

### **UNC Resident Physician Scholarships – Global Health Electives**

This is a universal application for University of North Carolina (UNC) resident physicians and fellows under the Office of Graduate Medical Education (GME) for scholarships for global health electives. Scholarships will be funded for **up to \$2000.00** per resident offered on a biannual funding cycle through the School of Medicine's Office of International Activities (OIA).

To apply, the trainee must have completed at least the first year of postgraduate training, be in good academic standing, have the approval of their Program Director (including approval of away dates), and have completed all other requirements according to the Policy and Procedures of the Office of GME for international rotations.

Resident physicians advising the UNC student groups, such as PPS and HHA are not eligible to apply for this scholarship as up to two residents per group, per summer, will receive a round trip flight complimentary of the OIA.

Electives must be a minimum of two weeks in duration, and four weeks is strongly encouraged. Applications are available on the OIA website (<a href="www.med.unc.edu/oia">www.med.unc.edu/oia</a>) under the residency section and will be considered according to the following schedule:

- Applications due February 15<sup>th</sup> with decision by March 15<sup>th</sup>
- Applications due September 15<sup>th</sup> with decision by October 15<sup>th</sup>

For any questions about this process, please contact Shay Slifko (shay\_slifko@med.unc.edu) in the Office of International Activities before completing the application.

#### Overview

Descriptions should outline a substantial educational experience that is well thought out and would not be possible in the United States. These global health experiences can be focused on supervised clinical care, a public health project, or research. Applicants must submit a proposal detailing the global health elective. (See page 2 for details.)

Preference will usually be given to residents/fellows applying for the first time and without other sources of support. Funded experiences must be completed before the completion of applicants' respective residency or fellowship program. All scholarship recipients must complete travel health and safety requirements required by the Office of GME and offered through the Office of International Activities. This includes abiding by UNC-wide travel restrictions, obtaining emergency evacuation insurance, and completing the "release and hold harmless" forms for the UNC Office of GME. Traveling learners must also complete two required on-line preparatory modules through the OIA.

## **Protection of the Rights of Human Subjects**

During a global health experience, residents/fellows may participate in direct patient care and/or engage in other types of service-learning, or research, which may include handling confidential patient information. Whether providing direct clinical care, conducting interviews with patients or with health care providers, administering surveys or questionnaires, or participating in clinical research respect for the rights and interests of others obliges the protection of private information according to the Health Insurance Portability and Accountability Act (HIPPA).

All scholarship applicants who will be involved in research must discuss with their respective faculty mentors the need for Institutional Review Board (IRB) approval. In general, if the experience involves human subject research, a research proposal must be submitted to the Office of Human Research Ethics (OHRE) to confirm compliance regarding the rights of human subjects. Please review the IRB site at <a href="https://www.ohre.unc.edu">www.ohre.unc.edu</a> for more information.

## Requirements

All parts of the application must be submitted together. Individual pieces will not be accepted. The completed application may be submitted as a single PDF document via email to Shay Slifko, Program Manager at shay\_slifko@med.unc.edu

- 1. Completed UNC Resident Physician Global Health Scholarship Application (pages 5 and 6 as cover sheets).
- 2. A detailed description (two-page maximum) of the experience that specifically addresses:
  - a) Overall purpose of the proposed global health experience;
  - b) Background information on selected overseas site to include:
    - (1) Location/geography;
    - (2) Political stability;
    - (3) Any potential personal safety and/or health risks; and
    - (4) On-site supervision appropriate to residency/fellowship training
  - c) Rationale for choice of selected overseas site;
  - d) At least THREE specific learning objectives;
  - e) Language barriers and how they will be mitigated;
  - f) Dates of travel and length of experience/project (must be a minimum of two weeks, excluding any additional sightseeing or travel, and meet applicants' respective program requirements regarding maximal away-time from continuity clinic and/or other clinical responsibilities);
  - g) **For research-focused experiences**: Project description; faculty support; funding needs; and plans for IRB approval

- h) **For public health-focused experiences:** Project description; faculty support; funding needs and plans for IRB approval if any research involved
- i) **For clinically-focused experiences**: Anticipated patient-care responsibilities and supervision, and plans for scholarly activity. Acceptable scholarly activities include:
  - (1) Completing a community assessment/geo-journal (samples to be provided by the OIA);
  - (2) Assembling a patient log;
  - (3) Composing a reflective statement; and/or
  - (4) Lecturing on a pre-determined topic to peers or department after return

**NOTE:** All components (a-i) MUST be addressed in your description. Descriptions with omitted information will receive lower scores.

- 3. Letter of support from your Residency/Fellowship Program Director. This letter should include a statement of whether this has been approved as an elective or necessitates extension of your training program.
- 4. Letter of support from faculty member overseeing this global health experience. This faculty member should comment on your suitability for the elective, your candidacy for scholarship support, and the educational quality of the overseas site.

NOTE: A single letter can be submitted if your Residency/Fellowship Program Director is able to address #3 and #4.

- 5. An updated curriculum vitae.
- 6. Short-answer questions:
  - a) In the space provided below (or on a separate sheet), please provide an estimated budget and explain your financial need for this scholarship support. Your estimate should include airfare, program fees, housing, food, vaccinations, and other expense you know you will incur.

b) In the space provided below (or on a separate sheet), please discuss **likelihood** that this experience will offer opportunity for continued relationship/partnership (either for you or for other UNC trainees in subsequent years).

NOTE: Your signature on the scholarship application below (pages 5 & 6) authorizes the OIA Scholarship Selection Committee to query your Program Director(s) regarding your standing in the program and to ensure that a global health experience does not jeopardize your ability to successfully complete training.

NOTE: In accepting a scholarship, you agree to submit to the Office of International Activities, **within SIX WEEKS** of your return, a brief, written report detailing the important aspects of the scholarship experience (see OIA webpage for a link to this form), scholarly project, and a written evaluation by the on-site supervisor (which should also be submitted to your Program Director).

# **Application for UNC Resident Physician Global Health Scholarship**

Applicant name:	Training program:	
Complete mailing address	:	
Email:	Phone:	
UNC Program Director:		
UNC clinical department		
Anticipated date for com	eletion of residency/fellowship program:	
Name of sponsoring insti	ution overseas:	
Complete mailing addres	:	
Phone:		
Name of overseas superv	sor: Title:	
Complete mailing addres	:	
Email:		
Elective dates:	Travel dates:	
Other monetary support i	* *	4
(include name of funding	agency or UNC program, name of award, period of award, and amo	unt.)

By my signature below, I authorize the Office of International Activities Scholarship Selection
Committee to query the Residency/Fellowship Program Director and UNC's Office of Graduate Medical
Education about my standing in the program. I give my permission for the Committee to review all
materials pertinent to my application for this scholarship. I also agree to purchase the required insurance
policy providing repatriation and medical evacuation for a period covering the duration of my travel
abroad. I understand that <b>prior to departing the country for international travel,</b> I must correspond
with the Program Manager in the Office of International Activities to purchase this travel insurance,
enter my travel details in the UNC Global Travel Registry as well as complete the UNC travel waiver
policy form within, complete the two travel modules on Sakai, sign and submit the online Code of
Conduct, and submit the evaluation of your experience no later than 30 days after you return from your
trip. I also understand that I must satisfy all other requirements from my training program, parent
clinical department, and/or Office of Graduate Medical Education.

Signature	Date