

6. Describe this experience

- Research
- Clinical
- Other

7. Will you be providing direct patient care?

- Yes
- No

If yes:

a. It is the student's responsibility to contact the host school/program and ask if the site requires locally admitted insurance. Does your host school/program require locally admitted insurance?

- Yes
- No

b. Number of hours of direct patient care:

8. Once this proposal is approved and registered in Oasis, you will be asked to attest in Oasis that you have completed all the following:

- Reviewed Brown University's policies and information on international travel:
 - Brown Insurance Office's page:
<https://www.brown.edu/about/administration/insurance/international-travel-information>
 - The Sojourn Abroad Guide:
<http://brown.edu/go/sojournguide>
 - AAMC document on travel:
<https://www.aamc.org/download/181690/data/guidelinesforstudentsprovidingpatientcare.pdf>
 - International Travel Safety and Security and Brown's Policies for High Risk and Restricted Travel:
<https://www.brown.edu/global/international-travel-safety-security>
- Registered with:
 - TravelSafe:
<https://travelsafe.brown.edu>
 - United States DOS Smart Traveler Enrollment Program (STEP):
<https://step.state.gov/step/>
- If the country is a High Risk (Level 3) destination, you have submitted a travel plan policy to be reviewed by ITRAC.

9. Learning Goals (what you intend to learn, check all that apply)

- Use effective communication skills
- Use basic clinical skills
- Integrate basic science in the practice of medicine
- Use principles of diagnosis, prevention and treatment
- Use lifelong learning skills
- Use principles of professionalism
- Use principles of population health and advocacy
- Use principles of moral reasoning and/or clinical ethics
- Practice clinical decision making

10. Learning Strategies (what you intend to do)

11. Learning Resources (what resources you intend to utilize to achieve your objectives)

12. What is the final product at the end of the Independent Study? (paper, article, development of clinical skills, presentation, etc.)

13. Criteria for assessment (what standards will you, mentor and program director use in judging whether you have met your objective)

14. Timetable

a. What benchmarks will be used in assessing progress?

b. How will you conduct your weekly meetings with your sponsor to discuss your experience and progress? (check all that apply)

- Phone
- Email
- Will meet in person

Working with your faculty sponsor, please specify the number of hours per week for each activity. Total weeks of credit should reflect a minimum of 40 hours per week of work. Example: 20 hours per week over a 4-week period equals 80 hours, resulting in 2 weeks of credit. **Please note: only independent studies done at Brown-affiliated institutions will be counted toward fulfilling the number of clinical elective weeks in the graduation requirements for your class.**

- Number of hours for required reading assignments:
- Number of hours for didactic instruction:
- Number of hours for clinical work:
- Number of hours for laboratory work:
- Number of hours, all other work (describe in the space below):

Description of other work:

Total number of hours per week: **X # of weeks** **=**

LCME Element 11.3 To meet LCME accreditation standards and to ensure a productive and safe learning environment, the student and faculty sponsor should discuss and document the following. Please use the spaces below each item to address each item:

• Potential risks to the health and safety of patients, students, and the community

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

•The availability of emergency care

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• The possibility of natural disasters, political instability, and exposure to disease

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• The need for additional preparation prior to, support during, and follow-up after the elective

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• **The level and quality of supervision**

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

• **Any potential challenges to the code of medical ethics adopted by the home school.** Consideration of these challenges should include the following:

- Being humble about one’s knowledge and expertise
- Adhering to existing ethical standards – for example, not using expired medications
- Not exceeding one’s scope of practice – for example, performing procedures that you would not ordinarily perform at AMS
- Not detracting from local clinicians and resources and placing no undue burden on local clinicians or the resources available
- Being culturally sensitive and practicing cultural humility

In addition, you should read and discuss one of the following articles with your faculty advisor

<https://annals.org/aim/fullarticle/2676739/ethical-obligations-regarding-short-term-global-health-clinical-experiences-american>

<http://www.ajtmh.org/docserver/fulltext/14761645/83/6/1178.pdf?expires=1554933499&id=id&accname=guest&checksum=FA116BF3182AA6403C69DEE8E3C00DCF>

I certify that I have considered the above and am prepared to integrate these considerations into my international experience

To be completed by faculty sponsor:

I have discussed this item with the student.

Our plan for this is:

Note: there is a maximum of 12 weeks of independent study credit (total) allowed over Years 3 & 4. This limit includes Medical Spanish and EKG Self Study. This limit does not include ASP Projects. If this proposal will cause you to exceed that limit, please fill out the information in the box below and forward the proposal to Dean Tunkel for his approval.

What is your current total of weeks of credit for independent study projects in years 3 & 4?

Please list the titles and dates of the independent study projects you have completed:

Senior Associate Dean for
Medical Education's signature

Date:

Student Signature

Date:

To be completed by the independent study faculty sponsor:

I have reviewed this student's independent study proposal and agree to:

- sponsor this student
- meet with them on the timetable outlined in item 10 above
- submit an evaluation of the student achievement of the learning objectives, as described in item 9 above, within 30 days of the end of the experience.
- ensure that the student has registered their trip
- I have discussed and documented a plan for the items in LCME Element 11.3 above.

Brown Faculty Sponsor Signature

Date:

Brown Faculty Sponsor's Title:

After your Faculty Sponsor signs the form, please send it via email to AMS-Records (AMS-Records@brown.edu).

To be completed by designated approver:

I have read the proposal and I (check one)

- recommend
 do not recommend

this experience for credit.

Signature

Date:

of credits:

Comments: (700 characters)