

## Code of Conduct and Risk Reduction Agreement Global Health Clinical Rotations

The David Geffen School of Medicine (DGSOM) at UCLA is committed to preparing leaders for distinguished careers in clinical practice, teaching, research, and public service. The Global Health Program (GHP) encourages opportunities for trainees to engage in experiences in settings with diverse patient populations and different health systems and resources, both in the United States and globally. We encourage trainees to participate in behaviors that are aligned with GHP's commitment to ethical and collaborative engagement. We also take trainee safety very seriously and require that trainees carefully review and sign this code of conduct and risk reduction agreement in order to be approved for an elective experience.

**Please review this form and initial each section, date and sign the last page, and submit the document with your application.**

### COVID-19:

- I will abide by COVID-19 public health guidelines and precautions at my host site(s). This includes abiding by proper infection control precautions in both clinical and non-clinical settings.

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### Personal Health:

- I will arrange an appointment with my primary care provider or ASHE travel clinic to ensure that, if necessary, pre-travel vaccinations, medications, malaria prophylaxis, HIV post-exposure prophylaxis, and other essential medications are obtained in sufficient time prior to departure (it is recommended to have a pre-travel appointment scheduled approximately two months prior to departure).
- I understand that I will be financially responsible for any items or dollar amount not covered through UCLA travel insurance (deductibles, exclusions, etc.).
- I will keep a copy of my travel health and evacuation insurance information with me on my person at all times during my international experience.
- I understand that some health problems may be exacerbated under stressful and unfamiliar situations. I have no physical or mental health issues that would preclude my safe participation in this program.
- I understand that there may be limited availability of medications and will be responsible for bringing my own supply of necessary medications (over the counter and prescription) for personal use.
- Prior to my departure I will review the emergency contact information with GHP and fully understand whom to contact both locally and at UCLA in case of illness, injury, or other unanticipated incidents that occur during this rotation.

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### Occupational Standards:

- I will or have already participated in GHP's pre-departure orientation.
- I understand the recommendations to have a filled prescription for HIV post-exposure prophylaxis (PEP) (*if applicable for my site and the nature of my rotation – appropriateness should be discussed during the pre-travel medical appointment and/or with GHP*).
- I will utilize universal precautions at all times.

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**Travel and Recreational Safety:**

- I understand that my global health experience is for educational purposes. If I would like to travel for tourism, I will do so outside of my educational time, it will not conflict with my clinical or research commitments, and it will be at my own risk. I will arrange for my own travel and cover my own expenses when traveling as a tourist.
- When traveling as a tourist I recognize that I remain a representative of my institution and will maintain the same code of conduct and engage in the same safety measures.
- I will wear a safety belt in vehicles when a belt is available, make smart choices for transport via authorized bus and car companies, and only rent a car and drive if familiar with driving rules and roads in the location.
- I understand that my institution discourages hitchhiking, traveling on motorcycles, traveling in the open back or tops of vehicles and trains, and traveling at dusk or nighttime. I will avoid this type of travel or participate in these modes of travel at my own risk.
- When engaging in water sports, I will wear personal flotation devices and will avoid hazardous or unknown conditions.
- Fresh water in many resource-limited settings can be a risk for infection. I will discuss my itinerary with a travel doctor or my primary care provider and will follow their advice about reducing risk for water-borne disease.

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**Professionalism and Behavior:**

- As a representative of the DGSOM at UCLA, I will hold myself to the highest standards of professionalism, respect, and courtesy.
- I understand that the same standards of professionalism apply when I am abroad as when I am at UCLA, including full disclosure about my status as a trainee, discussing patient care with a supervising preceptor, and obtaining consent from patients and their designated health care decision maker.
- I understand that funding may not cover all costs of travel and is not meant to support tourism or vacation travel. I understand that if I cancel my elective, I may be held responsible for costs incurred on my behalf.

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**Clinical Care:**

- If performing clinical care, I will care for patients under the direct supervision of a local preceptor, within the limitations established by my level of training.
- I will keep the welfare of the patient foremost in my mind. I recognize that it is particularly important to honor patient autonomy in communities with limited resources, in which all patients must be given the choice of whether or not to have trainees involved in their care.
- I recognize that personal behaviors, clinical skills, and competencies are culturally framed and resource-dependent. I will refrain from passing judgment and will be sensitive to cultural differences in the standards of care.
- I will not give money to patients, clinicians, or the host institution, nor make any commitment or implication of commitment of personal or UCLA institutional funding to patients, clinicians, or the host institution.

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**Social Media and Photographs:**

- I will use discretion in taking photographs, especially in a medical setting. When taking photographs or videos, I will always seek permission first, and provide information regarding planned use of the photograph to individuals and/or the host institution being photographed. If photographs will be used for public viewing (blogs, internet, email, Facebook, presentation, publication, etc.), a UCLA photograph release form, which will be included in your electronic binder materials, must be signed, and returned to GHP.
- In taking photos I recognize that it is important to respect people and take into consideration whether they may experience negative consequences of having their photo taken.
- I will avoid posting any sensitive information (i.e. regarding patient care, lack of resources, cultural differences, or political situations) on any public forum including, but not limited to public blogs, Facebook, Instagram, Twitter, etc.

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**Personal Conduct:**

- I will inform GHP immediately of any legal problems.
- I will not engage in illegal substance use. This includes alcohol if use of alcohol is illegal in the host country. If culturally appropriate to consume alcohol, I will do so responsibly.
- I understand the sensitivities (exploitation of power dynamics) involved in engaging in sexual relationships with individuals in differently-resourced settings. I also understand the associated risks (HIV and other sexually transmitted infections) involved and will act responsibly.
- I will refrain from participating in any political activity that puts me at increased risk of harm (i.e. strike, demonstration, protest, rally, etc.).
- I will dress in a culturally appropriate and professional manner.
- I will be punctual and arrive at meetings and rotations on time.

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**Gift and Donation Policy:**

- In participating in a global health rotation, I am gaining more from this experience than I am able to contribute. Personal gifts and donations, while expressions of my gratitude, may have negative consequences by causing jealousy, conflict and/or favoritism in the workplace. Prior to my departure, I will discuss with GHP the appropriateness of giving personal gifts and donations.
- I will not make direct donations to patients or other individuals, as that may compromise the patient-clinician working relationship and would also set a precedent for future visiting clinicians. If I would like to contribute to a patient's care, I will request to do so in an anonymous manner and will obtain permission through the host administration and mentor, and I will also discuss with GHP.
- If considering donations of medical supplies/equipment/medications to the host site, I will discuss the appropriateness of these donations with GHP.

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## **Code of Conduct and Risk Reduction Agreement for Global Health Rotations Acknowledgment of Review:**

*Please submit this signed form with your application.*

I have carefully reviewed the risk reduction agreement and code of conduct. The above risk reduction and code of conduct document is designed to serve as a guide to ensure a safe, fulfilling, and ethically sound global health experience for both trainees and for host institution.

\_\_\_\_\_  
**Participant's Name (please print)**

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**Participant's Signature**

\_\_\_\_\_  
**Date**