



International Board of Medicine and Surgeons

**PUSH
TO
START**





INTERNATIONAL BOARD OF MEDICINE AND SURGERY

IBMS: CERTIFYING THE FINEST HEALTHCARE PROVIDERS IN THE WORLD



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

THIS IS AN IN-DEPTH COMPREHENSIVE MEDICAL TOURISM INDUSTRY SPECIFIC COURSE ON PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT DEVELOPED BY THE INTERNATIONAL BOARD OF MEDICINE AND SURGERY.



RECOGNIZED WORLDWIDE

THE CERTIFICATION MARK, AS USED OR INTENDED TO BE USED BY PERSONS AUTHORIZED BY THE CERTIFIER, CERTIFIES THAT THE PERSON PROVIDING THE MEDICAL SERVICES HAS MET THE STANDARDS, QUALIFICATIONS AND TESTING REQUIREMENTS ESTABLISHED BY THE CERTIFIER.

REG. No. 3,960,346 INTERNATIONAL BOARD OF MEDICINE AND SURGERY OWNER OF U.S. REG. NO. 2,863,881.

PATIENT SAFETY / PROFESSIONAL INTEGRITY

ENABLING THE PUBLIC TO MAKE INFORMED DECISIONS

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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

MODULE 1: GLOBAL DOCTOR PATIENT RELATIONSHIP

MODULE 2: PATIENT SAFETY: PATIENT INFORMATION, SANITATION, STERILIZATION, ASEPSIS, INFECTION CONTROL, OPERATING ROOM CONDITIONS, LANGUAGE, DOCUMENTATION

MODULE 3: PROFESSIONAL INTEGRITY: ASSESSMENT OF CLINICAL CONDITION, RISK/BENEFIT, COST OF TREATMENT, PRE-PLANNING, POTENTIAL COMPLICATIONS, DOCUMENTATION/COMMUNICATION OF MEDICAL RECORD, PROFESSIONAL QUALIFICATIONS/ACCREDITATION

MODULE 4: MEDICAL TOURISM FACILITATOR: CREDENTIALS. RESPONSIBILITIES

MODULE 5: POTENTIAL MEDICAL COMPLICATIONS: TRAVEL AND MEDICAL COMPLICATION INSURANCE

MODULE 6: DISCHARGE, RECOVERY CENTER, RETURN HOME

MODULE 7: REVIEW PRE-TRAVEL CHECKLIST

MODULE 8: REVIEW TEST OF IBMS GUIDELINES FOR THE PRE-OPERATIVE/ TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

MODULE 9: BENEFITS OF IBMS CERTIFICATION/AFFILIATION

**IBMS GLOBAL CONTINUING MEDICAL EDUCATION PHYSICIAN-DESIGNATED
CATEGORY II CREDIT 2 HOURS (AMA PRA GUIDELINES)**

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MEDICAL TOURISM

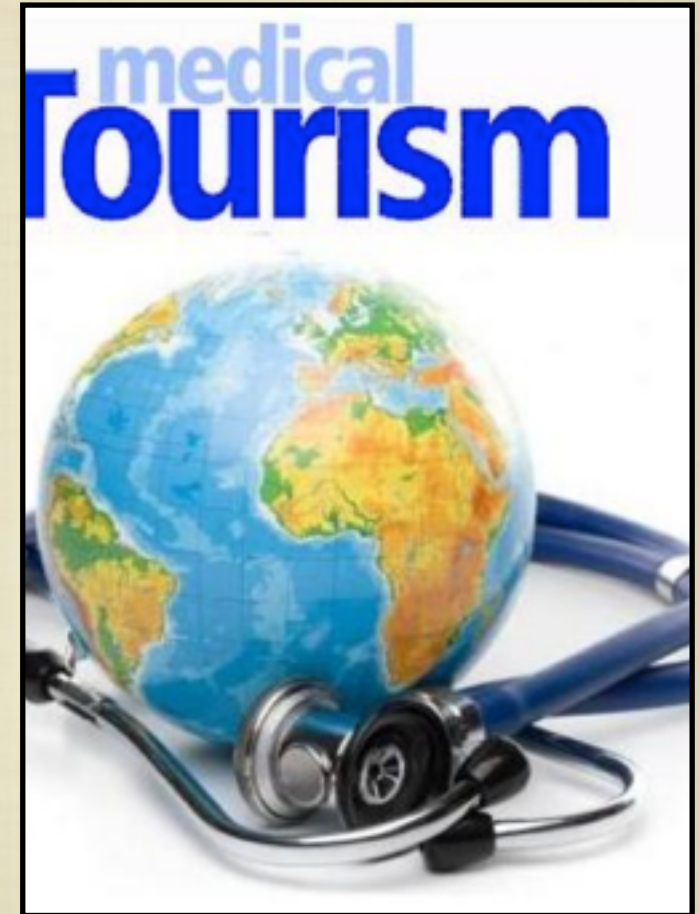
INTERNATIONAL/GLOBAL HEALTHCARE TRAVEL, A GROWING GLOBAL PHENOMENON OF PEOPLE TRAVELING CROSS CONTINENTS FOR COST EFFECTIVE QUALITY MEDICAL, SURGICAL, AND DENTAL TREATMENT

REQUIRES

GLOBAL PATIENT/DOCTOR RELATIONSHIP: PRE-OPERATIVE/TREATMENT MANAGEMENT AND DIAGNOSIS PRIOR TO PATIENT TRAVEL AND POST-OPERATIVE/TREATMENT MANAGEMENT AND REHABILITATIVE CARE

AND

DEVELOPMENT, MAINTENANCE, COORDINATION AND NETWORKING AMONG MEDICAL PROFESSIONALS GLOBALLY TO SHARE PATIENT INFORMATION



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**GLOBAL DOCTOR/PATIENT RELATIONSHIP IS FORMED
BY BLENDING PATIENT SAFETY WITH PROFESSIONAL
INTEGRITY**

REQUIRES

**EXCHANGE OF INFORMATION (EMAIL, FAX,
INTERNET,OR TELEPHONE) OF DESIRED OUTCOME,
MEDICAL HISTORY, PHYSICAL DESCRIPTION (PICTURES),
DIAGNOSTIC EVALUATION, FEE, RELATIONSHIP WITH
MEDICAL FACILITATOR**



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

TO ENSURE
Patient Safety and Professional Integrity,
THE FOLLOWING ARE CRITICAL
COMPONENTS OF PATIENT SAFETY

PATIENT INFORMATION
SANITATION
STERILIZATION
ASEPSIS
INFECTION CONTROL
OPERATING ROOM CONDITIONS
LANGUAGE
DOCUMENTATION

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PRE-OPERATIVE/ TREATMENT EVALUATION

COMPLETE HISTORY AND PHYSICAL EXAMINATION WITH REVIEW OF SYSTEMS PRIOR TO TRAVEL.

**DIAGNOSTIC STUDIES REQUIRED BY MEDICAL TOURISM PHYSICIAN/
SURGEON/DENTIST.**

**REVIEW OF ALL MEDICATIONS,
INCLUDING OVER-THE-COUNTER
MEDICATIONS AND SUPPLEMENTS.**

**CONTROL OF RELEVANT CO-
EXISTING MEDICAL CONDITIONS,
SUCH AS HYPERTENSION AND
DIABETES, AND IDENTIFICATION OF
MEDICATIONS/DOSAGE.**



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PRE-OPERATIVE/TREATMENT EVALUATION

- **ROUTINE IMMUNIZATION UPDATE (MEASLES, MUMPS AND RUBELLA, POLIO, TETANUS-DIPHTHERIA, VARICELLA, INFLUENZA, PNEUMOCOCCAL VACCINE)**
- **ROUTINE TRAVEL IMMUNIZATION UPDATE (HEPATITIS A, TYPHOID)**
- **IMMUNIZATION BASED ON MEDICAL TOURISM DESTINATION (MALARIA, YELLOW FEVER, MENINGOCOCCAL INFECTION, JAPANESE B ENCEPHALITIS)**
- **RISK OF HEPATITIS B, RABIES, CHOLERA AND PLAGUE**

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PRE-OPERATIVE/TREATMENT EVALUATION

TO MINIMIZE SURGICAL RISK, DISCONTINUE

- ✦ ASPIRIN AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS ONE WEEK PRIOR TO SURGERY (POTENTIAL OF EXCESSIVE BLEEDING)**
- ✦ ALCOHOL CONSUMPTION**
- ✦ SMOKING 8 OR MORE WEEKS PRIOR TO SURGERY**

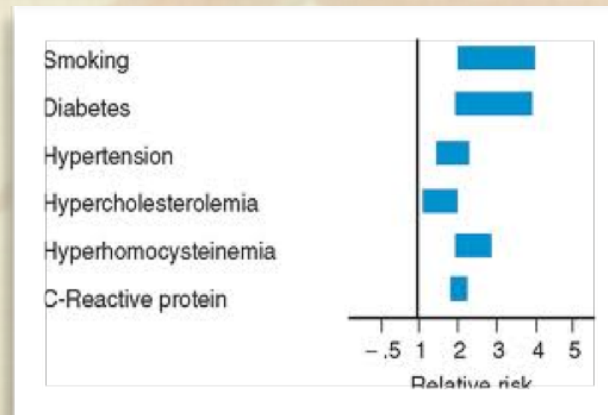


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PRE-OPERATIVE/TREATMENT EVALUATION

RESPIRATORY AND CARDIAC DISEASE, MALNUTRITION AND DIABETES MELLITUS ARE ASSOCIATED WITH AN INCREASED RISK OF SURGICAL COMPLICATIONS.

CARDIAC COMPLICATIONS ARE THE MOST COMMON, POTENTIALLY CAUSING PROLONGED HOSPITALIZATION OR MORBIDITY.



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PRE-OPERATIVE/TREATMENT FUNCTIONAL ASSESSMENT

FUNCTIONAL ASSESSMENT, REVIEW OF PATIENT'S SOCIAL SUPPORT AND NEED FOR ASSISTANCE AFTER HOSPITAL DISCHARGE.

ARRANGE FOR PROFESSIONAL ASSISTANCE PRIOR TO TRAVEL FOR PATIENT WHO MAY REQUIRE HOME SERVICES OR TEMPORARY PLACEMENT IN A REHABILITATION FACILITY.

ARRANGE FOR AMBULATORY AND REHAB HOME EQUIPMENT NEEDS, WALKERS, WHEELCHAIRS, SPECIALTY BEDS, BEDSIDE COMMODOES AS NEEDED.



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SANITATION

- G E N E R A L
APPEARANCE
- VENTILATION
- TEMPERATURE
- WELL-LIT
- FREE OF CLUTTER
AND LITTER



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

SANITATION

MEDICAL HAZARDOUS WASTE DISPOSAL

ALL MEDICAL HAZARDOUS WASTES ARE STORED IN CONTAINERS DESIGNATED FOR THAT PURPOSE AND SEPARATED FROM GENERAL REFUSE FOR SPECIAL COLLECTION AND HANDLING.

MEDICAL HAZARDOUS WASTES ARE DISPOSED OF IN SEALED, LABELED CONTAINERS IN COMPLIANCE WITH LOCAL, STATE, AND NATIONAL REGULATIONS.

USED DISPOSABLE SHARP ITEMS ARE PLACED IN SECURE PUNCTURE-RESISTANT CONTAINERS WHICH ARE LOCATED AS CLOSE TO THE USE AREA AS IS PRACTICAL.

A WRITTEN POLICY IS IN PLACE FOR CLEANING OF SPILLS, INCLUDING BLOOD BORNE PATHOGENS.



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

SANITATION/MAINTENANCE AND CLEANING

- ✦ SCHEDULE FOLLOWED FOR CLEANING AND DISINFECTION OF ENTIRE OPERATING ROOM SUITE AND INDIVIDUAL OPERATING ROOMS.
- ✦ MAINTENANCE AND CLEANING PROCEDURES REQUIRE ALL BLOOD AND BODY FLUID TO BE CLEANED USING GERMICIDES INDICATED AS VIRUCIDAL, BACTERICIDAL, TUBERCULOCIDAL AND FUNGICIDAL.
- ✦ WRITTEN PROTOCOL FOR USE BY HOUSEKEEPING AND OR OTHER CLEANING PERSONNEL FOR CLEANING OF FLOORS, TABLES, WALLS, CEILINGS, COUNTERS, FURNITURE AND FIXTURES OF THE SURGICAL SUITE.
- ✦ ALL OPENINGS TO OUTDOOR AIR ARE PROTECTED AGAINST ENTRANCE OF INSECTS AND ANIMALS.
- ✦ FLOORS ARE COVERED WITH EASY TO CLEAN MATERIAL WHICH IS SMOOTH AND FREE FROM BREAKS, CRACKS OR LOOSE DEBRIS; OR, IN THE CASE OF FLOORS WITH SEAMS OR INDIVIDUAL TILES, THE FLOORS ARE SEALED WITH A POLYURETHANE OR OTHER EASY TO CLEAN SEALANT.



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

STERILIZATION

- **INSTRUMENTS USED IN PATIENT CARE ARE STERILIZED.**
- **IF A STERILIZER PRODUCES MONITORING RECORDS, THEY ARE REGULARLY REVIEWED AND RETAINED FOR A MINIMUM OF THREE (3) YEARS.**
- **STERILE SUPPLIES ARE STORED IN CLOSED CABINETS/DRAWERS OR AWAY FROM HEAVY TRAFFIC AREAS.**
- **STERILE SUPPLIES ARE STORED AWAY FROM POTENTIAL CONTAMINATION HAZARDS.**
- **STERILE SUPPLIES ARE CLEARLY LABELED AS STERILE.**
- **STERILE SUPPLIES ARE PACKAGED TO PREVENT ACCIDENTAL OPENING AND SEALED WITH AUTOCLAVE TAPE.**
- **EACH PACK OF STERILE SUPPLIES IS MARKED WITH THE DATE OF STERILIZATION AND, WHEN APPLICABLE, WITH THE EXPIRATION DATE.**
- **WHEN MORE THAN ONE AUTOCLAVE IS AVAILABLE, EACH PACK OF STERILE SUPPLIES BEARS A LABEL THAT IDENTIFIES THE AUTOCLAVE IN WHICH IT WAS STERILIZED.**



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ASEPSIS

- **INSTRUMENT HANDLING AND STERILIZING AREAS ARE REGULARLY CLEANED.**
- **DIRTY SURGICAL EQUIPMENT AND INSTRUMENTS ARE SEGREGATED FROM THOSE WHICH HAVE BEEN CLEANED.**
- **CLEANED EQUIPMENT IS IN A SEPARATE PREPARATION AND ASSEMBLY AREA.**
- **A WALL SEPARATES THE INSTRUMENT PREPARATION AND ASSEMBLY AREA FROM THE INSTRUMENT CLEANING AREA; OR A WRITTEN POLICY IS IN PLACE TO CLEAN AND DISINFECT AN AREA BEFORE USING IT TO PREPARE AND ASSEMBLE STERILIZED SUPPLY PACKS.**
- **OPERATING ROOM(S) IS/ARE DISINFECTED AFTER EACH PROCEDURE.**
- **WRITTEN ASEPTIC PROCEDURES TO BE FOLLOWED AT ALL TIMES ARE IN PLACE. SUCH PROCEDURES INCLUDE THE REQUIREMENTS OF USING SCRUB SUITS, CAPS OR HAIR COVERS, GLOVES, OPERATIVE GOWNS, MASKS AND EYE PROTECTION, AND A STERILE FIELD DURING SURGERY.**
- **SCRUB FACILITIES ARE PROVIDED FOR THE OPERATING ROOM STAFF.**



Infection Control Program

INFECTION CONTROL

**ENSURE NECESSARY VACCINATIONS TO CONTAIN
SPREAD OF INDIGENOUS COMMUNICABLE DISEASES
FROM ONE COUNTRY OR GEOGRAPHICAL LOCATION
TO ANOTHER.**

**BE AWARE OF POSSIBLE EPIDEMICS, POTENTIAL
ENDOGENOUS INFECTIOUS DISEASES, MRSA AND
OTHER POTENTIAL HOSPITAL RELATED INFECTIONS.**



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EQUIPMENT IN OPERATING ROOM

- + **EKG MONITOR WITH PULSE READ-OUT**
- + **PULSE OXIMETER**
- + **BLOOD PRESSURE MONITORING EQUIPMENT**
- + **STANDARD DEFIBRILLATOR OR AUTOMATED EXTERNAL DEFIBRILLATOR UNIT (AED) WHICH IS CHECKED AT LEAST WEEKLY FOR OPERABILITY**
- + **PNEUMATIC BOOTS OR ALTERNATIVE DEVICES FOR ANTI-EMBOLIC PROPHYLAXIS (SUCH AS TED STOCKINGS OR ACE BANDAGE WRAPS) ARE EMPLOYED FOR ALL BUT LOCAL ANESTHESIA CASES OF ONE (1) HOUR OR LONGER AND WHEN MEDICALLY INDICATED**
- + **ORAL AIRWAYS FOR EACH TYPE OF PATIENT TREATED (ADULT AND PEDIATRIC), NASOPHARYNGEAL AIRWAYS AND LARYNGEAL MASK AIRWAYS, LARYNGOSCOPE, ENDOTRACHEAL TUBES, ENDOTRACHEAL STYLET, POSITIVE PRESSURE VENTILATION DEVICE (E.G. AMBU™ BAG), SOURCE OF O₂, SUCTION**
- + **CAUTERY, ELECTROCAUTERY WITH APPROPRIATE GROUNDING PLATE OR DISPOSABLE PAD**
- + **ANESTHESIA MACHINE WITH A PURGE SYSTEM TO EXTRACT EXHALED GASEOUS AIR TO OUT-OF-DOORS OR TO A NEUTRALIZING SYSTEM**
- + **AN INSPIRED GAS OXYGEN MONITOR ON THE ANESTHESIA MACHINE**
- + **CO₂ MONITOR FOR ALL GENERAL ANESTHESIA CASES**

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EQUIPMENT IN OPERATING ROOM

- A SCHEDULE IS IN PLACE FOR A BIO-MEDICAL TECHNICIAN OR EQUIVALENT TO ANNUALLY INSPECT ALL OF THE EQUIPMENT (INCLUDING ELECTRICAL OUTLETS, BREAKER/FUSE BOXES, AND EMERGENCY LIGHT AND POWER SUPPLIES) AND DOCUMENTS SAFETY AND OPERATION ACCORDING TO THE EQUIPMENT MANUFACTURER'S SPECIFICATIONS.
- EQUIPMENT USED IN THE OPERATING ROOM IS DOCUMENTED AS HAVING BEEN INSPECTED AND FOUND TO BE PROBLEM-FREE.
- MANUFACTURER'S SPECIFICATIONS AND REQUIREMENTS ARE KEPT IN AN ORGANIZED FILING SYSTEM.
- A PREVENTIVE MAINTENANCE SCHEDULE IS IN PLACE FOR ALL EQUIPMENT, AND MAINTENANCE RECORDS ARE REQUIRED TO BE RETAINED FOR A MINIMUM OF THREE (3) YEARS.
- ALL EQUIPMENT REPAIRS AND CHANGES ARE DOCUMENTED AS HAVING BEEN PERFORMED BY A BIO-MEDICAL TECHNICIAN OR EQUIVALENT, AND REPAIR AND CHANGE RECORDS RETAINED FOR A MINIMUM OF THREE (3) YEARS.
- BRIGHT GENERAL LIGHTING IN OPERATING ROOM CEILING.
- FULLY FUNCTIONING SURGICAL LIGHTS OR SPOTLIGHTS IN OPERATING ROOM.
- FUNCTIONAL TABLE OR CHAIR IN OPERATING ROOM



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EQUIPMENT IN OPERATING ROOM

- **THE OPERATING ROOM HAS AN EMERGENCY POWER SOURCE WITH SUFFICIENT CAPACITY TO OPERATE MONITORING, ANESTHESIA, SURGICAL EQUIPMENT, CAUTERY AND LIGHTING A MINIMUM OF TWO HOURS (IF MORE THAN ONE OPERATING ROOM IS USED SIMULTANEOUSLY, AN EMERGENCY POWER SOURCE SHOULD BE AVAILABLE FOR EACH O.R.).**
- **EMERGENCY POWER EQUIPMENT IS CHECKED MONTHLY (AND DOCUMENTED) TO ENSURE FUNCTION.**



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PATIENT'S NATIVE LANGUAGE

**PROVIDE PATIENT
WITH INTAKE
FORMS, MEDICAL
RECORDS, AND
OTHER WRITTEN
COMMUNICATIONS
IN THE PATIENT'S
NATIVE LANGUAGE.**



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LANGUAGE BARRIER

LANGUAGE INTERPRETERS FAMILIAR WITH THE CULTURAL NUANCES OF THE PATIENT AND MEDICAL TOURISM COUNTRY ARE AN INTEGRAL PART OF ANY DELIVERY OF GLOBAL HEALTHCARE SERVICES TO INTERNATIONAL PATIENTS.

ALL PERTINENT MEDICAL RECORDS BEING SENT WITH THE PATIENT SHOULD BE TRANSLATED INTO A LANGUAGE FAMILIAR TO THE COUNTRY OF TRAVEL OR IN ENGLISH (WIDELY ACCEPTED INTERNATIONAL LANGUAGE OF MEDICAL MEDICINE).

PREVALENT LANGUAGES: ENGLISH, CHINESE, SPANISH, FRENCH, RUSSIAN AND ARABIC



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

LANGUAGE

TRANSLATION SERVICES AVAILABLE ON-SITE

- **INTERPRETERS TREAT ALL INFORMATION REGARDING PATIENT AND TREATMENT AS CONFIDENTIAL.**
- **INTERPRETERS ARE TRAINED TO IDENTIFY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.**
- **WRITTEN PROCEDURES TO PROMPTLY RESOLVE ANY PATIENT COMPLAINTS ABOUT INTERPRETERS.**



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PROFESSIONAL INTEGRITY REQUIRES:

ASSESSMENT OF PERCEIVED CLINICAL CONDITION, RISK FACTORS, REQUIRED DIAGNOSTIC INVESTIGATIONS, RECOMMENDED TREATMENT, DURATION OF STAY, FOLLOW-UP, REHABILITATIVE TREATMENT AND POSSIBLE COMPLICATIONS.

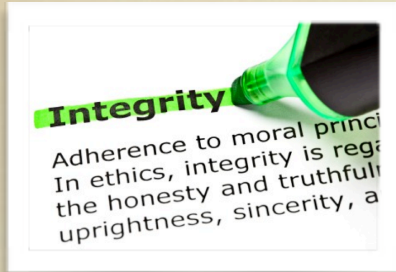
COST OF TREATMENT, INCLUDING HOSPITALIZATION, DIAGNOSTIC INVESTIGATIONS, POST-DISCHARGE STAY, RECOVERY CENTER, MEDICAL TOURISM COMPLICATION INSURANCE, MEDICAL FACILITATOR AND TRAVEL.

DOCTOR/PATIENT CONFERENCE TO ENSURE EFFECTIVE COMMUNICATION, UNDERSTANDING AND REASSURANCE.



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PROFESSIONAL INTEGRITY



**AVOID RISK OF INADEQUATE INFORMATION/
MISCOMMUNICATION**

**OBTAIN PATIENT DETAILS, CLINICAL CONDITION,
PRESENT SYMPTOMS, PAST MEDICAL HISTORY, CO-
MORBID CONDITIONS AND DIAGNOSTIC RESULTS**

**REQUEST PERTINENT DETAILS OF DIAGNOSIS AND
EXPECTATIONS OF TREATMENT**



**PROVIDE EXPLANATION OF THE PROCEDURE IN SIMPLE
LANGUAGE**

**DEMONSTRATE CREDIBILITY WITH DISPLAY OF
CREDENTIALS, ONGOING CONTINUING MEDICAL
EDUCATION AND PATIENT SAFETY RECORD**

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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

CO-ORDINATION BETWEEN LOCAL AND MEDICAL TOURISM DOCTOR

COMMUNICATE WITH THE LOCAL TREATING PHYSICIAN IN HOME COUNTRY TO DISCUSS THE PATIENT'S MEDICAL CONDITION AND UNDERSTAND CLINICAL STATUS

ENSURE PROPER TREATMENT

UNDERSTAND POSSIBLE COMPLICATIONS

AVOID POTENTIAL COMPLICATIONS DUE TO CO-MORBIDITIES, ALLERGIES AND OTHER POSSIBLE UNFORESEEN CONDITIONS

ANTICIPATE COSTS



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

PATIENT SCREENING CRITERIA

SELECTION: DETERMINE PATIENT'S HEALTHCARE NEEDS ARE WITHIN THE SCOPE OF PROVIDER'S SPECIALIZATION.

REFERRAL: ASSESS WHETHER CLINICAL CONDITION OR COMPLICATIONS WARRANT CONSULTATION.



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RISK/BENEFIT

MEDICAL TREATMENT VS. SURGERY

TRAVELING OUT OF COUNTRY

**SIGNED DETAILED MEDICAL/SURGICAL/DENTAL PROCEDURE
CONSENT FORM WITH FULL EXPLANATION OF RISK/BENEFITS OF
TREATMENT/SURGERY**

**CONSENT FORM SHOULD REMAIN IN THE PATIENT'S PERMANENT
MEDICAL RECORD.**



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT PRIOR TO TRAVEL

DISCUSS:

- **PATIENT ACUTE CARE IN DESTINATION**
- **POST-OPERATIVE/TREATMENT RECOVERY PROCESS AND CARE PLANS**
- **NEED FOR HOME CARE VISITS BY VISITING NURSE, DIETICIAN, PHYSICAL AND/OR OCCUPATIONAL THERAPIST**

**SCHEDULE: RETURN PHYSICIAN VISIT IMMEDIATELY UPON
RETURN TO HOME COUNTRY**



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PRIOR TO TRAVEL

- **PERTINENT MEDICAL RECORDS NEED TO BE TRANSMITTED TO THE MEDICAL TOURISM PHYSICIAN/SURGEON/DENTIST AND HOSPITAL/CLINIC.**
- **ALL MEDICATIONS IN ORIGINAL BOTTLES SHOULD ACCOMPANY THE MEDICAL TOURISM PATIENT.**



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REVIEW POST-OPERATIVE/TREATMENT CARE

DISCHARGE PLAN AND WARNING SIGNS DURING STAY AT DESTINATION HOSPITAL/CLINIC AND UPON RETURN TO HOME COUNTRY

- **VITAL SIGNS**
- **WOUND CARE: SWELLING, DISCHARGE, REDNESS, EXCESSIVE PAIN, FEVER**



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DETERMINE OVERALL FITNESS FOR FLIGHT

PREOPERATIVE/TREATMENT OUTPATIENT MEDICAL EVALUATION CAN DECREASE THE LENGTH OF HOSPITAL STAY AND MINIMIZE POSTPONED OR CANCELLED SURGERIES.

ARRIVE AT MEDICAL TOURISM DESTINATION AT LEAST ONE COMPLETE DAY PRIOR TO THE PROCEDURE/TREATMENT.



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POST-DISCHARGE

REQUIRES EFFECTIVE EXCHANGE OF INFORMATION BETWEEN THE MEDICAL TOURISM DOCTOR AND THE DOCTOR WITH WHOM THE PATIENT WILL FOLLOW-UP UPON RETURN TO HOME COUNTRY

THE DOCTORS MUST THOROUGHLY COMMUNICATE ALL INFORMATION ABOUT TREATMENT/SURGERY, INCLUDING OPERATION/ TREATMENT NOTES, COMPLICATIONS, MEDICATIONS PRESCRIBED AND RECOMMENDED REHABILITATION.

Discharges

- Discharge planning begins at admission with the initial interview and nursing assessment and continues as an interdisciplinary process throughout the patient's stay
- The discharge planner is completed as part of the initial interview on admission which includes assessment of the patient's educational, supportive, and home needs
- Admissions are screened daily for established "high risk" criteria and nursing service makes referrals to the appropriate departments such as dietary, social, rehabilitative, or home health services



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UNIQUE INTERNATIONAL PATIENT NUMBER (UIPN)

- + IT SYSTEM CAN PROVIDE A UNIQUE INTERNATIONAL PATIENT NUMBER WHICH CAN BE ACCESSED ON THE WEB BY PATIENT AND PHYSICIANS.**
- + AN EFFECTIVE WAY TO EXCHANGE INFORMATION AND CREATE A PATIENT ARCHIVE WITH UPDATED MEDICAL HISTORY AND TREATMENT.**

Patient Portal Login



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

POST-OPERATIVE/ TREATMENT FOLLOW-UP

AFTER UNDERGOING TREATMENT IN A FOREIGN COUNTRY REGULAR FOLLOW-UP, MEDICATION AND NECESSARY PHYSIOTHERAPY AS RECOMMENDED BY THE OPERATING/TREATING MEDICAL TOURISM DOCTOR IS AN ESSENTIAL COMPONENT OF PATIENT SAFETY/PROFESSIONAL INTEGRITY.



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PHYSICIAN/SURGEON QUALIFICATIONS

**HAS THE PHYSICIAN/SURGEON KEPT UP-TO-DATE WITH
MEDICAL/SURGICAL SPECIALTY AND TRAVEL MEDICINE
CONTINUING MEDICAL EDUCATION (CME)?**

**IS PHYSICIAN/SURGEON A MEMBER OF THE INTERNATIONAL
BOARD OF MEDICINE AND SURGERY (IBMS)?**

QUALIFICATIONS



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

INTERNATIONAL BOARD OF MEDICINE AND SURGERY (IBMS) STANDARDS

A MEMBER

HAS MET ALL ELIGIBILITY CRITERIA BY DEMONSTRATING THE ESTABLISHMENT AND MAINTENANCE OF STANDARDS OF PROFESSIONAL QUALIFICATION AS A PHYSICIAN/SURGEON/DENTIST THEREBY ENABLING THE PUBLIC TO MAKE INFORMED DECISIONS REGARDING THE SELECTION AND USE OF MEDICAL/DENTAL PRACTITIONERS PRACTICING IN THE GLOBAL HEALTHCARE COMMUNITY

MAINTAIN THE HIGHEST STANDARD OF PERSONAL CONDUCT AND PROFESSIONAL EXCELLENCE

**UPHOLD LAWS AND REGULATIONS IN THE PRACTICE OF MEDICINE
PROVIDE PATIENT CARE IMPARTIALLY WITH REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, HANDICAP OR SEXUAL ORIENTATION**

**PROMOTE QUALITY MEDICAL CARE THROUGH PROFESSIONAL COMMUNICATION AND MAINTENANCE OF PATIENT CONFIDENTIALITY
COMMUNICATE CLEARLY WITH THE PATIENT'S MEDICAL PROFESSIONAL IN PATIENT'S HOME COUNTRY**

IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

**IBMS GOLD CERTIFICATION ASSURES THE
HEALTHCARE PROVIDER HAS MET BASIC IBMS
STANDARDS FOR SAFETY, AGREES TO THE
IBMS CODE OF ETHICS AND HAS
DOCUMENTED INDEMNIFICATION FOR
POTENTIAL COMPLICATIONS.**



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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

PHYSICIAN/SURGEON QUALIFICATIONS

WHERE DID PHYSICIAN ATTEND MEDICAL SCHOOL, RESIDENCY, AND/OR FELLOWSHIP?

BOARD CERTIFIED IN A SPECIALTY RELEVANT TO THE MEDICAL TREATMENT OR SURGERY?

HOW MANY TREATMENTS/SURGERIES OF THE PATIENT'S PROCEDURE DOES THE SURGEON PERFORM ANNUALLY?

WHAT IS THE SURGEON'S COMPLICATION RATE?



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

HEALTHCARE FACILITY QUALIFICATIONS

- INTERNATIONAL ACCREDITING ORGANIZATIONS INSPECT HOSPITALS GLOBALLY.
- ANYONE CONSIDERING TRAVELING OVERSEAS FOR MEDICAL CARE IS ENCOURAGED TO REVIEW THE CRITERIA OF ACCREDITATION BEFORE SELECTING AN ACCREDITED FACILITY.



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

HEALTHCARE FACILITY QUALIFICATIONS

COMMUNICATION OF MEDICAL RECORDS

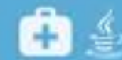
WEB PORTAL

EMAIL

FAX

PATIENT DELIVERED

Medical
Communication
System



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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

HEALTHCARE FACILITY QUALIFICATIONS

- ✦ AFFILIATED HOSPITAL RELATIONSHIPS
- ✦ COMPLICATION RATE FOR TREATMENT/ SURGICAL PROCEDURES
- ✦ ABILITY TO HANDLE ACUTE COMPLICATIONS OR REFERRAL/ TRANSPORT TO ANOTHER LOCATION



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

WRITTEN POLICIES AND PROCEDURES FOR HANDLING MEDICAL EMERGENCIES AND COMPLICATIONS, INCLUDING INFORMING PATIENTS OF POSSIBLE COMPLICATIONS



PATIENT RECORD FORMS: PATIENT'S IDENTITY, DIAGNOSES, COURSE OF TREATMENT, CONDITION UPON RELEASE, AND FOLLOW UP INSTRUCTIONS



WRITTEN INFECTION CONTROL STANDARDS FOR HANDLING BIO-WASTE HAZARDS AND DISCARDING USED NEEDLES



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT



MEDICAL TOURISM/TRAVEL FACILITATOR

IBMS Affiliated Healthcare Travel Associate: connecting patients with top-quality healthcare providers worldwide™

- CHECK THE FACILITATOR'S REFERENCES AND CREDENTIALS
- IDENTIFY A CONTACT PERSON FROM MEDICAL TOURISM/TRAVEL FACILITATOR
- WILL PATIENT HAVE ACCESS TO AN INTERPRETER THROUGHOUT THE TRAVEL AND STAY?
- WILL THE PATIENT BE ASSIGNED A 'PATIENT CONCIERGE'?
- HAVE BACK UP PLANS FOR TRAVEL BEEN MADE?
- DOES THE FACILITATOR WORK FOR THE HOSPITAL OR SURGEON?



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

MEDICAL TOURISM/TRAVEL FACILITATOR

- **FIRM AND ACCURATE QUOTE FROM THE PHYSICIAN AND HOSPITAL FOR ANY AND ALL CHARGES THAT MUST BE PAID BY THE PATIENT (AND A FULL UNDERSTANDING OF THE PAYMENT TERMS).**
- **WHO IS FINANCIALLY RESPONSIBLE FOR INTRA-OPERATIVE OR POST OPERATIVE/TREATMENT COMPLICATIONS WHILE THE PATIENT IS STILL IN THE TREATING COUNTRY?**
- **WHO IS FINANCIALLY RESPONSIBLE FOR POST-OPERATIVE/TREATMENT CARE?**
- **WHO IS FINANCIALLY RESPONSIBLE FOR POST-OPERATIVE/TREATMENT COMPLICATIONS UPON RETURN TO HOME?**



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

MEDICAL COMPLICATIONS

WILL THE PATIENT'S OWN HEALTH INSURANCE COVER MEDICAL COMPLICATIONS?

WHAT RECOURSE IS AVAILABLE TO RECOVER DAMAGE FROM A POSTOPERATIVE/TREATMENT COMPLICATIONS?



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

MEDICAL TOURISM/TRAVEL FACILITATOR

- **IS TRAVEL INSURANCE REQUIRED OR SUGGESTED?**
- **HAS THE MEDICAL TOURISM/TRAVEL FACILITATOR IDENTIFIED CURRENT OR PROJECTED TRAVEL ISSUES AND EXPENSES?**
- **DOES THE PATIENT'S HEALTHCARE PROVIDER PROVIDE COMPLICATION INDEMNIFICATION INSURANCE, OR DO YOU HAVE TO PURCHASE THIS?**



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

INDEMNIFICATION FOR COMPLICATIONS

ONE OF THE FUNDAMENTAL TURNING POINTS IN A POTENTIAL PATIENT'S DECISION TO SEEK MEDICAL TREATMENT ABROAD IS THE ASSURANCE THAT POTENTIAL COMPLICATIONS WILL BE TREATED IN A SEAMLESS PROFESSIONAL MANNER.

- **THROUGH AN INSURANCE COMPANY (COMPLICATION, MALPRACTICE)**
- **ONE'S OWN INDIVIDUAL FINANCIAL INDEMNIFICATION**
- **A PHYSICIAN'S NETWORK**
- **THE TREATING HOSPITAL**



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

PATIENT DISCHARGE PROTOCOLS_

- ALL RECOVERING PATIENTS MUST REMAIN UNDER DIRECT OBSERVATION AND SUPERVISION UNTIL DISCHARGED FROM MONITORED PATIENT CARE.
- A RECOVERY ROOM RECORD INCLUDING VITAL SIGNS, SENSORIUM, MEDICATIONS, AND NURSE'S NOTES IS MAINTAINED.
- WRITTEN POST-OPERATIVE INSTRUCTIONS (INCLUDING THE PROCEDURES IN EMERGENCY SITUATIONS) ARE GIVEN TO AN ADULT RESPONSIBLE FOR THE PATIENT'S CARE.
- PATIENT IS SUPERVISED IN THE IMMEDIATE POST-DISCHARGE PERIOD BY A RESPONSIBLE ADULT FOR AT LEAST 24 HOURS.
- PATIENTS ARE REQUIRED TO MEET ESTABLISHED WRITTEN CRITERIA FOR PHYSIOLOGICAL STABILITY BEFORE DISCHARGE, INCLUDING VITAL SIGNS AND SENSORIUM.
- PERSONNEL ASSIST WITH DISCHARGE FROM THE RECOVERY AREA.
- PATIENT IS TRANSPORTED WITH A RESPONSIBLE ADULT; PATIENTS RECEIVING ONLY LOCAL ANESTHESIA WITHOUT SEDATION MAY TRANSPORT THEMSELVES OR MAY BE TRANSPORTED BY AMBULANCE (OR WHEELCHAIR, GURNEY, IF APPLICABLE) TO A HOSPITAL, INTERMEDIATE CARE UNIT OR RECOVERY FACILITY.



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

RECOVERY CENTER

- MEETS SANITATION REQUIREMENTS
- LESS THAN 30 MINUTES BY CAR OR ON FOOT FROM A HOSPITAL WHERE THE RESPONSIBLE PHYSICIAN HAS ADMITTING PRIVILEGES
- HAS AN AGREEMENT FOR EMERGENCY TRANSPORTATION WITH AND TO SUCH HOSPITAL, AS WELL REGARDING ADMISSIONS PROCEDURES FOR TRANSPORTS FROM THE RECOVERY CENTER
- HAS A REGISTERED NURSE TRAINED IN BASIC CARDIAC LIFE SUPPORT ON DUTY AT ALL TIMES A PATIENT IS PRESENT IN THE RECOVERY CENTER



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

DOCUMENTATION

**TO ENSURE EFFECTIVE COMMUNICATION AND SECURE THE
GLOBAL PATIENT/DOCTOR RELATIONSHIP**



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

INCOMPLETE DOCUMENTATION

MAY INCLUDE

- **MEDICAL DOCUMENTATION OF PATIENT REFERRAL, PRE-OPERATIVE/TREATMENT, PRE-FLIGHT EVALUATION FROM HOME COUNTRY**
- **LEGAL PAPERWORK REQUIRED TO TRAVEL TO A FOREIGN COUNTRY FOR MEDICAL, SURGICAL OR DENTAL TREATMENTS (MEDICAL VISA)**
- **IMPROPER DOCUMENTATION OF DIAGNOSTIC/ INVESTIGATIVE REPORTS AND TREATMENT ADMINISTERED BY THE MEDICAL TOURISM DOCTOR AND TREATING HOSPITAL**
- **LANGUAGE BARRIER/INADEQUATE TRANSLATION**



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

DOCUMENTATION

- ALL ACTIONS OF DOCTORS, HOSPITAL/CLINIC, AND PARAMEDICAL STAFF SHOULD BE DOCUMENTED.
- UPON RETURN TO HOME COUNTRY MEDICAL RECORDS, INCLUDING DIAGNOSTIC REPORTS/STUDIES, DESCRIPTION AND COURSE OF TREATMENT, PRESCRIPTIONS, AND RECOMMENDATIONS SHOULD BE PROVIDED TO THE LOCAL PHYSICIAN.



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

REVIEW PRE-TRAVEL CHECKLIST

- **PRE-OPERATIVE/TREATMENT TRAVEL PLANS**
 - INDIVIDUAL ARRANGEMENTS
 - MEDICAL TOURISM/TRAVEL FACILITATOR
- **QUALIFICATION/CERTIFICATION**
 - MEDICAL TOURISM/TRAVEL FACILITATOR
 - PHYSICIAN, SURGEON, DENTIST, OTHER MEDICAL PROFESSIONAL
 - FACILITY
- **MEDICAL/SURGICAL/DENTAL PROCEDURE/TREATMENT RISKS/BENEFITS**
- **HISTORY/PHYSICAL EXAMINATION**
 - PRE-OPERATIVE/TREATMENT EXAMINATION AND DIAGNOSTIC TESTING
 - FIT FOR FLIGHT EXAM
- **PREVIEW ACUTE POST-OPERATIVE/TREATMENT CARE PLAN**



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REVIEW TRAVEL ARRANGEMENTS

LANGUAGE BARRIER ISSUE

ACCESS TO NATIVE SPEAKING LIAISON

INTERPRETERS

PATIENT CONCIERGE



IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT

PRIOR TO TRAVEL

- **REVIEW ANY SPECIAL SECURITY RISKS IN DESTINATION COUNTRY**
- **CHECK WITH STATE DEPARTMENT PRIOR TO THE FINAL DECISION TO DISEMBARK**
- **VISA REQUIREMENTS**
- **EMBASSY CONTACT INFORMATION**



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TRAVEL ARRANGEMENTS

- **TRAVEL PARTNER CONTACT INFORMATION**
- **PATIENT AND TRAVEL PARTNER IMMUNIZATION UPDATES**
- **CONCIERGE CONTACT INFORMATION**
- **CELL PHONE COVERAGE**



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TRAVEL ARRANGEMENTS

- **TRAVEL CONFIRMATION TO AND FROM DESTINATION**
- **MODES OF TRANSPORT: AIR, BUS, TRAIN, TAXI TO AND FROM MEDICAL TOURISM DESTINATION**
- **PASSPORT**
- **TRAVEL INSURANCE**
- **MEDICAL TOURISM COMPLICATION INSURANCE**





The End

CONTINUE....
TEST YOUR
KNOWLEDGE AND
UNDERSTANDING

TAKE
OFFICIAL IBMS TEST
NOW





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EDUCATION AND TRAINING INSTITUTE
OFFICIAL TEST**

**AFTER REVIEW OF THE IBMS GUIDELINES TO
PRE-OPERATIVE/TREATMENT MANAGEMENT OF
THE MEDICAL TOURISM PATIENT COURSE
PLEASE TAKE THE OFFICIAL TEST OF 20
QUESTIONS FOR IBMS GLOBAL CONTINUING
MEDICAL EDUCATION PHYSICIAN-DESIGNATED
CATEGORY II CREDIT 2 HOURS (AMA PRA
GUIDELINES).**

SELECT THE “BEST” ANSWER.

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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT TEST

1. COMPONENTS OF MEDICAL TOURISM ARE

**A. INTERNATIONAL/GLOBAL HEALTHCARE
TRAVEL GLOBAL PATIENT/DOCTOR
RELATIONSHIP**

**B. PREOPERATIVE/TREATMENT DIAGNOSIS AND
MANAGEMENT PRIOR TO PATIENT TRAVEL**

**C. POSTOPERATIVE/TREATMENT MANAGEMENT,
REHABILITATIVE CARE AND COORDINATION
AMONG MEDICAL PROFESSIONALS GLOBALLY TO
SHARE PATIENT INFORMATION**

D. ALL OF THE ABOVE

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**2. SECURING THE GLOBAL DOCTOR/
PATIENT RELATIONSHIP REQUIRES
ENSURING PATIENT SAFETY AND
PROFESSIONAL INTEGRITY WITH CLEAR
COMMUNICATION AND APPLIED SKILL.**

TRUE/FALSE



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3. ENSURING PATIENT SAFETY REQUIRES THE FOLLOWING:

A. PATIENT INFORMATION

B. MAINTAINING SANITATION, STERILIZATION, ASEPSIS, INFECTION CONTROL, OPERATING ROOM CONDITIONS

C. COMMUNICATION IN THE PATIENT'S LANGUAGE

D. DOCUMENTATION AND COMMUNICATION OF THE MEDICAL RECORD

E. A, B, D

F. ALL OF THE ABOVE



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4. PRE-OPERATIVE/TREATMENT EVALUATION/MANAGEMENT REQUIRES

A. ROUTINE IMMUNIZATION UPDATE BASED ON MEDICAL TOURISM DESTINATION.

B. DISCONTINUANCE OF ALCOHOL CONSUMPTION, ASPIRIN AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS ONE WEEK AND SMOKING 8 OR MORE PRIOR TO SURGERY.

C. CONTROL OF RESPIRATORY AND CARDIAC DISEASE, MALNUTRITION AND DIABETES MELLITUS DUE TO AN INCREASED RISK OF SURGICAL COMPLICATIONS.

D. FUNCTIONAL ASSESSMENT, REVIEW OF PATIENT'S SOCIAL SUPPORT AND NEED FOR ASSISTANCE AND AMBULATORY AND REHAB HOME EQUIPMENT NEEDS AFTER HOSPITAL DISCHARGE.

E. A, B, C

F. ALL OF THE ABOVE

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5. PRINCIPLES OF SANITATION REQUIRE

A. ALL MEDICAL HAZARDOUS WASTES ARE TO BE STORED IN CONTAINERS DESIGNATED FOR THAT PURPOSE AND SEPARATED FROM GENERAL REFUSE FOR SPECIAL COLLECTION AND HANDLING.

B. MEDICAL HAZARDOUS WASTES ARE DISPOSED OF IN SEALED, LABELED CONTAINERS IN COMPLIANCE WITH LOCAL, STATE, AND NATIONAL REGULATIONS.

C. USED DISPOSABLE SHARP ITEMS ARE TO BE PLACED IN SECURE PUNCTURE-RESISTANT APPROPRIATELY LABELED CONTAINERS LOCATED AS CLOSE TO THE USE AREA AS IS PRACTICAL.

D. A WRITTEN POLICY FOR CLEANING OF SPILLS, INCLUDING BLOOD BORNE PATHOGENS.

E. A, B, C AND D

F. A, B, C

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6. PRINCIPLES OF STERILIZATION REQUIRE

A. INSTRUMENTS USED IN PATIENT CARE ARE STERILIZED AND ARE CLEARLY LABELED AS STERILE.

B. STERILIZER MONITORING RECORDS ARE REGULARLY REVIEWED AND RETAINED FOR A MINIMUM OF THREE (3) YEARS.

C. STERILE SUPPLIES ARE STORED IN CLOSED CABINETS/DRAWERS OR AWAY FROM HEAVY TRAFFIC AREAS.

D. A AND C

E. ALL OF THE ABOVE



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7. ASEPSIS CONTROLS INCLUDE:

A. INSTRUMENT HANDLING AND STERILIZING AREAS ARE REGULARLY CLEANED.

B. DIRTY SURGICAL EQUIPMENT AND INSTRUMENTS ARE SEGREGATED FROM THOSE, WHICH HAVE BEEN CLEANED.

C. CLEANED EQUIPMENT IS IN A SEPARATE PREPARATION AND ASSEMBLY AREA.

D. A WALL SEPARATES THE INSTRUMENT PREPARATION AND ASSEMBLY AREA FROM THE INSTRUMENT CLEANING AREA; OR A WRITTEN POLICY IS IN PLACE TO CLEAN AND DISINFECT AN AREA BEFORE USING IT TO PREPARE AND ASSEMBLE STERILIZED SUPPLY PACKS.

E. OPERATING ROOM(S) IS/ARE DISINFECTED AFTER EACH PROCEDURE.

F. WRITTEN ASEPTIC PROCEDURES TO BE FOLLOWED AT ALL TIMES ARE IN PLACE. SUCH PROCEDURES INCLUDE THE REQUIREMENTS OF USING SCRUB SUITS, CAPS OR HAIR COVERS, GLOVES, OPERATIVE GOWNS, MASKS AND EYE PROTECTION, AND A STERILE FIELD DURING SURGERY.

G. A, B, C AND F

H. ALL OF THE ABOVE

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8. ESSENTIAL EMERGENCY EQUIPMENT INCLUDES

- A. EKG MONITOR WITH PULSE READ-OUT**
- B. PULSE OXIMETER**
- C. BLOOD PRESSURE MONITORING
EQUIPMENT**
- D. STANDARD DEFIBRILLATOR OR
AUTOMATED EXTERNAL DEFIBRILLATOR UNIT
(AED) WHICH IS CHECKED AT LEAST WEEKLY
FOR OPERABILITY**
- E. A AND D**
- F. A, B, C AND D**



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9. EACH OPERATING ROOM SHOULD HAVE AN EMERGENCY POWER SOURCE TO OPERATE MONITORING, ANESTHESIA, SURGICAL EQUIPMENT, CAUTERY AND LIGHTING FOR A MINIMUM OF TWO HOURS, AND THIS SHOULD BE CHECKED MONTHLY.

TRUE/FALSE



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10. PATIENT SHOULD BE PROVIDED WITH

**A. INTAKE FORMS, MEDICAL RECORDS, AND
OTHER WRITTEN COMMUNICATIONS IN THE
PATIENT'S NATIVE LANGUAGE.**

**B. TRANSLATION SERVICES AVAILABLE ON-
SITE.**

**C. INTERPRETERS SHOULD TREAT ALL
INFORMATION REGARDING PATIENT AND
TREATMENT AS CONFIDENTIAL.**

**D. WRITTEN PROCEDURES SHOULD BE
AVAILABLE TO RESOLVE ANY PATIENT
COMPLAINTS ABOUT INTERPRETERS.**

E. A, B, C.

F. ALL OF THE ABOVE



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**11. PROFESSIONAL INTEGRITY IS DEMONSTRATED
BY**

**A. AVOIDING THE RISK OF INADEQUATE
INFORMATION/MISCOMMUNICATION**

**B. OBTAINING PATIENT DETAILS, CLINICAL
CONDITION, PRESENT SYMPTOMS, PAST MEDICAL
HISTORY, CO-MORBID CONDITIONS AND
DIAGNOSTIC RESULTS**

**C. REQUESTING PERTINENT DETAILS OF
DIAGNOSIS AND EXPECTATIONS OF TREATMENT**

**D. PROVIDING EXPLANATION OF THE
PROCEDURE IN SIMPLE LANGUAGE**

**E. DEMONSTRATING CREDIBILITY WITH
DISPLAY OF CREDENTIALS, ONGOING CONTINUING
MEDICAL EDUCATION AND PATIENT SAFETY RECORD**

F. A, B, AND C

G. ALL OF THE ABOVE

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12. PRIOR TO TRAVEL

A. PERTINENT MEDICAL RECORDS NEED TO BE TRANSMITTED TO THE MEDICAL TOURISM PHYSICIAN/ SURGEON/DENTIST AND HOSPITAL/CLINIC.

B. ALL MEDICATIONS IN ORIGINAL BOTTLES SHOULD ACCOMPANY THE MEDICAL TOURISM PATIENT.

C. A AND B

D. NONE OF THE ABOVE



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13. POST-DISCHARGE REQUIRES

A. EFFECTIVE EXCHANGE OF INFORMATION BETWEEN THE MEDICAL TOURISM DOCTOR AND THE DOCTOR WITH WHOM THE PATIENT WILL FOLLOW-UP UPON RETURN TO HOME COUNTRY.

B. THE DOCTORS MUST THOROUGHLY COMMUNICATE ALL INFORMATION ABOUT TREATMENT/SURGERY, INCLUDING OPERATION/TREATMENT NOTES, COMPLICATIONS, MEDICATIONS PRESCRIBED AND RECOMMENDED REHABILITATION.

C. A AND B

D. NONE OF THE ABOVE



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14. PERTINENT PHYSICIAN/SURGEON QUALIFICATIONS INCLUDE

**A. WHERE A PHYSICIAN ATTENDED MEDICAL
SCHOOL, RESIDENCY, AND/OR FELLOWSHIP.**

**B. BOARD CERTIFICATION IN A SPECIALTY
RELEVANT TO THE MEDICAL TREATMENT OR
SURGERY.**

**C. HOW MANY TREATMENTS/SURGERIES OF
THE PATIENT'S PROCEDURE THE PHYSICIAN,
SURGEON, DENTIST PERFORMS ANNUALLY.**

**D. THE PHYSICIAN/SURGEON'S
COMPLICATION RATE FOR INTENDED
PROCEDURES.**

E. B, C, AND D

F. A, B, C AND D

QUALIFICATIONS



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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT TEST

**15. REVIEW OF HEALTHCARE FACILITY (HOSPITAL/CLINIC/
AMBULATORY CARE CENTER) QUALIFICATIONS SHOULD
INCLUDE**

A. AFFILIATED HOSPITAL RELATIONSHIPS.

**B. COMPLICATION RATE FOR INTENDED TREATMENT/
SURGICAL PROCEDURES.**

**C. ABILITY TO HANDLE ACUTE COMPLICATIONS OR
REFERRAL/TRANSPORT TO ANOTHER LOCATION.**

**D. WRITTEN POLICIES AND PROCEDURES FOR HANDLING
AND INFORMING PATIENTS ABOUT MEDICAL EMERGENCIES AND
COMPLICATIONS.**

**E. PATIENT RECORD FORMS IN PATIENT'S LANGUAGE:
PATIENT'S IDENTITY, DIAGNOSES, COURSE OF TREATMENT,
CONDITION UPON RELEASE, AND FOLLOW UP INSTRUCTIONS.**

**F. WRITTEN INFECTION CONTROL STANDARDS FOR
HANDLING BIO-WASTE HAZARDS AND DISCARDING USED
NEEDLES**

G. CRITERIA FOR INTERNATIONAL ACCREDITATION.

H. ALL OF THE ABOVE



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**16. A MEDICAL TOURISM/TRAVEL FACILITATOR
SHOULD ENSURE**

**A. CONNECTING PATIENTS TO QUALITY
HEALTHCARE PROVIDERS WORLDWIDE.**

**B. ACCESS TO AN INTERPRETER THROUGHOUT
THE TRAVEL AND STAY.**

**C. ‘PATIENT CONCIERGE’ IN THE DESTINATION
COUNTRY.**

D. FACILITATION OF TRAVEL PLANS.

**E. AVAILABILITY OF TRAVEL AND MEDICAL
COMPLICATION INSURANCE.**

**G. A COMPLETE UNDERSTANDING OF COST
FOR SERVICE PROVIDED.**

H. A, C, E, AND G

I. ALL OF THE ABOVE

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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT TEST

17. ONE OF THE FUNDAMENTAL TURNING POINTS IN A POTENTIAL PATIENT'S DECISION TO SEEK MEDICAL TREATMENT ABROAD IS THE ASSURANCE THAT POTENTIAL COMPLICATIONS WILL BE TREATED IN A SEAMLESS PROFESSIONAL MANNER.

INDEMNIFICATION FOR COMPLICATIONS CAN BE ACHIEVED THROUGH

A. AN INSURANCE COMPANY (COMPLICATION, MALPRACTICE)

B. ONE'S OWN INDIVIDUAL FINANCIAL INDEMNIFICATION

C. A PHYSICIAN'S NETWORK

D. THE TREATING HOSPITAL

E. A, B AND C

F. ALL OF THE ABOVE



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IBMS GUIDELINES FOR THE PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT TEST

18. PATIENT DISCHARGE PROTOCOLS

A. ALL RECOVERING PATIENTS MUST REMAIN UNDER DIRECT OBSERVATION AND SUPERVISION UNTIL DISCHARGED FROM MONITORED PATIENT CARE.

B. A RECOVERY ROOM RECORD INCLUDING VITAL SIGNS, SENSORIUM, MEDICATIONS, AND NURSE'S NOTES IS MAINTAINED.

C. WRITTEN POST-OPERATIVE INSTRUCTIONS (INCLUDING THE PROCEDURES IN EMERGENCY SITUATIONS) ARE GIVEN TO AN ADULT RESPONSIBLE FOR THE PATIENT'S CARE.

D. PATIENT IS SUPERVISED IN THE IMMEDIATE POST-DISCHARGE PERIOD BY A RESPONSIBLE ADULT FOR AT LEAST 24 HOURS.

E. PATIENTS ARE REQUIRED TO MEET ESTABLISHED WRITTEN CRITERIA FOR PHYSIOLOGICAL STABILITY BEFORE DISCHARGE, INCLUDING VITAL SIGNS AND SENSORIUM.

F. PATIENT IS TRANSPORTED WITH A RESPONSIBLE ADULT; PATIENTS RECEIVING ONLY LOCAL ANESTHESIA WITHOUT SEDATION MAY TRANSPORT THEMSELVES OR MAY BE TRANSPORTED BY AMBULANCE (OR WHEELCHAIR, GURNEY, IF APPLICABLE) TO A HOSPITAL, INTERMEDIATE CARE UNIT OR RECOVERY FACILITY.

G. A, B, C AND E

H. ALL OF THE ABOVE



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19. RECOVERY CENTER

A. MEETS SANITATION REQUIREMENTS.

**B. SHOULD BE LESS THAN 30 MINUTES BY CAR
OR ON FOOT FROM A HOSPITAL WHERE THE
RESPONSIBLE PHYSICIAN HAS ADMITTING
PRIVILEGES.**

**C. HAS AN AGREEMENT FOR EMERGENCY
TRANSPORTATION WITH AND TO SUCH HOSPITAL, AS
WELL REGARDING ADMISSIONS PROCEDURES FOR
TRANSPORTS FROM THE RECOVERY CENTER.**

**D. HAS A REGISTERED NURSE TRAINED IN BASIC
CARDIAC LIFE SUPPORT ON DUTY AT ALL TIMES A
PATIENT IS PRESENT IN THE RECOVERY CENTER.**

E. A AND C

F. ALL OF THE ABOVE



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20. REVIEW OF PRE-TRAVEL CHECKLIST INCLUDES ALL OF THE FOLLOWING EXCEPT

A. PRE-OPERATIVE/TREATMENT EXAMINATION, DIAGNOSTIC TESTING AND TRAVEL PLANS

B. MEDICAL TOURISM/TRAVEL FACILITATOR TO COORDINATE TRAVEL AND MEDICAL TREATMENT

C. QUALIFICATION/CERTIFICATION OF HEALTHCARE PROVIDERS

D. REVIEW OF MEDICAL/SURGICAL/DENTAL PROCEDURE/TREATMENT RISKS/BENEFITS

E. HISTORY/PHYSICAL EXAMINATION WITH FIT FOR FLIGHT EXAM

F. ANTICIPATE ACUTE POST-OPERATIVE/TREATMENT CARE PLAN

H. ARRIVING AT MEDICAL TOURISM DESTINATION ON THE DAY OF THE PROCEDURE/TREATMENT

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THIS IS AN IN-DEPTH COMPREHENSIVE MEDICAL TOURISM INDUSTRY SPECIFIC COURSE ON PRE-OPERATIVE/TREATMENT MANAGEMENT OF THE MEDICAL TOURISM PATIENT.

**PASSAGE OF THE OFFICIAL TEST
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**ENABLES THE PUBLIC TO MAKE INFORMED DECISIONS REGARDING THE
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- ✦ **IBMS CERTIFICATION PLAQUE AVAILABLE FOR PUBLIC DISPLAY.**
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- ✧ **DIRECT PROMOTION OF YOUR MEDICAL PRACTICE, HEALTH CENTER OR HEALTH TRAVEL.**
- ✧ **PROSPECTIVE PATIENTS CAN SEARCH IBMS MEMBERSHIP SEARCH LIST TO FIND YOU.**





BENEFITS

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The screenshot shows the IBMS website interface. At the top, the IBMS logo and name are displayed. A navigation bar includes links for Home, Visitor, About IBMS, Industry Trends, Certification, Affiliation, Media, Blog, FAQ, Contact, Search, and Conferences. A 'SIGN UP NOW' button and social media icons are also present. The main content area features a search result summary: 'Your Search Result: 294 Matches Found'. Below this, a list of results is shown for 'Plastic Surgery'. The first result is for 'Tarun Kumar, MD, Pediatric Surgery' from the 'United States', with a 'VISIT SITE' link. The second result is for 'Thomas Bernasek, MD, Orthopedic Surgery' from the 'United States', also with a 'VISIT SITE' link. To the right of the search results, there is a section titled 'Physicians, Surgeons and Dentists worldwide' featuring five circular icons representing different levels of certification: ENTRY (blue), RUBY (red), GOLD (yellow), SILVER (white), and EMERALD (green). Below these icons is the text 'Level of Certification'. At the bottom of the page, there is a search filter section with dropdown menus for 'Profession Type' (set to 'Physicians, Surgeons, and Dentists'), 'Name Of Practice', 'Specialty' (set to 'ANY'), and 'Country' (set to 'ANY'). To the right of the filters is a section titled 'World At Your Fingertips' with a brief description of the organization's mission.

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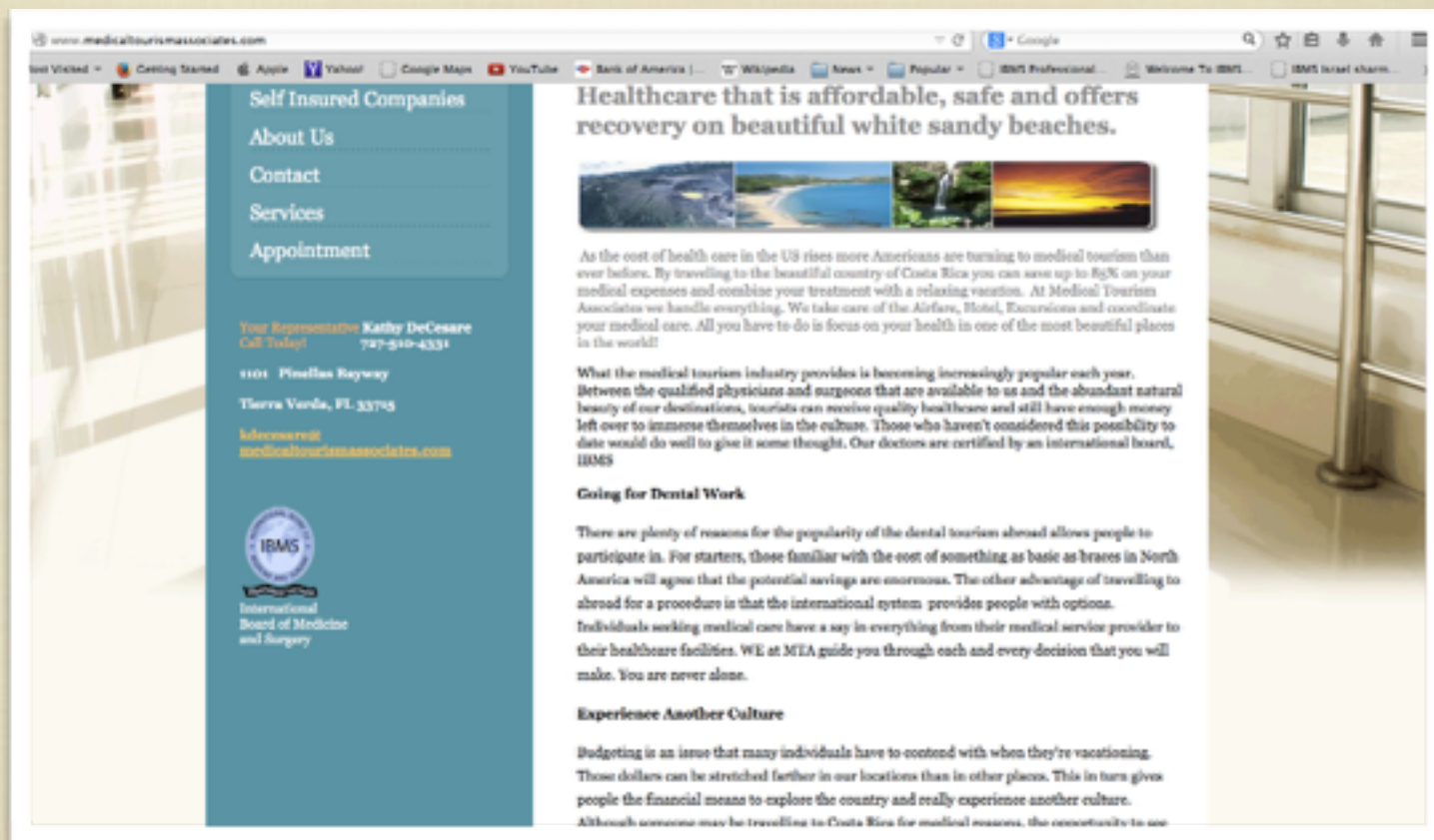
The screenshot shows the IBMS website interface. At the top, there's a navigation bar with links like Home, Visitor, About IBMS, Industry Trends, Certification, Affiliation, Media, Blog, FAQ, Contact, Search, and Conferences. A search bar on the right shows a query for 'Healthcare Travel Associate' with 132 matches found. Below the search results, there are three main sections: 'Global Healthcare Travel Associate' (with a 'Learn More' link), 'My Medical Vacations' (with a 'Learn More' link), and 'Global Surgery Network' (with a 'Learn More' link). To the right, there's a section titled 'Physicians, Surgeons and Dentists worldwide' featuring 'My Medical Vacations' in Mexico, which includes a description of medical tourism in Cancun and contact information (Phone: 888 587 9341, Email: andres@mymedicalvacations.com). Below this, there's a 'Level of Certification' section and a 'World At Your Fingertips' section. At the bottom, there's a search filter section with dropdown menus for Profession Type (Healthcare Travel Associate), Name Of Practice, Speciality (ANY), and Country (ANY).

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**DAVID P. KALIN, MD, MPH
CHAIRMAN**

**P.O. Box 2396
OLDSMAR, FL 34677
USA
TEL 813.966.1431
DRKALIN@IBMS.US**

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