

xEM Elective Database (last updated April 2021)

This is a list of electives that residents and alumni have done as well as contact information for potential future sites. This database will serve not only as a log but a resource that residents may use when looking into international work, to foster continuity and establish relationships with sites we visit.

Australia

1. Year you visited the site: 2011
2. Location: Sydney, Australia
3. Site: University of Western Sydney's School of Medicine
4. Contact person: Dr. Alison Jones, Carolyn Wimmer
5. Contact email: alison.jones@uws.edu.au, C.Wimmer@uws.edu.au
6. Contact phone number: 02) 4620 3611
7. How you heard of the site: From Dr. Sage Wiener
8. Estimated cost of trip: \$1700 USD in airfare, accommodation cost \$700, spent another \$2000 in travel/exploring Australia
9. Any grants/funding if any: None
10. Responsibilities/roles/description: I spent one month in Sydney, Australia with Dr. Alison Jones (toxicologist and dean of the University of Western Sydney's School of Medicine). The month was ½ toxicology and ½ medical education. I was involved in medical education via shadowing at a local hospital, precepting a 2nd year medical group, observing lectures, etc. For the tox portion, I attended several different group meetings that Dr. Jones was involved with (i.e. toxicology/disaster-working group, New South Wales air quality-working group). I also had the opportunity to assist Dr. Jones write on hydrocarbon threshold testing for polluted sites and iron ore toxicity. Dr. Jones about once per month goes to Newcastle to round as a generalist at a hospital there and several times is an on-call toxicologist for a local suburban Sydney Hospital called Bankstown- doing the elective during these times would probably be even more educational.

1. Year you visited the site: (1) 2009, (2) 2011
2. Location: North Sydney, New South Wales
3. Site: Royal North Shore Hospital
4. Contact person: Tony Joseph, Director of Trauma
5. Contact email: tjoseph@med.usyd.edu.au
6. Responsibilities/roles/description: Observer. Officially you can only talk to and examine pts. Unofficially I did a lot of sono. I also did some teaching- there were a lot of medical students rotating and new interns around. I also rounded with the trauma team every Monday, which was good to get a look at the inpatient side and get follow ups. Hours: Mon-Thurs 8am-4pm. I spent two weeks at the Royal North Shore Hospital in North Sydney. An EM trained physician, Dr. Joseph serves as the Trauma Director at

the institution as well as part of the EM faculty. Thus, I spent my time as an observer both in the ED as well as on the Trauma Service. Their faculty is comprised of a small albeit well-trained group of EM trained physicians. They also have a residency-training program. Logistically, their ED volume was much smaller than ours. They were also focused on EMR and were implementing their first system while I was there. As at KCHC, there is a shortage of general practitioners in Sydney and thus, appointments were difficult to obtain and timeliness was an issue. Otherwise, the structure of their ED was very similar. It was a teaching institution with medical students, interns and registrars (aka residents). I was able to do some small group teaching with medical students. My experience on the Trauma Service was very different from ours. As the majority of their trauma is blunt, their trauma service is a non-surgical service. The service was in charge of managing the trauma patients on a daily basis and involved surgical services only as necessary. Their Neurosurgery and Orthopedic Surgery services were the most commonly involved surgical service. Additionally, the service is predominantly nursing run with the help of only one rotating surgery resident. It was interesting to see that trauma could be run non-surgically and from what I observed, quite effectively.

1. Location: Brisbane, Australia
2. Site: Logan Hospital ED
3. Contact person: Peter Rizzo
4. Contact email: pcrizzo4@gmail.com
5. Contact phone number: 61424373552
6. Estimated cost of trip: \$1,500 Airfare
7. Any grants/funding if any: Unknown grants, but pay is likely
8. Responsibilities/roles/description: Act as resident under supervision of Consultants (aka Attendings)

Central, South America and the Caribbean

PUERTO RICO

1. Name: Nayla Delgado Torres
2. Year visited: 2018
3. Location: San Juan, Puerto Rico
4. Two Sites: Street Medicine Elective working with the homeless population in San Juan, Puerto Rico through two organizations: "Iniciativa Comunitaria" and "Recinto Pa' La Calle".
5. Contact:
-For Iniciativa Comunitaria:
Lisette Rodríguez-Meléndez

Manejo de Voluntarios
Oficina de Relaciones con la Comunidad
soyvoluntario@iniciativacomunitaria.org
Iniciativa Comunitaria de Investigación, Inc.
Tel. (787) 250-8629 Ext 252 / Fax. (787) 753-4454
PO Box 366535
San Juan, PR 00936-6535
www.iniciativacomunitaria.org

-For Recinto Pa' La Calle contact: nayla.delgado@gmail.com and I will give you the current contact person, since the student leadership changes yearly. *If you are having difficulty contacting Iniciativa Comunitaria, you can also contact me.

6. Websites: <http://www.iniciativacomunitaria.org/operation-compassion/?lang=en>
<https://www.facebook.com/RecintoPaLaCalle/>

7. Cost: Costs must be covered by resident. Airline tickets: \$250 to \$350 on average depending on dates. Airbnb: \$500 to \$1500 for apartment or house depending on what you are looking for, unless you have someone to crash with. Car rental (necessary, public transportation is terrible): \$800 to \$1200 for the month.

8. Grants: None

9. Descriptions: Recinto Pa' La Calle (RPC) is a student-run homeless outreach group loosely associated to the School of Medicine of the University of Puerto Rico. RPC serves the homeless population surrounding the medical school and medical center. Operacion Compasion is a homeless outreach program affiliated to Iniciativa Comunitaria that provides services to the homeless population in the streets of San Juan, Puerto Rico. You will be expected to work Monday nights with Recinto Pa' La Calle and Friday nights with Iniciativa Comunitaria. Work consists of accompanying the group on outreach work on the streets of San Juan at night to provide food, hygiene supplies, clothes, company, harm reduction education, condoms to sex workers, needle exchange and basic medical services. You will have ample exposure to IV drug use complications. Speaking Spanish is useful, but not necessary. You will also be expected to prepare a presentation for RPC and one for Operacion Compasion on one or two medical subjects related to street medicine. Additionally, Iniciativa Comunitaria has multiple other opportunities to volunteer or observe if you desire. And you will have plenty of time to spend at the beach or exploring Puerto Rico. Feel free to ask me for leisure/food recommendations.

BELIZE

1. Year you visited the site: (1) 2005, (2) 2006
2. Location: Belize
4. Contact person: Ms. Constance Caldwell, RN, MPH
5. Contact email: caldwell0117@bellsouth.net
6. Ms. Constance Caldwell, RN, MPH is seeking practitioners to participate in a medical mission to Belize this year from 04Dec2010-11Dec2010. Ms. Caldwell is a member of Temple Church in Nashville, TN. She and other church members have coordinated and supported (financially,

emotionally, and spiritually) multiple successful medical missions to Haiti, Guatemala, and Belize in the last ten years.

BRAZIL

1. Year you visited the site: 2009 (during vacation)
2. Location: Rio Janiero, Brazil
3. Site: www.hospitalquintador.com.br
4. Contact person: Patricia Neto, MD
5. Contact email: patricianeto@me.com, patriciaroneto@gmail.com
6. Contact phone number: 55-21- 97662379, 55-21- 78932291
7. How you heard of the site: as per Dr. Bloem contact
8. Estimated cost of trip: flight 900, hostel \$25.00/night (ipanema beach house), hotel \$ 225/night (Marriot)
9. Any grants/funding if any: none
10. Responsibilities/roles/description: Goal was to observe health care and ED management in Rio De Janiero Brazil. Vistis were made at a county (public) and private hospitals. Dr. Neto is interested in having residents return to teach/train MD's in ultrasound

HAITI

1. Year you visited the site: 2009
 2. Location: Port au Prince
 3. Site: field hospital
 4. Contact person: Dr. Henry Paul
 5. Contact email: hpaulmd@aol.com
 6. Contact phone number: 914.953.0434
 7. How you heard of the site: From Dr. Paul
 8. Estimated cost of trip: \$1000
 9. Any grants/funding if any: None
 10. Responsibilities/roles/description: Team Leader of the National Organization of the Advancement of Haitians group. Primary Administrator of the field hospital which serviced 500 clients daily, had 12 to 30 medical staff rotating through it's services including a primary health space, acute care area and a functional OR, organized mobile units to communities in need, sought medical supplies and medications for our daily needs from a myriad of outside orgs, etc.
1. Year you visited the site:
 2. Location:
 3. Site:
 4. Contact person:
 5. Contact phone number:
 6. Estimated cost of trip:

7. Responsibilities/roles/description:

JAMAICA (potential site, not yet visited by our residents)

1. Location: Northeast Region of Jamaica
2. Site: St. Mary Parish at Port Maria Hospital and Health Centre, Annotto Bay Hospital and Health Centre and at Port Antonio Hospital and Clinic
3. Contact: DIANE/BILL POLLARD
4. Email: dbpollard@mchsi.com
5. Website: <http://www.issatrustfoundation.com/09-faq.htm>
6. The Ministry of Health and Issa Trust Foundation have created a new Pediatric Medical Rotation program, offering an international health elective to third year pediatric residents.

PERU

1. Year you visited the site: 2011
2. Location: Peru
3. Site:
4. Contact person: Patricia MauricioVerastequi, Jonatan Berrios MD
5. Contact email: pamemave@yahoo.com, berriosjonatan@yahoo.com
6. Contact phone number: 984977609
8. Estimated cost of trip:\$1000 flights, \$50 public transportation Accommodation cost in Lima \$200 for the entire month, Cuzco about \$25 a night at midrange hostels Food/daily expenses cost \$50/week
10. Responsibilities/roles/description: I worked shifts in a Spanish speaking hospital for insured patients only. If I could do it all again I may have worked in an underserved hospital. The insured hospitals are "hospital del seguro" and there's usually one in every area, and the hospitals that are under the "ministerio de salud" are for uninsured, impoverished patients. The latter are the hospitals that encounter the sickest patients, and almost all of the trauma in Peru. There was no residency program in the hospital I worked at. The attendings were either ER trained or grandfathered in. The first hospital I worked in wasn't too different from County. I worked 12 hours shifts, 3-4 shifts a week with some overnights. I was able to speak to patients, discussed the cases with the attendings and consulting services. I was able to put in multiple blind central lines and intubate several patients.

1. Year you visited: 2012
2. Location: Lima, Peru
3. Site: Hospital Nacional de Caytano Heredia, Almenara
4. Contact Person: Martin Montes, Joseph Lynch
5. Contact Email:Martin.montes@upch.pe; joseph.p.lynch@comcast.net
6. Contact Phone:
7. Estimated cost: flight \$1000-1500, public transportation \$50, accomodation \$200-300 for the month in hostels, about \$50 per week for food

8. PGY year: 3+
9. grants/funding: none
10. Responsibilities: While there, I worked on the Tropical medicine flood and in the Leishmaniasis clinic. Cayetano is the best private medical school in the country. Taught medical students, went to rounds, morning report, kept patients, saw tropical diseases that were fascinating. The doctors all speak english, but most patients don't. Speaking spanish isn't required, but extremely helpful. Possible bench work if you want, lots of procedures, working with ER PA's.

EL SALVADOR

1. Name: Eric Cioe-Pena (eric.cioe@gmail.com)
2. PGY year you visited the site: PGY 6-8 (ongoing)
3. Location (city, country): San Salvador, El Salvador
4. Site (hospital, clinic, office, etc): ISSS, Seguro Social Hospital
5. Contact person: Eric Cioe-Pena, MD MPH
6. Contact email: eric.cioe@gmail.com
7. Contact phone number: +1 646-283-2708
8. Contact address: 55 Exchange Place, Suite 405 New York, NY 10005
9. Estimated cost of trip: \$2000
10. Any grants/funding if any: Glasswing International provides for housing (limited space)

Africa

BOTSWANA

1. Name: Eric Cioe-Pena (eric.cioe@gmail.com)
2. PGY year you visited the site: PGY 4 (2012)
3. Location (city, country): Gaborone, Botswana
4. Site (hospital, clinic, office, etc): Princess Marina Hospital, University of Botswana
5. Contact person: Aurelio Rodriguez, MD, (**email Dr. Cioe first**)
6. Contact email: rodriguezaurelio555@gmail.com
7. Contact phone number:
8. Contact address: University of Botswana School of Medicine Private Bag 00713
9. Estimated cost of trip: \$6000
10. Any grants/funding if any: EMEDEX grant
11. Responsibilities/roles/description: Currently it is Botswana's first EM residency program with 4 residents per year and four classes. The elective consists of working shifts, supervising junior residents and precepting medical students. The pathology is diverse (a large amount of HIV) and there is an M-turbo, xray, portable xray, and CT scanner. Credentialing for a short amount of time is easy and comes with full indemnity of malpractice while working in the public sector. During the rotation I worked clinical shifts alongside residents, taught bedside ultrasound, ran a

trauma sim, gave lectures, and wrote a guideline for the use of ketamine in the ED. Staten Island University Hospital now has a standing rotation program with them through which Downstate residents are encouraged/invited to apply.

GHANA

1. Year you visited the site: (1) 2011, (2) 2011
2. Location: Buaben, outside of the city of Kumasi, Ghana
3. Site: medical clinic in the rural village of Buaben
4. Contact person: (1) Faisel Tawfiq, President STMO; (2) Sadia Hussain
5. Contact email: hussain.sadia@gmail.com
6. Contact phone number: 347-261- 4310 (Mr.Tawfiq)
8. Estimated cost of trip: Travel cost \$1500, accommodation cost \$1000, food/daily expenses cost \$400
9. Any grants/funding if any: partial funding from EMEDEX
10. Responsibilities/roles/description: We saw patients regularly at the clinic. This was an unparalleled educational experience, as we had to perform physical exams and prescribe medications without the availability of invasive testing or imaging. We had to learn the meaning of cost-effective medicine, which I believe that we do not experience enough of in the US as residents. We were also able to educate patients on their diseases via translators. Of note, we also had to learn the newly implemented universal health insurance system of Ghana, which was started 2 years prior. We spent time determining the projected reimbursements of all patients we saw daily, based on the health insurance scheme, and multiplied it to number of patients expected weekly/monthly/yearly, to determine the expected income of the clinic and to hire based on this expected income. We found a health insurance representative to help each patient who will come to the clinic become insured through the national system if they have not already registered. This is of minimal to no cost to the patients (as the national health insurance system is based financially on a 2% tax on every product sold in Ghana). I found this to be an exceedingly valuable experience because as residents, there is only a minimal understanding of the importance of insurance reimbursements and financial/administrative matters in general. I hope that other residents will have the opportunity to go to this same clinic and practice rural emergency medicine with a West African population, train the clinic doctors and nurses in cutting edge medical practices and participate in patient education.

GHANA

1. Year you visited the site: 2016
2. Location: Kumasi, Ghana
3. Site: Komfo Anotkye Teaching Hospital
4. Contact person: Nathan Brouwer UMEM
5. Contact phone number:
6. Estimated cost of trip: \$1000 flight, \$1000 food and accomodation
7. Responsibilities/roles/description:

HAWAII

1. Site: Wahiawa General Hospital
2. Practice setting: Community, single coverage (1 attending +/- 1 mid-level per shift)
3. PGY year - 3 or 4
4. Number of shifts: 15 (8-hr shifts). Residents are usually assigned 1-2 weekend shifts, 1-2 overnight shifts. This is variable based on the presence of other rotators at their site.
5. Shift hours: 6a-2p, 2p-10p, 10p-6a.
6. Location: Oahu
7. Contact Person: Alexander Berk, MD aberk113@gmail.com - email him first to secure your rotation time. After you fix dates with him, inform your chiefs to coordinate your block schedule, then email Donna Luzon (dluzon@hepa.net) for all the required paperwork and forms, she will guide you through the process.
8. Costs: flights (variable based on whether or not you go during peak tourist time), housing (variable based on location, anywhere from \$1500-\$3000 for the month), rental car (~\$1000)
9. Stipend: YES (in 2020, residents were paid \$1750 for a 4-week rotation)
10. Responsibilities: work as a resident presenting to an attending the way you do in residency. Opportunities to do procedures as it's a community setting.
11. Additional required documents: You have to get a Hawaii Medical License (~\$60 [application online](#)). You will also need to purchase malpractice insurance (email Steven Capone steven.capone@academicgroup.com after filling out and attaching [this form](#)). Only enter the number of SHIFTS you are working, not the entire month, since you are charged per shift. For 15 shifts, should cost you ~\$450.
12. They will ask you on arrival if you want to use your County ID or get a temporary Wahiaway ID. Opt to get the Wahiawa hospital ID - gets you discounts etc
13. [Oahu Travel recs](#)

LESOTHO, AFRICA

1. Name: Miller Pearsall (millerpearsall@yahoo.com)
2. PGY year you visited the site: PGY 4 (2012)
3. Location (city, country): Lesotho, Africa
4. Site (hospital, clinic, office, etc): Maluti Adventist Hospital
5. Contact person: Jorge Rodriguez
6. Contact email: jrodriguez57@yahoo.com
7. Contact phone number: +266 22540 203
8. How you heard of the site: Previous residents
9. Estimated cost of trip: \$3500
10. Any grants/funding if any: EMEDEX grant

11. Responsibilities/roles/description: See pts presenting to the Outpatient Dept. Care for patients that you admitted to the hosp.

1. Year you visited site: 2010

2. Location: Lesotho, Africa

3. Site: Maluti Adventist Hospital

4. Contact: Wilbert Hurlow

5. E-mail: hurlow@leo.co.ls

6. How you heard of the site: Dr. Doty

7. Estimated cost: \$3000-4000 - mostly airfare, but there are cheaper missionary flights if booked in advance

8. Responsibilities/roles/description: This is a hospital run by the Seventh Day Adventist church. It is located in a compound, with a nursing school and surrounded by a local village. Most time spent in the Clinic/ER where you see patients with all manner of complaints from management of diabetes/HTN to acute CVA to fractures and critical trauma. There is a high volume of HIV given that Lesotho has the 3rd highest rate of HIV in the world with close to 30% of population infected. There is also a lot of TB. You will be fully responsible for the patients you see including all procedures (Even surgery if you are so inclined). The Hospital is mostly run by family practice residents. There are a few older attendings, 1 general surgeon (Dr. Hurlow), a Urologist (performs general and orthopedic surgery), An ophthalmologist, and an OB-GYN. There is also the opportunity to manage patients on the floor that you admit from the ED. The hospital has limited resources with plain radiographs, limited labs, and limited formulary. No CT, no specialty services, no radiologist. The hospital provides housing.

REPUBLIC OF CONGO

1. Name: Sadia Hussain (hussain.sadia@gmail.com)

2. PGY year you visited the site: PGY 2 (2012)

3. Location (city, country): Impfondo, Republic of the Congo

4. Site (hospital, clinic, office, etc): Hopital Le Pionnier

5. Website: <http://laurafoudy.blogspot.com/>

6. Contact person: Laura Foudy, MD; Stephen Wegner, MD

7. Contact email: Lfoudy@gmail.com

8. Contact phone number: 242.06.626.78.53

9. Contact address: Hopital Le Pionnier, BP 10, Impfondo

10. Estimated cost of trip: \$3000

11. Any grants/funding if any: EMEDEX grant

12. Responsibilities/roles/description: My experience in Impfondo was wonderful. It was a difficult elective, long hours and working through the week including weekends. However, it was well worth it. Impfondo is a rural village in the north of the Republic of the Congo. The people are poor, uneducated, for the most part. There are two types of people: the Bantu and the Akka. The Bantu are more progressive, they are from the north of Africa and are not the native people. The Akka are the Pygmy people who are native to the Congo. They are treated as second-class

citizens in their country. They suffer from many diseases from lack of medical care. They have a mistrust of Western Medicine and use natural medicines they concoct from the woods. I saw patients in the outpatient clinic, as well as the inpatient wards—both medical/surgical, including peds and neonatal. I operated, performing C-sections, ectopic pregnancies, strangulated hernias, skin grafts, under the tutelage of Dr. Foudy. I was able to use the sono machine, the Nanomaxx that they have at the hospital quite a bit, including diagnosing an infant with VSD. Every morning, the day began at 7 am. There was morning report where the overnight nurses gave report of the events after hours and any ongoing issues. Then, rounds were made on inpatients. I was able to teach ultrasound and CPR to the nursing staff, who are the first line of medical professionals—there are only two physicians who work there long-term. I also attending hospital meetings and was able to help make suggestions for the improvement of patient care.

UGANDA

1. Year you visited: 2015
2. Location: Rukunjiri, Uganda
3. Site: Nyakibale Hospital
4. Contact Person: Global Emergency Care Collaborative
<http://www.globalemergencycare.org/volunteer.html>
5. Contact Email: Volunteer@globalemergencycare.org
7. Estimated cost: flight \$3500, live in the hospital with the nuns as part of the help you provide, food included. Spend \$1000-2000 on extras (I went on a safari, went hiking in the jungles to see gorillas, white water rafting in the Nile, bungee jumping into the Nile, and more)
8. PGY year: 3+
9. grants/funding: none
10. Responsibilities: GECC started a program to train nurses and a PA equivalent in emergency medicine. In Rukunjiri, they started the first ER in rural Uganda. It is entirely staffed now by these ER practitioners and whatever ER doc they send from the US. You will teach the Emergency care practitioners (ECP's) in SIM, use of US, procedures and ACLS, BLS etc. You will work and live in the hospital cared for by the Nuns. Food is made by the nuns, and there is a woman who will wash your clothes for a nominal fee. The city is within walking distance, and there are many trails in the surrounding countryside. They recently opened up a new site in Mbarara, working at the medical school and the brand new ER there. I also did lots of excursions into the jungles, the plains and along the Nile.

SOUTH AFRICA

1. Year visited: 2010
2. Location: Johannesburg, South Africa
3. Site: urgent care clinic in South Africa
4. Contact person: Jean Claude Mbuyamba
5. Contact phone number: 2711.644.2700 (phone); 2711.787.5857

6. Estimated cost of trip: \$1800 for flight
7. Responsibilities/roles/description: I am planning to use my elective time working in an urgent care clinic in South Africa. My mentor during this time will be Dr. Jean Claude Mbuyamba. Dr. Mbuyamba works for the Netcare Group of Private Hospitals in Johannesburg. His practice primarily serves indigenous people and immigrants within South Africa who otherwise have limited access to healthcare. In addition to seeing patients in his clinic, he also administrates his subdivision of the Netcare network.

SOUTH AFRICA

1. Location: Cape Town, South Africa
2. Year visited: 2018 (Kelson, Song, Tang, Cutright, Hanson)
3. Site: The Division of Emergency Medicine at the University of Cape Town and Stellenbosch University
4. Contact person: Dr.Melanie Stander, Dr.Jessica Stetz
5. Contact email: melaniestander@sun.ac.za; Ms. Zaibo Krieger, elective coordinator kriegerz@sun.ac.za; Ms. Rachel Pullen, elective coordinator crp@sun.ac.za; Christ Krige, administrative assistant to dept of EM cjk@sun.ac.za
6. How you heard of the site: Dr.Bloem, Dr.Stetz
7. Housing: Basic accommodation is provided for those rotating through the Tygerberg Hospital Academic Hospital.
8. Responsibilities/roles/description: Once the International Divisional Director (Dr.Stander) is contacted, the formal application process will begin. It takes a minimum of 6 months to get registered via the Health Professions Council of South Africa (HPCSA), which is all done by the administrative staff at the University. Therefore, a 12 month planning in advance is encouraged. You will then get a temporary license and actually SEE patients, not just observe. Although the application process needs to be started early, the rotation is well organized by the International Student's Office. There are five hospitals that you may apply for (Tygerberg Hospital, New Somerset Hospital, Victoria Hospital, Khyaelitsha and GD Jooste Hospital).

SOUTH AFRICA

1. Khayelitsha District hospital (1 hour ish from Cape Town center), find a place to stay in Cape Town
2. Year visited: 2022 (bing)
3. Site: Khayelitsha hospital through Stellenbosch University (Tygerberg hospital is another site with more resources that is also available to rotate)
4. Contact person: Dr. Luke Bush (attending at Khayelitsha) and Limeez Poole (coordinator at Faculty office Stellenbosch)
5. Contact email: Dr. Luke Bush luke.bush@westerncape.gov.za
Limeez Poole: limeezp@sun.ac.za
Ms. Zaibo Krieger (elective coordinator) kriegerz@sun.ac.za
6. How you heard of the site: Dr. Tang. Dr. Cutright

7. Housing: Found a room to stay on Airbnb in Cape Town (Gardens is a pretty neighborhood) about an hour drive from the ER. There really isn't a way to stay near the hospital

8. Responsibilities etc: See above for the very long application and approval process (must register with South African government and have a medical license) Process took me about 8 months and a lot of time filling out paperwork and cost hundreds of dollars. Also have to DHL notarized forms to South Africa which is a pain. The malpractice and education fee through the university is about 1000/month just to be allowed to rotate. On the upside you get to fully practice and do procedures rather than just observe.

You carry your own patients in the ED and most times there won't be an attending available to present to (they come in the morning and round and have office hours 8-4). There are other residents to ask questions to at all times. Everything feels very old school but they are keen to be as evidence based as possible with treatment and diagnosis. The limitation is usually the supplies available. Combination of paper charts and about 5 different EMRs for different things (radiology, labs, etc each have their own EMR that you have to log into separately- its a pain). Draw your own labs, place IVs, hang blood, do EKGs, push patients to radiology, mostly all on your own as nurses ("sisters" or "brothers") aren't trained in IV and blood draw. The physiology is very similar to what to see at KCHC and Downstate in terms of medical complaints (more fulminant HIV and TB however) in my opinion there isn't much learning in this regard and you don't see that many patients every day due to how slow it is to get things done (since you are doing everything except for the social aspect, which luckily the nurses are very good at). The benefit is you get to be very hands-on with trauma (mostly only during weekend nights) and learn how to improvise with very limited resources. Lots of damage control suturing, chest tubes, and making diagnoses (such as ICH based on neuro exam, organ injury based on FAST results) without a CT available overnight.

There is also the benefit of seeing very sick pediatric patients, especially extremely dehydrated gastro patients and meningitis and status epilepticus (especially during their winter months, which is our summer months).

Safety: still a big concern, not recommended to go alone. Shootings happen frequently on the road coming back and forth from the hospital targeting drivers. Security within the hospital isn't as good (easy for angry families to get inside). And many robberies/car jackings of staff leaving the hospital are still very common.

money: There is a stipend if you message Dr. Bloem 6 weeks in advance to apply, it's about 1000 dollars. Airbnb and rental car are cheaper than in the US but about 700\$ each (for manual car, unsure about automatic)

Transport: must either be comfortable getting a rental car and driving or being with someone who is, there is no other reliable transport and it is not recommended to stay near the hospital. Drive on the left side of the road! Recommend getting full rental car and liability insurance due to a lot of erratic drivers and pedestrians on the road.

TANZANIA

1. Name: Ben Belknap - benjaminbelknap@gmail.com

Other SUNY/KC EM residents: Karen Benabou, Charles Murchison

2. Year visited: 2007-Present
3. Location: Mpwapwa, Dodoma Region, Tanzania (<https://goo.gl/maps/qBfYAXvJw7t>)
4. Site: Mpwapwa District Hospital; in partnership with the Kingiti School Scholarship and Village Health Outreach Fund ("The Kingiti Fund")
5. Contact: Dr. Said Mawji (saidmawji7@gmail.com), Chief Physician of Mpwapwa District Hospital; Dr. Ben Belknap (benjaminbelknap@gmail.com), Director of The Kingiti Fund
6. Website: www.kingiti.org
7. Cost: \$8/night hotel with breakfast in Mpwapwa, No tuition, Hospital vehicle will pick you up in Dodoma if you fly there.
8. Grants: EMEDEX International has provided one co-resident (Murchison) a grant to work in Mpwapwa.
9. Work with the local physicians of the Mpwapwa District Hospital in partnership with The Kingiti Fund to help bring emergency medicine practices to rural Tanzania while learning about medical and surgery practices in a very austere setting. The only hospital in a remote district of over 300,000 people, the Mpwapwa District Hospital is a lifeline for the people in this area. The hospital leadership has worked with our visiting physicians to arrange training seminars (training largely based up AFEM Handbook of Acute and Emergency Care; great book and a must buy if visiting!) and allowed visiting physicians to see patients with reasonable autonomy and assist in the operating room. The Kingiti Fund has been implementing education, public health, and medical outreach projects in the Mpwapwa District since 2007.

1. Year you visited the site:
2. Location:
3. Site:
4. Contact person:
5. Contact phone number:
6. Estimated cost of trip:
7. Responsibilities/roles/description:

ETHIOPIA

1. Year you visited the site:
2. Location:
3. Site:
4. Contact person:
5. Contact phone number:
6. Estimated cost of trip:
7. Responsibilities/roles/description:

Asia and Oceania

INDIA

1. Year you visited the site: 2009
2. Location: Coimbatore, Tamil Nadu, India
3. Site: PSG Hospital ED
4. Contact person: Sundarakumar Sundarajan
5. Contact email: docsskumar@yahoo.com
6. Contact phone number:
7. How you heard of the site: This hospital served as the host of the 2009 INDUS-EM Conference that I participated in. After the conference I stayed on at the hospital and worked/observed in the ED for one week.
8. Estimated cost of trip: Flight to India was approximately \$1000. Housing during my stay at PSG was at the faculty housing for the Institution. The cost was minimal for my week stay. The faculty housing also provided meals for a nominal fee. The housing was located on the campus and was about a 10 min walk from the hospital.
9. Any grants/funding if any: There was a grant available for my participation in the INDUS-EM conference. Speak with Dr. Arquilla for further details regarding the grant and participation the conference.
10. Responsibilities/roles/description: I spent most of my time seeing the patients with the other providers (none of the patients spoke English). You were welcome to observe/do as much as you wanted.

INDONESIA

1. Year you visited the site: 2011
2. Location: Jakarta, Indonesia
3. Site: Siloam Hospital
4. Contact person: Dr. Anastina Tahjoo, Novita Silaen
5. Contact email: Novita.Silaen@siloamhospitals.com
6. Contact phone number: 62-21 546-0055
7. Responsibilities/roles/description: As an observer, I rotated through Siloam Hospital in Lippo Karawaci, a suburb of Jakarta. Unbeknownst to me, this hospital is definitely an outlier within the Indonesian medical system. It is the only Joint Commission approved institution within Indonesia and its clientele was predominantly upper class. Their ED was simple but well run. The director was an orthopedic surgeon. The physicians that staffed the department were general practitioners with 2 days of training in ACLS and ATLS. Their specialists are well trained and much of their management was similar to ours. There is no insurance system established in Indonesia and thus, care follows a fee-for- service system.

MALAYSIA (potential site, not yet visited by our residents)

Contact: Nik Rahman
Email: nhliza@hotmail.com

Institution: Hospital in Khota Baru, Malaysia.

NEPAL

1. Year you visited the site: 2011, Alena Lira (alena.lira@gmail.com)
2. Location: Nepal
3. Site: Global Health Elective of University of New Mexico
4. Website:
<http://hsc.unm.edu/som/programs/globalhealth/GlobalHealthProg/people/dWachter.shtml>
5. Contact person: Dave Wachter MD, Mark Hauswald MD
6. Contact email: dwachter@salud.unm.edu, markhauswald@gmail.com
7. Contact phone number: 505-804- 0740
8. Estimated cost of trip: \$4000
9. Grants: EMEDEX grant
10. Accommodations: dormitory, tea houses, tents, hotels
11. Responsibilities/roles/description: The primary objective of this elective was academic. It was a course that was prepared and taught by EM faculty of University of New Mexico with local guest lecturers from University of Kathmandu on global health. This involved lectures, journal club, required readings, meetings with various organizations (FHI, US AID WHO, etc), and visits to local hospitals (observational). The secondary objective was development of a project in a specific rural community. This involved trekking to the remote village of Samagon with the team and meeting with the healthcare officials of the community to review local pathologies and implement improvements. This was challenging due to the harsh geographical location, cultural/religious challenges, and extreme poverty but that was also what made it extremely rewarding.

SOUTH KOREA

1. Year you visited the site: 2011
2. Location: Seoul, South Korea
3. Site: Seoul National University Hospital
4. Contact person: Dr. Young-ho Kwak, ED director
5. Contact email: yhwak@snuh.org
8. Estimated cost of trip: \$1500 airfare
9. Any grants/funding if any: None
10. Responsibilities/roles/description: You meet with the ED director on the first day and discuss what your objectives are for your elective. The chief resident will tailor you a schedule according to what you want to do and see. Overall you do not have a license to practice in Korea but may teach the medical students, assist in procedures, examine patients, etc. All the doctors and most nurses speak English but the patients do not. You go to grand rounds, journal club, and morning report. Unfortunately only journal club is done in English. The ER also has an ICU where they do minor procedures (i.e. trachs) bedside so you may assist or watch, also getting

more critical care experience. There are always medical students rotating through and you will be involved in teaching ACLS, BLS as much as you want to be involved. There is an ultrasound machine readily available. Seoul University Hospital is the number one hospital in Korea and just as technologically advanced as the U.S. so, in hindsight, spending some time in an underserved community hospital may have added to this elective.

THAILAND

1. Year you visited the site: 2011
2. Location: Bangkok, Thailand
3. Site: Rajavithi Hospital
4. Contact person: Pairoj Khruengkarnchan, Wikunda Patsinsiri
5. Contact email: pairoj_khruengkarnchana@yahoo.com, wikunda@gmail.com
7. How you heard of the site: made the contact through ACEM conference held in Thailand that year
8. Estimated cost of trip: \$1500 in airfare
9. Any grants/funding if any: None
10. Responsibilities/roles/description: Rajavithi Hospital is one of the community hospitals in the heart of Bangkok. Thailand has mainly two types of hospitals, the fancy hospitals for the insured or foreign patients (i.e. for cosmetic surgery) and the other not-so- fancy hospitals for the community, partially funded by the government. I was only there for several days but was able to shadow Dr.Wikunda in the main ER. The doctors and students in the ER all speak English so conversing with them was not a problem. The patients, on the other hand, do not speak English. There are medical students rotating through the ER to teach. There was an ultrasound with all three probes which was readily available to use on patients and teach the medical students. There were also opportunities to work with the EMS system there at that hospital. Overall everyone is generally friendly and welcoming. To see the fancier hospitals which may offer other types of pathology (i.e. trauma, plastic surgery gone bad), speak to Dr.Paladino for his contact there.

VIETNAM (potential site, not yet visited by our residents)

1. Location: Hue, Vietnam's third largest city
2. Site: Hue Central Hospital (large, county-type facility) and Hue College of Medicine and Pharmacy (academic facility) emergency departments
3. Contact person: www.vietnamem.org refer to website for full details Heather Crane, MD, Director for US-Vietnam EM Residency Program
4. Contact email: hacrane@hotmail.com
5. How you heard of the site: cord EM, Dr.Doty, Dr.Bloem
6. Amenities: Very affordable housing with free Wifi and washer/dryer which is a short walking distance to both hospitals. Minutes to local restaurants and grocery stores. Concierge service, cook, housecleaner are available for extra fee.

7. Responsibilities/roles/description: Teaching and working with the new emergency medicine residents and dedicated specialty faculty who are already working in the emergency room. Ride alongs with ambulance. Occasional lectures. Case discussions in “morning rounds” type format.

Middle East

ISRAEL

1. Name: Zina Semenovskaya (zina.sem@gmail.com)
2. PGY year you visited the site: PGY 4 (2012)
3. Location (city, country): Tel Aviv, Israel
4. Site (hospital, clinic, office, etc): Sourasky Medical Center, Tel Aviv
5. Contact person: Pinchas Halpern MD, dr_halperin@tlvmc.gov.il
6. Contact address: Tel Aviv Medical Center. 6 Weizmann Street, Tel Aviv 64239
7. Contact phone number: +972-3- 697-3829
8. Estimated cost of trip: \$3500
9. Responsibilities/roles/description: Emergency medicine as a specialty is new in Israel, with the Tel Aviv residency program in its second year. In addition to working shifts in the adult ED, I also had worked in the pediatric ER. I also had the opportunity to speak with the faculty and residents and share some of our more innovative approaches to residency education, including asynchronous learning and the use of bedside ultrasound for diagnostic purposes and to aid procedures (aside from FASTs, ultrasound is not yet widely used by emergency physicians in Israel). I had the opportunity to do about a dozen EMS shifts, working primarily with paramedics and sometimes physicians on ALS and critical care transport ambulances. I saw many victims of violence – including two that I transported after a drive-by shooting in southern Tel Aviv – an emergent intubation after a suicide attempt with a cleaning agent, and a near drowning. I also spent a few evenings shadowing at a refugee health clinic where the degree of the dire medical need amongst refugees became very apparent. I proposed my idea for an International, Disaster and Wilderness Medicine Elective to Dr. Halperin and several other physicians involved in these fields, to a very positive response. I also spent time scouting specific sites for the course and put together a course outline and preliminary curriculum. The elective is similar in scope to courses currently available in Nepal and in Mexico, both run by the University of New Mexico, but with the uniqueness of being in the middle east and with the opportunity to work within many dramatically different environments all within one small country. I plan on continuing to develop ideas for the course during my fellowship and hope to work with the American Fellowship for Medicine in Israel to coordinate the logistics. Overall, my experience working and traveling throughout Israel was incredible. Although I would strongly recommend a similar experience to others, I would caution them that a lot of work is involved in coordinating the various rotations and that a working knowledge of Hebrew, while not absolutely necessary, is extremely advantageous, as is basic Russian and Arabic. I would be happy to help guide any residents who are interesting in organizing this kind of a rotation in the future.

LEBANON (potential site)

1. Location: Beirut, Lebanon
2. Site: The American University of Beirut Medical Center
3. Website: http://www.aubmc.org.lb/patientcare/dep_div/Pages/ed.aspx
4. Contact person: Amin Kazzi, MD
5. Contact email: ak63@aub.edu.lb
6. Contact phone number: +961-1- 350000 ext: 6600
7. How you heard of the site: as per Dr. Doty contact
9. Responsibilities/roles/description: One of the busiest ERs in Lebanon with an annual volume of 48,000 patients and 6 ABEM trained attendings. Their 4-year EM residency is new and was started July 2012 with 3 residents. The rotation is open for residents and students. They have accommodations on campus. All clinical care, teaching, and documentation is done in English. Plenty of opportunities to teach and also experience Lebanon.

SAUDI ARABIA

Name: Maan Aldubayan (maanaldubayan@gmail.com)

2. Year visited: 2018
3. Location: Dhahran, Saudi Arabia
4. Site: Johns Hopkins Aramco Healthcare
5. Contact: Dr. Emad Shabana (Emad.shabana@jhah.com)
6. Website: www.jhah.com.sa
7. Cost: lived with family for free. I rented a car for the month for ~900 bucks.
8. Work in a private community hospital in a campus that's multi cultural with diversity of people from all around the world who work or live inside the community and their families. You get to be exposed to different complaints and diseases especially if the patient is newly traveled from his/her country. There are multiple branches of the hospital in different rural areas.

North America

MONTANA

1. Name: Kyle Kelson (krkelson@gmail.com)
2. Year visited: 2018
3. Location: Browning, MT
4. Site: Blackfeet Community Hospital

5. Contact: Dr. Neil Sun Rhodes (Neil.Sunrhodes@ihs.gov), Sherie Ollinger (Sherie.Ollinger@ihs.gov)
6. Website: <https://www.ihs.gov/billings/healthcarefacilities/blackfeet/>
7. Cost: Free housing provided by the hospital. Hospital meals are also provided, if desired. No tuition. I rented a car for the month for ~500 bucks.
8. Grants: None
9. Work in a small community emergency room about half an hour from Glacier National Park. Cases are a mix of primary care-type stuff from primarily the local Native American population punctuated by a few very sick patients. There is a good amount of ortho due to the proximity to the national park. Many 'rural-type complaints' not seen at county - injuries from horses, ATVs, fishing, etc. There are no consultants (except OB, some hours), so you do everything on your own and transfer out after stabilization. The attendings give you a lot of autonomy but very appropriate guidance when necessary or desired. I worked 8 hour shifts whenever I thought the ED would be busy. On off days, go to the national park and hike, backpack, kayak etc. to your heart's content.

NEW MEXICO

Name: Matthew Riscinti mriscinti@gmail.com

Year visited: PGY4 (2018)

1. Year you visited the site: 2018
2. Location: Shiprock, New Mexico - Navajo Nation (Named after the Shiprock Sacred Tower/Rock formation that you can see for miles).
3. Site: Northern Navajo Medical Center - Indian Health Services - Shiprock
4. Contact person: Nathan Henrie
5. Contact email: Nathan.Henrie@ihs.gov
6. Contact phone number: NA
7. How you heard of the site: Residents and Downstate Students
8. Estimated cost of trip: \$400 airfare. \$1000 car rental (car in mandatory). Room and board included onsite in private dorms. Fly in and out of Durango CO or Albuquerque NM (more frequent and cheaper flights but further).
9. Any grants/funding if any: None
10. Responsibilities/roles/description: I spent two weeks (usually four weeks but I had to shorten my stay last minute) working in the Indian Health Services hospital in Shiprock, New Mexico. This is located in the center of Navajo Nation and you see an entirely indigenous Navajo (Dine) population. Many of the older patient's only speak Dine and have many beliefs regarding life/death/health dictated by their indigenous culture.
The site itself is extremely remote and rural. Despite that, the hospital itself is fairly nice and the overall healthcare system resembles that of the VA. The government provides nearly 100% care for native americans (similar to that of our veterans) and the EMR is identical to the VA. That said there are still access issues and a high medical burden. The site is extremely remote, single coverage most of the time, and you have little consultant backup. Ultrasound and CT

hours and access are limited so knowing how to do your own POCUS studies is useful and can help make the decision between airlifting a patient in a helicopter or a long ambulance ride. You work less than half the days you are there and they intentionally give you ample time to explore all the natural areas around the region. It is a big mix of core EM cases with critical patients and trauma patients mixed in - you have to stabilize and transfer most of these critical patients which is a separate learned skill. There is strong nursing/ancillary support and you only work with EM boarded physicians despite there being others there. You do perform invasive procedures and actually did some things for the first time out of necessity that we would never do in an urban environment.

This is about 20 minutes from the Four Corners monument therefore it is an outdoors wonderland. Everything is beautiful. It is worth mentioning that if you drive 1 hour in any direction from Shiprock, you will hit at least one National Park/Monument. Many of these are historic navajo or pueblo sacred lands, including Mesa Verde, Canyon De Chelly, Monument Valley, Canyon of the Ancients and Chaco Canyon. A bit further but still day trippable are the Bears Ears/Cedar Mesa/Indian Creek, The Grand Canyon, The Petrified Forest, Arches National Park (and Moab UT), Canyonlands, Grandstaircase Escalante, the San Juans, Taos NM, and Durango CO. Depending on the season you can easily ski and/or climb on a work day.

Jackson Hole, Wyoming (as of 2023, they had not renewed their agreement with SUNY to allow rotators)

1. Name: St John's ER. Matt Riscinti mriscinti@gmail.com
2. Year visited: 2019 PGY4
3. Location: St John's Medical Center, Jackson Wyoming. Jackson Hole Ski and Mountain Resort
4. Site: St Johns Medical Center
5. Contact: Dr. Will Smith - willmd911@mac.com, AJ Wheeler - wheelerdoc@mac.com - They fill up over a year in advance (contact ~fall of PGY3 for winter PGY4). They do offer summer rotations as well which is their busy season due to Teton NP and Yellowstone NP tourism circuits.
6. Website: <https://www.tetonhospital.org/> (although there is no information here about the elective)
7. Cost: Free elective. Need to pay for airfare and car rental. You will need a car in Jackson, to get to work, the mountains, the ER, Teton national park... etc. They provide housing on campus which is fairly nice, especially because lodging in Jackson can be quite expensive.
8. Grants: None
9. This was the single best month of medical training (and maybe life). 12 shifts for the month. 3 shifts are in the Ski Patrol ER in Jackson Hole Ski resort. 1 Shift is a ride along with Jackson

Hole EMS (you respond throughout the entire teton range). The remaining 8 shifts are 12 hour shifts in the Jackson, Wyoming ER. You do not work any nights.

ER shifts: This is a small community hospital. It is the only one for 1-2 hour drive. It sees the local population which varies from hard bodied professional athletes/skiers, to older wealthy residents, to ranchers, cowboys, hunters, snowmobilers. Mix of mostly sport/outdoor related trauma and older medical patients with significant medical comorbidities that are relatively well managed. The trauma can be quite severe. Lots of positive FASTs, spinal cord injuries, head injuries, and ENDLESS extremity trauma, knees, wrists, etc all pertaining to skiing or slipping on ice. You see a ton of interesting stuff you don't normally see in Brooklyn. All the doctors are young, well educated and progressive. The staff is wonderful and likeminded and can give you the best ski routes in the country if you ask nicely. Working with the nurses is kind of like supervising residents - they pretty much get full HPIs, put in orders, tell you what they think the diagnosis is. They are unbelievably good.

Resort shifts: You staff an ER with full trauma capabilities at the Ski Patrol Headquarters. You are part of the Ski patrol team when you work here. You can see very significant trauma. It is a world class ski resort and thus you see a whole host of international travelers. Ton of ski injury/sport injuries. This is 9-5, about 8 hour shifts (but really until the ski patrol skis through the whole mountain to make sure nobody is stuck on the slopes).

Ride along: 1 day ride along with Jackson Hole EMS. They're amazing and provide a very high level of care and are very well read. You will go on runs with them and pick up patients from the national parks who are injured. You often ride along through beautiful mountain highways with the patients.

You have plenty of off days to explore Jackson Hole Resort, The Tetons, and nearby Yellowstone National park. Endless adventure in an incredible mountain town.

VERMONT

1. Site: Stratton Mountain Urgent Care/Carlos Otis Stratton Mountain Clinic
2. Year visited: 2023 & 2024 as a PGY 4 & 5; Shane Solger shanesolger@gmail.com
3. Practice setting: Cash-only urgent care at the bottom of the ski resort mountain. It is staffed by a different ED doc + orthopedist every week.
4. I went as a EM/IM PGY4 and again as a PGY5
5. Number of shifts: I generally went almost every day of the week.
6. Shift hours: 9-5p
7. Location: Stratton, VT
8. Website: <https://www.carlosotisclinic.org/>
<https://www.carlosotisclinic.org/med-student-rotation>
9. Contact Person:

Megan Eichhorn, BSN, RN, BA Clinic Manager

Clinical Manager

802-297-2300 office

802-297-3412 fax

802-379-0475 cell

email: meichhorn@carlosotisclinic.org

10. Costs: \$1800 for AirBnb in Jan 2024, \$2800 Air BnB Dec2024, Malpractice Insurance- \$800-1000, VT Temporary License \$75, Ski rentals were ~\$250/season (discounted); the second time they let me have them for free as an employee, so it might be hit or miss. They give you a free Ikon pass for the season so the skiing itself is free (\$1000 value). I borrowed my parents car, but you need one with 4-wheel drive as there was often heavy snowfall.

11. Stipend: No

12. Responsibilities/Description:

So generally, I was at the clinic everyday in the hopes of seeing trauma. The clinic staffing was approx 2-3 nurses per day, a radiology tech, myself (a resident), and a medical student/MS4 who is there for the month. There were maybe 2 weeks where a Sports Medicine Fellow from UConn was there as well but they only come in January. I went a second time in 2024 during December, and it was just myself and a medical student. The physician staffing is split, so they always have 1 Emergency Physician and 1 Orthopedist, and they typically rotated on a weekly basis. The orthopedist was there for broken bones, and the Emergency Doc saw more or less everything else (e.g. URIs, major trauma beyond isolated fractures, head traumas). As a resident I would work with both of them, and depending on the injury they would sometimes work together (i.e. major trauma with a hip fracture usually had both of them there). At the discretion of the attending, I would perform reductions, joint relocations, splinting, nerve/hematoma blocks, and lac repairs. I personally intubated a 12 year old due to respiratory failure from their ICH/cerebral contusion. There were supplies available to deal with major trauma as well (chest tubes, intubation supplies, RSI meds, cric tools, etc). There were a good number of folks that we sent out via helo and ambulance. The closest stand-alone ED is staffed only by NP/PAs and is 20 min away, and the closest level 2 trauma is 45 minutes away. There is no radiologist, so we have to read all of our own films.

There is also a triage area above the clinic that you can hang out and see patients if you want, where the ski patrol would bring people in and sometimes give them band-aids/ice packs/etc. Generally, if they were sick or injured, they would end up in the clinic. Regarding work-flow, Mon-Fri there were generally very few people on the hill, so I would ski or work on the computer, and then I would get called by the nurses/front desk/medical student if there was a patient. On the weekends you would have to get there an hour earlier (~8am), and the expectation was that you would not go out skiing due to the higher volumes in the clinic. This actually worked out wonderfully as I would

ski when the mountain was empty, and when it was the fullest/most dangerous, I was in the clinic.

I did this elective twice because it was a nice mix of learning and being on a long ski vacation. The nursing staff and front staff are phenomenal. The attendings are all happy to be there and do it for “free” because the mountain lets them and their family stay and ski for free for the week.

13. Additional required documents: You need a temporary VT license, and independent malpractice insurance.

THE INTERNET AND BEYOND

1. Name: Elizabeth Hanson (Elizabeth.g.hanson@gmail.com)
2. Year visited: 2018
3. Location: anywhere
4. Site: Call9 (headquarters in Manhattan)
5. Contact: I organized through Dr. Smith; site contacts are Claritza Rios (claritza@call9.com), Jill Griffin (jgriffin@call9.com)
6. Website: www.call9.com
7. Cost: none
8. Grants: None
9. Take call from home (need internet access), mostly shadowing telemedicine and palliative care calls with Call9 physicians

Europe

ROMANIA

1. Year you visited the site: 2010
2. Location: Tirgu-Mures, Romania
3. Site: field hospital
4. Contact person: Cristi Boieriu, MD, EM Department Director
5. Contact email: cboeriu@gmail.com, cboeriu@smurd.ro
6. Contact phone number: +40265-212.111
7. How you heard of the site: From Dr. Paul
8. Estimated cost of trip: \$1000
9. Any grants/funding if any: None

10. Responsibilities/roles/description: 2 weeks rotation in Tirgu-Mures, Romania, Emergency Department consisted in working at a level of senior resident in the ED and on the ambulance. The work load consisted of 8 shifts of 8 hours.