global health rotation policies
• So a trainee comes to you…. “I have always been interested in global health, I have an uncle that runs a clinic in (___). I wanted to go work there.”
Ashti and Shannon’s five maxims

• Global health rotations are a privilege not a right, of which almost all of the benefits accrue to the high income country learner
• The harms of short term medical tourisms are well documented, while the benefits are found only long term, sustainable partnerships.
• Preference should be given to established partnerships.
• Even our established partnerships MOUs cover medical students and thus trainee rotations require a process
• If you feel uncomfortable, you are probably right to do so. Reach out to Ashti and Shannon…
CGH Affiliated Sites for FSM Rotations

It is highly recommended to utilize affiliated sites rather than have trainees do one-off rotations.

See these sites and more information listed on CGH’s website!
McGaw/CGH Process for Global Health Rotations

1. Trainee completes the Elective GME Rotation to Non-McGaw Institution Form and Required Attachments and submits to Angie Delk. This starts a simultaneous approval process:
   1. McGaw reviews for compliance with policies, they ask CGH for advice if needed
   2. McGaw legal team works with site to set up agreement related to malpractice and indemnification (more to come on this)
   3. ACGME reviews for subspeciality appropriateness

Application can be found linked on the CGH website and on the McGaw website: https://www.mcgaw.northwestern.edu/directors/resources/elective-gme-rotation%20.html

THIS TAKES A LOT OF TIME!
Global Health Initiative Funding

1. Trainee Applies for CGH Global Health Initiative (GHI) Funding for reimbursement of select expenses (up to $2,000)
   1. Funding will only be approved after approval of the rotation is obtained. Approval for funding does not constitute approval of the rotation!
   2. Departments prepare the trainees reimbursement forms (Visitor Expense Report)
   3. Reimbursement forms must be submitted within 15 days of return to CGH Program Assistant Natalie Sheneman

Funding application is found on CGH website:
https://www.globalhealth.northwestern.edu/education/funding/GHFunding-Policy-trainees.html
Visitor’s Expense Report trainee/Fellow Reimbursement Process

- Reimbursements cover travel, lodging, travel medicine, and program fees up to $2000. Ground transportation and personal expenses are NOT covered. The department coordinator should complete a Visitor’s Expense Report (VER) form:

1. Fill out the “Visitor” travel dates and contact information section of the form.
2. trainee/fellow signs the form.
3. Complete the “Business Purpose,” “Explanation of Expense,” and “Amount” portions of the form and attach receipts* for qualifying expenses.

- Anything that is listed on the receipt in the local currency needs to be converted to USD. We use the Oanda Currency Converter. Here are directions on using the converter:
  - Set the date of the transaction
  - Set the Interbank +/- percentage as 4%
  - The first column is the amount paid in the local currency
  - The second column is the equivalent amount in USD
  - Print the conversion page (or save as PDF) and attach with the original receipt. There should be one conversation page for each receipt in a different currency. Receipts in USD do not need to be converted!

- Send the complete VER electronically to sara.caudillo@northwestern.edu and natalie.sheneman@northwestern.edu. Thanks!
## Visitor’s Expense Report

### Northwestern

**Department:** Center for Global Health  
**Dept Code:** CGH

---

### Visitor Information

- **Visitor Name:** [Enter Name]  
- **Business Purpose:** [Enter Purpose]

- **Address:** [Enter Address]  
- **City, State, ZIP:** [Enter ZIP]

- **Phone:** [Enter Phone]

### Date(s) of Travel or Expense

- **From:** [Enter From]  
- **To:** [Enter To]

### Expense Item

<table>
<thead>
<tr>
<th>Description, Documentation Requirements</th>
<th>Explanation of Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Coach rate; attach original passenger receipt</td>
<td>@ 0.545 per mile: $0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Rail</td>
<td>Attach original passenger receipt</td>
<td>$0.00</td>
</tr>
<tr>
<td>Ground Transportation Taxi, etc., attach original receipts and include tip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile Enter Mileage incurred on or before 12/31/2018: Enter Mileage incurred on or after 1/1/2019: @ 0.545 per mile: $0.00 @ 0.58 per mile: $0.00</td>
<td>Parking Total:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Transport Rental car, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotel Room &amp; Tax</td>
<td>Attach original hotel voucher</td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td>Attach original receipts, dinners may not exceed $65 per night, incl. tax and tip</td>
<td></td>
</tr>
<tr>
<td>Incidental</td>
<td>Attach original receipts, gratuities &amp; other misc. items</td>
<td></td>
</tr>
<tr>
<td>Non-travel Expense #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-travel Expense #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-travel Expense #3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### VISITOR: Certification Signature Required

I certify that I have paid out these amounts for University-related activities in support of the business purpose listed and in accordance with University policies and procedures, that sponsored project expenses contain no charges for alcoholic beverages or other unallowable items, and that I have not previously received nor will I receive separate reimbursement from Northwestern University or any other entity for any charge I am submitting on this form.

---

### NORTHWESTERN UNIVERSITY USE ONLY

**Chartstring Distribution**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Department</th>
<th>Project</th>
<th>Activity</th>
<th>Program</th>
<th>CF1</th>
<th>Account</th>
<th>Amount</th>
</tr>
</thead>
</table>

### Dean or Supervisor Area(s) Approval Required

I certify that these expenses were incurred for University related activities and approve them as proper charges to University accounts.

---

**Visitor Signature:** [Signature]  
**Date:** [Enter Date]

---

**Center for Global Health contact information (Natalie or Sara)**

**Address where the reimbursement check should be sent:** [Enter Address]

**Try to submit quickly so 90 day time window does not pass:**

**Edit the form in a PDF editor so that the "CGH" populates in the barcode:**

**This section can be left blank!**
Policies

- Applications must be submitted no less than 90 days prior to start date
- Rotations must be a minimum of 4 weeks
- Trainees are required to purchase GeoBlue travel insurance. Failure to do so may result in probation.
- Trainees must complete all safety waivers and a safety form to complete application