**PEEP Travel Checklist**

Before you go:

* Travel Clinic Visit:
	+ Check that you have all required vaccines
	+ Discuss risks/benefits of malaria prophylaxis with travel clinic physician
	+ Consider taking antibiotic for traveller’s diarrhea, Tylenol, Ibuprofen, Benadryl
* Passport: Make sure expiry date >6 months away. Bring a copy of first 2 pages.
* Visa: Not required for US/Canada. Bring 10$ (CAD or US) in cash to be paid upon arrival.
* Credit Card (just in case – likely won’t use this): Notify credit card company of your trip

What do bring (personal items):

* Insect Repellent
	+ Recommend: 1 large bottle of OFF (25% or 30% DEET: green or blue bottle)
	+ Apply twice per day on exposed skin
* Bed Net: Usually available at accommodation, may bring your own if desired
* Purrell / hand sanitizer
* Toiletries: Bring your own, ideally in travel-sized bottles so you don’t have to check bags. Bring shower sandals. Towels are provided.
* Clothes:
	+ Light clothing (it will get hot), minimizing skin exposure (to avoid mosquito bites)
	+ Dress code at the hospital will be similar to customary clothing at North American hospitals
	+ Roads can get muddy during rainy season – bring a pair of sneakers that can get dirty
* Electronic equipment (outlets are the same as in North America)
	+ Laptop
	+ Cell phone (leave in Air Plane mode upon arrival to avoid carrier charges)
	+ USB key
	+ Camera (Please do take pictures and share on google drive upon your return)
	+ Haitian cell phone (should be sent to you prior to departure)
	+ Haitian USB key for internet access (should be sent to you prior to departure). Wifi is available but sometimes unreliable at the hospital. USB key will allow you to go online in Haiti anywhere the satellite lets you do so.
		- Please send USB and cell phone back to Julia upon your return
* Flash light or headlamp (comes in handy during electricity cuts)
* Cash (more as a back-up, likely won’t need any): 200 USD in 20$ bills, take some 1$ bills

Teaching to prepare and to bring:

* Pre/post questionnaire will be administered with help of coordinator
* Familiarize yourself with the ESPE e-learning chapter contents relevant to your session’s topic ([www.espe-elearning.org](http://www.espe-elearning.org)). These are the chapters that residents should have read prior to your visit. For instructions on how to sign up to ESPE e-learning, refer to the faculty manual.
* Your presentation on the scheduled topic (60-90 min)
* Case presentation (30 min), can be one case or several small case discussions
* Cases that are amenable to being discussed in small groups (if there is one teacher, bring 4-5 cases, otherwise 2-3 per teacher)
	+ Emphasis is on clinical reasoning skills
	+ Chose relatively *common* case scenarios
	+ Ideally use chalk-talk based approach:
		- Present patient ID and chief complaint to the residents
		- Have residents come up with *pertinent* elements and questions to ask on history, emphasize structure – can use Ste. Justine and McGill templates as a reference
			* History of present illness
			* Past medical history
			* Family history
			* Meds, allergies, vaccines
			* Review of systems
		- Have residents come up with *pertinent* things to look for on vital signs, growth chart, physical exam
		- Have residents list differential diagnoses
		- Have residents come up with their diagnostic evaluation approach and *emphasize the need to prioritize* and *avoid unnecessarily costly investigations*
		- Discuss *interpretation* of diagnostic work-up
		- Discuss management approach

Most importantly, ENJOY!!! We will send you an electronic feedback questionnaire at the end of your stay.