

AD \_\_\_\_\_

Award Number: W81XWH-06-1-0415

TITLE: International Disability Educational Alliance (IDEAnet)

PRINCIPAL INVESTIGATOR: William Kennedy Smith, M.D.

CONTRACTING ORGANIZATION: Center for International Rehabilitation  
Chicago, IL 60611

REPORT DATE: March 2008

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;  
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

<b>REPORT DOCUMENTATION PAGE</b>				<i>Form Approved</i> <b>OMB No. 0704-0188</b>	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</b>					
<b>1. REPORT DATE</b> 01-03-2008		<b>2. REPORT TYPE</b> Annual		<b>3. DATES COVERED</b> 24 Feb 2007 – 23 Feb 2008	
<b>4. TITLE AND SUBTITLE</b>  International Disability Educational Alliance (IDEAnet)				<b>5a. CONTRACT NUMBER</b>	
				<b>5b. GRANT NUMBER</b> W81XWH-06-1-0415	
				<b>5c. PROGRAM ELEMENT NUMBER</b>	
<b>6. AUTHOR(S)</b>  William Kennedy Smith, M.D.  E-Mail: <a href="mailto:drsmith@cirnetwork.org">drsmith@cirnetwork.org</a>				<b>5d. PROJECT NUMBER</b>	
				<b>5e. TASK NUMBER</b>	
				<b>5f. WORK UNIT NUMBER</b>	
<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b>  Center for International Rehabilitation Chicago, IL 60611				<b>8. PERFORMING ORGANIZATION REPORT NUMBER</b>	
<b>9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)</b> U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				<b>10. SPONSOR/MONITOR'S ACRONYM(S)</b>	
				<b>11. SPONSOR/MONITOR'S REPORT NUMBER(S)</b>	
<b>12. DISTRIBUTION / AVAILABILITY STATEMENT</b> Approved for Public Release; Distribution Unlimited					
<b>13. SUPPLEMENTARY NOTES</b>					
<b>14. ABSTRACT</b> The CIR has been a pioneer in developing and delivering blended distance learning programs to remote, underserved regions internationally. CIR's distance education programs target professionals working in rehabilitation clinics and hospitals serving landmine survivors, war-wounded and other people with disabilities in countries that are recovering from conflict. This program is specifically designed to teach practicing prosthetic technicians sound fundamentals for manufacturing and fitting artificial limbs. The educational content is organized by topic area into module sets that cover both upper and lower extremity prosthetics. Content is delivered using a blended approach, shown to be effective in motivating distance learning students (Hodges, 2004). In addition, the CIR has used its Web-based platform to provide informational services in a variety of other areas including disability rights, prosthetic outcomes and rehabilitation service provision. Under the scope of work completed during this grant period, the CIR continues its work in the area of knowledge management with the development of a more effective, Web-based Knowledge Management platform to facilitate virtual Communities of Practice, Open Content development, Information Services and effective program evaluation. In this manner, the CIR facilitates educational and capacity building activities by organizing the telemedicine constituency online into a series of knowledge communities, or Communities of Practice, and creates effective learning objects while simultaneously providing access to medical knowledge and necessary training to health care professionals in developing countries.					
<b>15. SUBJECT TERMS</b> Distance learning, Amputee, Rehabilitation Professionals, Database, Telemedicine, Knowledge Management, Communities of Practice					
<b>16. SECURITY CLASSIFICATION OF:</b>			<b>17. LIMITATION OF ABSTRACT</b>	<b>18. NUMBER OF PAGES</b>	<b>19a. NAME OF RESPONSIBLE PERSON</b>
<b>a. REPORT</b> U	<b>b. ABSTRACT</b> U	<b>c. THIS PAGE</b> U			<b>USAMRMC</b>
			UU	212	<b>19b. TELEPHONE NUMBER</b> (include area code)

## Table of Contents

Glossary .....	6
Introduction .....	7
Body .....	7
A. Research and Development of Pedagogical Model, Virtual Community of Practice and Volunteer Network .....	7
R1: Research and evaluate the existing empirical literature and theoretical conceptual models for social design strategies and relevant technologies for building effective Virtual Communities of Practice in a cross-cultural, disability-related, poly-linguistic setting .....	7
R2: Research into issues of importance in the areas of Knowledge Management and Communities of Practice .....	15
R3: Pilot study of International Consultants in Medicine (iCon) .....	17
D1: Design and implement metrics for tracking involvement in Communities of Practice and the interactive components of Advanced Distributed Learning courses .....	19
D2: Further develop and refine iCon store-and-forward system for use in medical consultation and disability rights reporting applications .....	23
D3: Develop model mobile clinic emergency response and clinical service program and volunteer support network .....	24
D4: Organize workshop and meeting to launch <i>iCons in Medicine</i> Community of Practice .....	25
D5: Development and release of data set on disability in Europe .....	25
B. Research and Development of Advanced Distributed Learning Materials .....	29
R1: Research existing literature and tools available for program and web design of Shareable Content Object Reference Model (SCORM) compliant Open Content development in the area of Prosthetics and Orthotics Education .....	29
D1: Develop an educational module set in the area of Physical Therapy .....	30
D2: Use Open Content methodologies to develop and disseminate materials in the area of Prosthetics and Orthotics Education .....	31
C. Research and Delivery of Advanced Distributed Learning .....	31
R1: Research and evaluate existing empirical literature on the most effective methods for the delivery of Advanced Distributed Learning in different educational, social and geographic settings .....	31
R2: Conduct literature review and evaluation of cost-effective delivery options including those based on licensing, consulting, tuition, and train-the-trainer methodologies .....	32
D1: Stage the 3 <sup>rd</sup> Regional IDEAnet Conference and Meeting of Experts in Disability and Rehabilitation in Amman, Jordan. ....	34

D2: Deliver professional education to 70 Iraqi physical therapists and 20 Iraqi Hospital Administrators and 20 Hospital-Based Physicians in conjunction with the University Klinical Center in Tuzla.....	36
Key Research Accomplishments .....	38
Reportable Outcomes .....	39
Conclusions .....	39
References .....	40
Appendices	
Appendix A - iCon Tele-consultation Advisory Board .....	43
Appendix B - Beta Test Participants .....	47
Appendix C - Balkans Beta Test Survey Responses .....	48
Appendix D - Screenshots of iCon application .....	54
Appendix E - Screenshots of <i>iCons in Medicine</i> website portion for Volunteers to consult .....	67
Appendix F - Quick Start Guide for Requestors .....	77
Appendix G - Quick Start Guide for Volunteers .....	81
Appendix H –	
H.1 - Service Agreement .....	85
H.2 -Acceptable Use policy .....	91
H.3 - General Rules .....	94
H.4 - Privacy Policy .....	140
H.5 - <i>iCons in Medicine Tele-consultation Handbook</i> .....	143
Appendix I - Photos from the <i>iCons in Medicine</i> CME .....	152
Appendix J - <i>iCons in Medicine</i> Presentation “A Volunteer Driven, Next Generation, Knowledge Network: Toward a Paradigm Shift in Global Telehealth and Humanitarian Medicine .....	153
Appendix K - IDRM: Regional Report of Europe Report Card .....	164
Appendix L - IDRM: Regional Report of Europe Researchers’ Biographies .....	165
Appendix M - Representative Screenshots of <a href="http://www.idrmnet.org">www.idrmnet.org</a> .....	170
Appendix N - Physical Therapy Modules .....	179
Appendix O - Staff and Consultants for Physiotherapists and Rehabilitation Center Managers .....	192
Appendix P - Physiotherapists’ Training Schedule (Syllabus) .....	193
Appendix Q - Rehabilitation Center Managers’ Training Objectives, Goals, Delivery and Schedule .....	199
Appendix R - Physiotherapy Program and Instructor Evaluation Charts .....	205
Appendix S - Rehabilitation Center Management Program Evaluation Charts .....	211
Appendix T - Personnel and Financial Reports. ....	213

## Glossary

ADL: Advanced Distributed Learning  
AMA: American Medical Association  
AHS: Al Hussein Society  
BiH: Bosnia and Herzegovina  
CIR: Center for International Rehabilitation  
CME: continuing medical education  
CMS: Chicago Medical Society  
CoPs: Communities of Practice  
CRPD: Convention on the Rights of People with Disabilities  
GUI: graphical user interface  
HBPs: Hospital Based Physicians  
iCon: International Consultants in Medicine  
*iCons in Medicine*: International Consultants (iCons) in Medicine  
ICRC: International Committee of the Red Cross  
ICTs: Information and Communication Technologies  
IDEAnet: International Disability Educational Alliance  
IDRM: International Disability Rights Monitor  
IMoH: Iraqi Ministry of Health  
IRB: Institutional Review Board  
ISPO: International Society for Prosthetics and Orthotics  
iTAB: iCons Tele-consultation Advisory Board  
MOs: Member Organizations  
MOU: Memorandum of Understanding  
NAAMA: National Arab American Medical Association  
NGOs: non-governmental organizations  
NUPOC: Northwestern University Prosthetic and Orthotic Center  
P&O: prosthetics and orthotics  
PT: physical therapists/physiotherapists  
PWDs: people with disabilities  
QI/QA: Quality Improvement/Quality Assurance  
RADAR: Research on Adverse Drug events And Reports International Network  
RCM: Rehabilitation Center Managers  
RERC: Rehabilitation Engineering Research Center  
SCORM: Shareable Content Object Reference Model  
UKC: University Klinikal Center  
UN: United Nations  
USAID: U.S. Agency for International Development  
VCoPs: Virtual Communities of Practice  
WHO: World Health Organization

## **Introduction**

The contractor for the International Disability Educational Alliance (IDEAnet) is the Center for International Rehabilitation (CIR). William K. Smith, MD, is the Principal Investigator. The mission of IDEAnet is to foster collaborative efforts to use distributed learning and telemedicine to address health disparities and foster effective, sustainable health services internationally. This is accomplished through the innovative use of telecommunications technologies, computer-based training, state-of-the-art engineering projects, capacity-building education programs, interactive online tools, and advocacy on disability rights. In order to best achieve this mission, the network is divided into two topically-based Communities of Practice: the Rehabilitation Services Community and the Telemedicine Resource Center.

## **Body**

### **A. Research and Development of Pedagogical Model, Virtual Community of Practice and Volunteer Network.**

The CIR has made significant progress this year in the development of a global pedagogical model as a framework for guiding the cost-effective development and delivery of blended Advanced Distributed Learning (ADL). The CIR has added to this the development of an effective, Web-based Knowledge Management platform to facilitate Virtual Communities of Practice (VCoPs), including a medical volunteer network, as well as Open Content development, Information Services and effective program evaluation.

**R1: Research and evaluate the existing empirical literature and theoretical/conceptual models for social design strategies and relevant technologies for building effective Virtual Communities of Practice in a cross-cultural, disability-related, poly-linguistic setting.**

During Year 1 the CIR developed a Virtual Community of Practice (VCoP) Design Guide that summarized major themes and guidelines from the previously reviewed literature. In Year 2 the CIR staff continued its literature review on the social design and technology for VCoPs.

The Defense Acquisition University defines a Community of Practice (CoP) as a forum for practitioners of a discipline to interact and to share knowledge and experiences pertinent to the tasks at hand and to solve business problems. These forums provide a mechanism for individuals to keep each other current in the development of a shared discipline, and provide multiple and more direct methods of disseminating information and ideas.

Although addressing more of the pedagogical model as related to higher education than the andragogical model for more peer-to-peer knowledge translation, Gannon-Leary (2007) states that the increased interest in networked learning and e-learning in Europe indicates the potential importance of VCoPs. The authors state that CoPs are becoming widespread within institutions of higher education due to technological developments which allow for interactive communications and the incorporation of collective pedagogical models. Ongoing interaction lends itself to a sense of connectedness, shared passion and deepened knowledge. The following benefits are identified:

- Enhanced learning
- Synergy
- Engagement with others which expands the individual's capabilities
- Satisfaction from sharing
- Expanded knowledge from ongoing interactions
- Neo-apprenticeship style of learning which can occur
- Required identity formation in learning how to be a part of the VCoP

The critical success factors for VCoPs per Gannon-Leary (2007) are based on the following:

- The technology and its usability
- Communication which allows it to grow and obtain its objectives
- Prior knowledge of the other members to develop trust
- A sense of belonging by paying attention to cross-national and cross-cultural dimensions
- A purpose which is achievable via Information and Communication Technologies (ICTs)
- Use of user-friendly language
- Longevity to develop a true sense of community

The barriers to the VCoPs identified by Gannon-Leary (2007) include the following:

- The discipline itself
- The culture of independence which is often associated with institutions of higher education
- The degree of collegiality within an institution which may weaken the motivation to join a CoP
- A shifting membership which may consequently require hard work to maintain a high degree of participation
- The lack of face-to-face interaction and socialization amongst individuals who may prefer to work autonomously
- Lack of trust regarding institutional protections, e.g. intellectual property
- Selectivity in the use of ICTs
- Preference to work in either a task-based or practice-based group (the latter may be less transient)
- Misinterpretation of messages due to lack on non-verbal clues

## **Results:**

The CIR's VCoP Design Guide takes into consideration the factors listed above. Its use as a design document results in CoPs that are based on the needs and specific characteristics of the target audience, as explained below.

### **1) Domain, purpose, and goals**

#### *a) IDEAnet Rehabilitation Services Community*

The specific domain of the IDEAnet Rehabilitation Services community is rehabilitation service provision (prosthetics, orthotics, physical therapy, occupational therapy, rehabilitation nursing, rehabilitation managers, physicians etc.) and rehabilitation engineering. The primary purpose of this community is to continue to create an opportunity for rehabilitation service providers to share information and best practices; to develop new products, ideas, and materials; and to disseminate information to practitioners in developing countries. The secondary purpose is to create a sense of a professional community and identification between these service providers, many of whom work in isolation in the field. The stated goal is to improve services for the war-wounded and other people with disabilities (PWDs). This is accomplished through the sharing of research and development activities aimed at improving the global distribution of better, more affordable prosthetics, orthotics, and wheelchairs. This virtual community also facilitates the development of quality education and training materials for service providers. For example, there are six pages on the IDEAnet website which cover the CIR's distributed learning courses, the methodology and the course catalog. Over the past year these pages were viewed 1,352 times.

#### *b) IDEAnet Disability Rights Community*

The Disability Rights community is broad in focus, and includes PWDs, their friends and family members, human rights activists, researchers, lawyers, government officials, and others. Central to the CIR's advocacy efforts is the International Disability Rights Monitor (IDRM) project, an international grass-roots research project designed to document and assess the status of PWDs worldwide. It represents an ongoing collaboration between the CIR and many international and national disability groups. The goals of the IDRM project are to promote full inclusion and participation in society and to advance the use of international humanitarian law to ensure that the rights of PWDs are respected and enforced. The impetus for the project grew from the reality that policy makers, the human rights community, treaty monitoring bodies, and global leaders have access to very little information about the extent or the nature of the challenges faced by PWDs. The IDRM project addresses this gap by documenting the problems, progress and barriers experienced in a coordinated, systematic and sustained way.



c) *International Consultants (iCons) in Medicine*

In 2007, informed by Etienne Wenger's (2004) identification of the three crucial characteristics of CoPs as shared domain, community engagement, and development of practice, the CIR identified the domain, purpose, and goals of the *iCons in Medicine* VCoPs. Following further development of the iConsult store-and-forward desktop tele-consultation software and the website, the CIR began to identify the key leaders and stakeholders for the *iCons in Medicine* project and to clarify its social structure through the creation of a set of general rules. The CIR staff evaluated major activities, methods of interaction, collective and collaborative tasks, and ways to promote the development of a shared mission. The Internet-based and desktop technologies selected were chosen and developed to best support a cross-cultural, poly-linguistic, accessible international community. The result is the *iCons in Medicine* VCoP for health care providers: <http://www.iconsinmed.org>. The programming, layout, graphics, and content for the telemedicine portion of the community were completed during this year, and this community was publicly announced in the fall. The pilot study is described elsewhere in this report.

## **2) Key leaders, stakeholders, and support team members**

The goal has been to build a critical mass of users to lead the direction of their CoPs once the initial momentum has been established (Garcia and Dorohovich, Thompson, and Wenger). The CIR has established relationships with key stakeholders and individuals from 117 countries who have accessed the CIR's CoPs. The expertise of the stakeholders includes health care providers, administrators of community-based clinics, university-based partners, non-governmental organizations (NGOs), PWDs, and disability and human rights activists.

## **3) Social structure and modes of communication**

IDEAnet's social structure and modes of communication have been designed to allow a range of levels of participation, from leaders to core members and stakeholders as stressed by Endsley, Thompson, and Wenger. To date, the site has 1,822 members and includes three levels of participation as recommended by those authors:

- Public spaces, including all informational pages, can be viewed by anyone and include all informational pages.
- Semi-public spaces can be viewed by anyone, but require membership for participation and include forums, gallery areas, and some project groups.
- Member spaces are available only to members and include member profiles, messages, personal homepage, most project groups, forums, chat rooms, directories, and listservs. Membership requires only an online registration form.

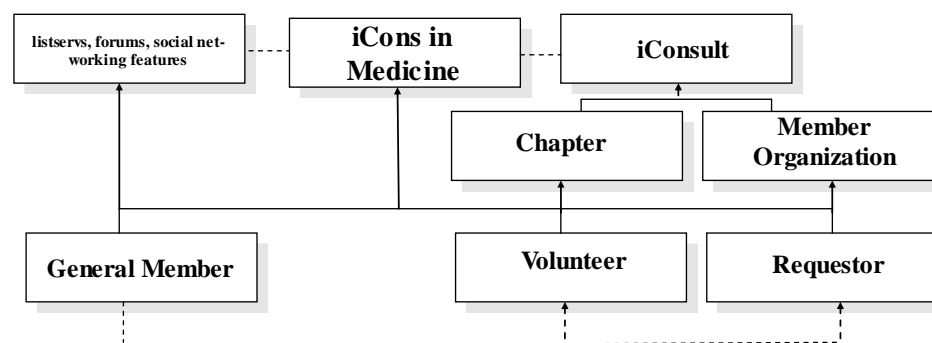
The mixture of communication tools also allows for synchronous and asynchronous communication, publicly archived contributions, group communication and 1:1 interactions.

This past year the participation structure for the *iCons in Medicine* program was also formalized. The structure is outlined below and illustrated in Figure 1:

A Volunteer is an *iCons in Medicine* member who provides medical tele-consultations to health care providers in remote and underserved areas. This individual is licensed to practice medicine in a recognized *iCons in Medicine* health care specialty and is willing to provide at least three medical tele-consultations a year. A Volunteer is enrolled in a Chapter which is selected from the drop-down menu or the Volunteer may choose to begin a new Chapter with two other Volunteers. Once a Chapter is formed, Volunteers are recruited through the Chapter.

A Requestor is an *iCons in Medicine* member who is a health care professional in a remote and medically underserved area in need of clinical advice on difficult cases. This individual is licensed or authorized in accordance with local laws and regulations as a health care professional for the role in which he/she seeks a request for a medical tele-consultation. Requestors are organized through Member Organizations (MO). MOs represent non-profit organizations (e.g., hospital, clinic, or NGO) whose mission and activities are compatible with those of *iCons in Medicine*. When applying to become a Requestor, the individual must select an existing Member Organization (MO) from the drop-down menu. The MO would be one that the individual works for or is associated with. If their organization is not an MO, they may ask their organization to become one.

**Figure 1:** Participation Structure of *iCons in Medicine*



In its effort to promote volunteer support in conjunction with the *iCons in Medicine* program, the CIR has created an *iCons* Tele-consultation Advisory Board (iTAB). This board is comprised of leaders in the telemedicine industry (see **Appendix A** for a list of iTAB members with short biographical statements). Monthly teleconferences are held to discuss topics such as: developing the certification

criteria that must be met by all parties participating in tele-consultations; developing training for all areas of the *iCons in Medicine* program; reviewing data sets for Quality Improvement/Quality Assurance (QI/QA) and outcome measures; suggesting a focus for ongoing research; identifying and recruiting individuals to participate in the program in the United States and abroad; and creating the *iCons in Medicine Tele-consult Handbook*. The first meeting of the iTAB was held in September 2007.

The iTAB determined that initial outreach for Volunteers should target physicians in the following six health care specialties:

- Allergy and Immunology
- Obstetrics and Gynecology
- Dermatology
- Orthopaedic Surgery
- Internal Medicine (inclusive of Infectious Disease and Tropical Medicine)
- Pediatrics

Based on this advice, the CIR researched and compiled the following list of medical societies and associations involving the above six specialties:

- Allergy and Immunology
  1. The American Academy of Allergy, Asthma & Immunology (AAAAI)
  2. American College of Allergy, Asthma & Immunology (ACAAI)
  3. American Academy of Otolaryngic Allergy (AAOA)
  4. Sinus and Allergy Health Partnership (SAHP, World Allergy Organization - IAACI (WAO))
- Obstetrics and Gynecology
  1. The American College of Obstetricians and Gynecologists (ACOG)
  2. The American Board of Obstetrics and Gynecology (ABOG)
- Dermatology
  1. The American Academy of Dermatology (AAD)
  2. American Society for Cosmetic Dermatology and Aesthetic Surgery (ASCDAS)
  3. American Society for Laser Medicine and Surgery (ASLMS)
  4. American Society for Dermatologic Surgery (ASDS)
- Orthopaedic Surgery
  1. The American Academy of Orthopaedic Surgeons (AAOS)
- Internal Medicine
  1. Society of General Internal Medicine (SGIM)
  2. American College of Physicians/American Society of Internal Medicine (ACP-ASIM)
  3. The American College of Osteopathic Internists (ACOI)
  4. International Federation for Tropical Medicine (IFTM)
  5. Infectious Diseases Society of America (IDSA)
  6. American Society for Microbiology (ASM)
  7. American Society of Parasitologists (ASP)
  8. American Society of Tropical Medicine and Hygiene (ASTMH)

9. Anaerobe Society of the Americas (ASA)
10. International Association of Physicians in AIDS Care (IAPAC)
11. International Society of Travel Medicine (ISTM)
- Pediatrics
  1. American Academy of Pediatrics (AAP)
  2. American Pediatric Society/Society for Pediatric Research (APS/SPR)

The CIR would like to have a Memorandum of Understanding (MOU) with these organizations to secure a partnership. The approach will consist of mailing informational packets which include a brochure, a five-page program description, and a letter requesting that they:

- Inform their membership about the program (through ongoing e-mails, mailings, website postings, newsletters, and participation in annual meetings), and
- Consider establishing a Chapter.

The mailing is scheduled for early May 2008 with aggressive follow-up beginning one week after mailing.

The second phase of outreach will include four groups that will be approached to participate as Volunteers in *iCons in Medicine*:

- The medical societies and associations involving the remaining 26 health care specialties in the U.S.
- The approximately 50 ethnic medical associations listed with the American Medical Association (e.g., Afghani, Bosnian, Indian, Russian, Lebanese, Yugoslavian, Argentinean, Haitian, Pakistani, Filipino, Latino, Hispanic, Chinese, Colombian, Dominican, Bengalis, Burmese, Hellenic, Icelandic, Peruvian, Islamic, Iranian, Japanese, Korean, Arab, Taiwanese, Polish, Romanian, Salvadoran, Serbian, Asian-Indian, Spanish, Turkish, Ukrainian, and Vietnamese). Their members may be more forthcoming in offering assistance to regions and groups to which they may have ties.
- The 70 medical volunteer organizations, some of which may include physicians who are currently volunteers or have volunteered, and are therefore likely to do so again.
- Retired physicians and female physicians on sabbatical who have maintained their license and have an interest in this program.

Great interest in the *iCons in Medicine* program has been expressed by two substantial organizations: the National Arab American Medical Association (NAAMA) (<http://www.naama.com/home.html>) and the Chicago Medical Society (CMS) (<http://www.cmsdocs.org/>). The NAAMA is a non-profit, non-political, educational and charitable organization of medical professionals of Arab descent with 1,500 members nationally and more than 15,000 worldwide. The CMS is a professional society dedicated to serving the best interests of the community and the medical profession and whose purpose and goals include: to disseminate health information to the community; to foster the science and art of medicine; and to promote the concept of accessible, quality health services in Cook County, Illinois.

The CMS has more than 6,000 active members throughout the Chicago area. MOUs have been forwarded to each for participation in the *iCons in Medicine* program and are under review.

#### **4) Major activities, methods of interaction, collective and collaborative tasks, and ways to promote the development of shared repertoire**

##### *a) Appropriate Technology Exhibition*

From August 17-18, 2006, more than 40 members of the Advisory Group for the CIR's Rehabilitation Engineering Research Center (RERC) met in Chicago to prepare for the *State-of-the-Science Conference on Appropriate Technology for Developing Countries*. During the past year, its proceedings were posted on the Appropriate Technology Exhibition site. This posting is an example of how the Technology Exhibition space can be used to share and disseminate technologies and techniques designed to improve the lives of PWDs worldwide.

##### *b) Expressions Gallery*

The Expressions Gallery website had 3,681 visits and includes works by members of IDEAnet as well as by professional featured artists. It allows members and supporters of the disability community to reveal the personal side of their experience and to use the power of artistic expression to raise awareness about the rights and abilities of PWDs.

##### *c) Project Groups*

Project Groups provide a "mini website" for collaborative projects related to the goals of the communities. During the past year, 17 new groups were opened. These ranged from a prosthetics and orthotics (P&O) group started by Physicians for Peace to an international group formed by Rehabilitation Center Managers (RCMs). In total, these groups committed 4,360 pages of material to the document repository and uploaded 712 documents. Each group's homepage contains links and tools customized to meet its needs, such as listservs, discussion forums, chat, and document posting. Each can decide to open its project pages to all members of IDEAnet or restrict access to only the members of that group. During the past year the Wheelchair Guidelines Group was involved in the preparation of guidelines for the 12<sup>th</sup> World Congress of the International Society for Prosthetics and Orthotics (ISPO) in July 2007. The CIR participated in this Project Group with 20 other organizations and the World Health Organization (WHO) has committed to disseminating these guidelines.

#### **5) The selection of a technological design that will best support these functionalities within a cross-cultural, poly-linguistic, accessible context**

All CIR websites are developed with attention to cross-cultural, poly-linguistic, and accessible content. During this past year, the CIR began translations of the *iCons in Medicine* program into both Arabic and Spanish.

Both the *iCons in Medicine* website and the new IDRM website were run through aDesigner, a disability simulator which tests the accessibility of the websites for blind and low-vision users (see Table 1 below).

**Table 1:** Accessibility of CIR websites

aDesigner Score	Compliance	Listenability	Navigability	Overall rating
<b>iconsinmed.org Home Page</b>				
Blind simulation	100	100	98	***
Low Vision				**
<b>iconsinmed.org Registration Form</b>				
Blind simulation	100	100	64	*
Low Vision				***
<b>idrmnet.org Home Page</b>				
Blind	100	100	85	**
Low Vision				***
<b>idrmnet.org Reports</b>				
Blind	100	100	85	**
Low vision				***

A sampling of pages was selected, including the homepage, forums, registration, and various textual information pages. Initial quality testing was conducted using the program Xenu which checks for broken links and missing images (<http://home.snafu.de/tilman/xenulink.html#Download>). The test is run monthly to ensure that new content does not contain any broken links or images.

aDesigner generates a report with scores for compliance, listenability, and navigability, with a top score for each category of 100. Close attention is paid to the accessibility of the websites. Both sites conform to or exceed minimum web-accessibility guidelines.

## **R2: Research into issues of importance in the areas of Knowledge Management and Communities of Practice.**

Although the Knowledge Management field is relatively new, there have already been two generations of Knowledge Management strategies (Couros). The first generation was focused primarily on technical tools such as information technology and systems (Hovland) and how they might be used to collect and codify existing knowledge within organizations to improve data retrieval, dissemination, and knowledge sharing (McElroy). Such a focus found its expression at the CIR with the development and integration of information gathering and reporting tools such as the International Disability Rights Monitor (IDRM) databases, the *iCons in Medicine* applications and the Moodle Distributed Learning portal.

The second generation of Knowledge Management strategies focuses more on organizational processes and knowledge creation, “shifting from management based on compliance to management based on self-control and self-organization” (Hovland). The

CIR plans to utilize such strategies in the development of relatively autonomous VCoPs and the creation of the *iCons in Medicine* initiative. This shift in emphasis from structured to self-generated learning parallels the distinction between pedagogy and andragogy made by Knowles (1950), who argued that adult learning could not follow the principles of traditional pedagogy in which teachers are responsible for making decisions regarding the “what,” “how,” and “when” of learning.

Second generation Knowledge Management strategies have focused on the development of CoPs as a means of generating and transmitting knowledge. There are many definitions of CoPs, one of which is “groups whose members regularly engage in sharing and learning based on common interests” (Lesser & Storck). CoPs are distinct from other types of communities or interest groups in that, as the name suggests, they are made up of practitioners, and the knowledge generated by these communities both informs and is informed by practice.

The concept of CoPs, a term coined by Lave and Wenger (1991), grew from the re-conception of learning and knowledge as social processes situated in practice, and the recognition that knowledge is therefore distinct from information and must be managed differently (Wenger, Brennan, Buysse, Sparkman, & Wesley). According to Brennan (2002):

“...knowledge cannot be captured very much in databases and circulated impersonally via the Web. It resides in people, in overt and tacit forms, and requires a community of learning or practice to be truly shared and adapted to each and every new situation that presents itself.”

Research has shown that CoPs have a number of benefits, including decreasing the learning curve, facilitating the capture and transfer of knowledge, helping to identify and extend the reach of content expertise, fostering collaboration, generating innovation, and improving decision making (Garcia & Dorohovich). Through the *iCons in Medicine* program, the CIR is in a unique position to implement CoPs and capture these benefits for medical professionals in remote and underserved areas. Shifting away from the traditional forms of information dissemination toward a Knowledge Management system that integrates and supports strong CoPs will enable *iCons in Medicine* to fulfill its commitment to deliver quality medical knowledge to providers in remote and underserved regions internationally.

The *iCons in Medicine* website is member-oriented and is being developed in collaboration with the CMS, the NAAMA and other partners. Through it, participants from any program or organization can gain access to a wide array of tools, resources, and people. Tools such as discussion forums, chats, and document sharing enable its Volunteers to share ideas and knowledge, enhance their skills, and generate strategies and innovations that will accelerate the use of telehealth and the Internet to address health disparities around the globe. In addition, the flexible structure of the site allows members to collaborate on ongoing projects and, if they wish, start their own. Examples of projects might include:

#### *iCon Network Database*

A searchable database of information on governmental, non-governmental and medical organizations, volunteer groups and corporations which are committed to volunteer medical service and addressing health disparities. The iCon Network Database will help link individuals with common interests and activities based on the profile of individual members facilitating a vibrant CoP.

#### *Open Content Curriculum Development Project*

A Core Curriculum for appropriate telehealth informed by the new work and thinking about the importance of appropriate technologies, knowledge management and medical diplomacy. The Open Content Curriculum for Telehealth will be trans-disciplinary and address essential components such as the following: cultural and technical competency; global health and medical diplomacy; health, wellness and safety while working online and abroad; understanding the root causes of health disparities; learning the keys to effective service; and fostering sustainable health care.

#### *Telehealth Best Practices Repository*

A space developed for sharing evidence and experienced-based information about telehealth in remote and underserved areas.

#### *Research on Adverse Drug events And Reports (RADAR) International Network*

RADAR is an independent drug safety project, which proactively seeks out data on suspected adverse events, and disseminates alerts with greater detail to guide physician response. RADAR's project lead and principal investigator, Dr. Charles Bennett will be leading an International Network focusing on the identification and reporting of adverse drug events.

#### *Telehealth Exchange*

A list of items for telehealth and medicine in underserved areas supported by businesses throughout the world which members can access to locate low- or no-cost donated materials, resources, medicines, computers, etc.

### **R3: Pilot study of International Consultants in Medicine (iCon).**

In September 2007, Institutional Review Board (IRB) approval was granted and two beta tests were run on the *iCons in Medicine* Store-and-Forward tele-consultation system.

#### **The first pilot study (beta test)**

The internal test focused on the registration and consulting functions. The test highlighted usability issues relating to the website layout and the graphical user interface (GUI). Usability testing is ongoing to ensure that the system is as simple and intuitive as possible.



Action steps from first beta test:

- Streamline Quick Start Guides to be more user-friendly and less cumbersome.
- Streamline enrollment process and link to the home page.
- Re-evaluate the page layout of clinical information that appears on the Volunteer's screen after they have successfully registered. As is, the information is displayed in non-user friendly charts forcing the Volunteer to click several times to find what he/she is looking for. Editing this page will allow Volunteers to more easily see available cases and will eliminate unnecessary steps if they want to consult on the case.
- Reconsider creating a "General" login form, ensuring that unnecessary duplication is eliminated if general members decide to upgrade their status to Requesters or Volunteers.
- Clarify user instructions including next steps and process descriptions (e.g., wait time for approval). These pages should spell out boldly and very clearly the next step the user must take, or the step they need to wait for.

All of the above action items were addressed and improvements were implemented prior to the second beta test.

**The second pilot study (beta test)**

The second beta test began in mid-February 2007. It involved physicians from the U.S. and Bosnia and Herzegovina (BiH) registering as both Volunteer and Requesting physicians to request and provide consults. Participants for the test included four U.S.-based physicians who serve on the iTAB and four BiH-based physicians affiliated with the University Klinical Center (UKC) in Tuzla (see **Appendix B** for a listing of participants). The purpose of this exercise was to retest the *iCons in Medicine* software and to determine whether changes made following the first beta test made a positive difference.

For the purpose of this retest, the following elements were controlled:

- Participants were asked to join a specific Chapter or Member Organization.
- They were asked to select a specific specialty.
- They were asked to re-register if they had an existing account.

Requestors were sent the following instructions:

- 1) Create an iCon account.
- 2) When asked to join a Member Organization, please join the one called "**iCon Member Organization.**" This will become clear during the enrollment process.
- 3) Follow the directions to download the iCon software and submit a case. Please select that you are seeking help with an "**Allergy and Immunology**" case (for the purpose of this beta test, all Volunteers were to sign in as specializing in "Allergy and Immunology").
- 4) At the end of this process, you will be asked to complete a short online survey regarding your experience with the program.

Volunteers were sent the following instructions:

- 1) Create an iCon account.
- 2) During registration, when asked for your specialty, please select "**Allergy and Immunology**" for the purpose of this beta test.
- 3) When asked to join a Chapter, please join the one called "**iCon Chapter.**"
- 4) Follow the directions and respond to any cases needing a consult. Our group of "Requestors" should have submitted a case, but if there are no cases waiting, please check the system at a later date to see if any new cases need a consult.
- 5) At the end of this process, you will be asked to complete a short online survey regarding your experience with the program.

Observation summary of second beta test:

- The test ran significantly longer than expected; however, overall feedback was positive.
- During the course of the test, the four doctors who were asked to join as Requestors completed the task successfully. All four were able to register without problem and during the course of three weeks, all four had successfully uploaded cases.
- The Volunteers were then asked to register and consult. During this phase, three of the four doctors successfully registered. However, one U.S.-based physician was unresponsive and did not register into the system. Once registered, one physician was extremely enthusiastic and consulted on three cases (when asked to consult on one). This Volunteer had no problem consulting on the cases and the three people who received responses were very satisfied with the feedback. The final remaining case, submitted by one of our BiH Requestors, was then successfully consulted on with one of the BiH Volunteers.
- The responses from the surveys were extremely positive (see **Appendix C** for survey responses). In summary, 75 percent of the BiH physicians "strongly agreed" that the iCon program was easy to use and 25 percent "agreed". All participants responded that they would use the software again, and there were no negative responses to any of the questions asked.
- The changes made after the previous beta test had positive effects on the retest. In regards to adding a general log in function to the website, no users had problems or were confused by this additional component. The new design to the section of the website containing cases streamlined the consulting process and there were no comments about confusion relating to this element. Finally, the abbreviated Quick Start Guides seemed to better orient new users to the system.

The positive feedback abrogated additional major system changes but follow-up items were identified:

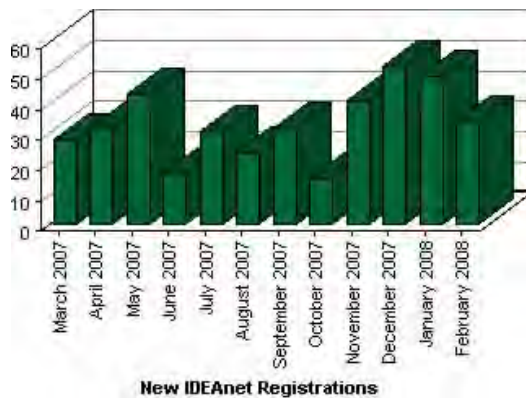
- Consider redesigning the website to enhance it aesthetically.
- Conduct a larger beta test to examine the functionality of the administrative roles for Chapter chairpersons, secretaries, etc.

## D1: Design and implement metrics for tracking involvement in Communities of Practice and the interactive components of Advanced Distributed Learning courses.

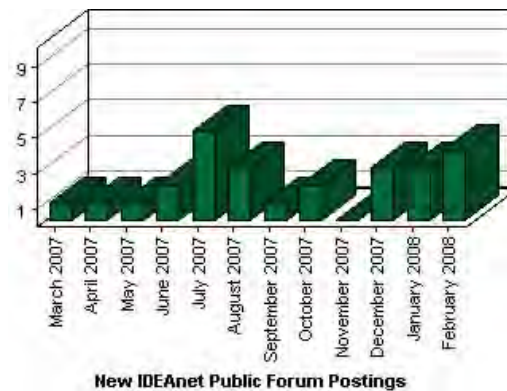
The basic quantitative metrics that were previously established to assess the usage of the IDEAnet site and to measure the activity in interactive areas continued to be utilized during this past year. The following were used to track these metrics:

- Sawmill Web Server analysis, a log analysis program for displaying web stats (<http://www.sawmill.net/>), and
- Google Analytics, a free service from Google that was implemented to track statistics for all CIR websites (<http://www.google.com/analytics/index.html>).

**Graph 1**



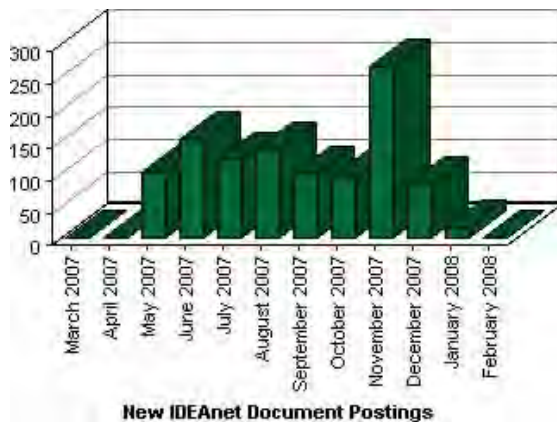
**Graph 2**



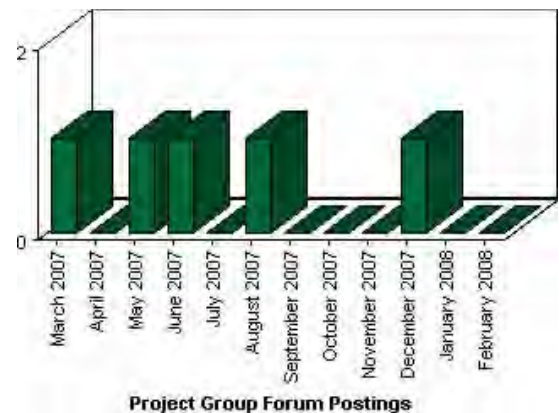
Graph 1: Number of new members that have registered with the IDEAnet website

Graph 2: Number of new postings to the Disability Rights and Rehabilitation Services

**Graph 3**



**Graph 4**



Graph 3: Number of documents uploaded to the document repositories of private project groups

Graph 4: Number of private project group forum postings

Custom metrics were used again to measure certain functions and areas of the IDEAnet website. These tools were written to analyze the sites (Microsoft SQL database using ColdFusion) and to display the results in a password-protected website. The above graphs and Tables 2 through 6 below display a monthly breakdown of the activity from February 2007 to the end of February 2008 on [www.ideanet.org](http://www.ideanet.org).

**Table 2:** Visitor statistics

<b>Date Range</b>	<b>Visits</b>	<b>Page Views</b>
Feb-07	2,419	8,779
Mar-07	2,474	8,051
Apr-07	2,649	9,894
May-07	2,180	8,558
Jun-07	2,393	10,268
Jul-07	2,605	8,315
Aug-07	2,365	8,745
Sep-07	2,272	7,698
Oct-07	2,775	9,586
Nov-07	2,675	8,399
Dec-07	2,051	7,741
Jan-08	3,051	12,266
Feb-08	2,910	9,799
<b>Totals</b>	<b>32,819</b>	<b>118,099</b>

Average visits per month: 2,525

Average page views per month: 9,085

Average page views per visit: 3.60

**Table 3:** Visits by visitor type

<b>Visitor Types</b>	<b>Visits</b>
New Visitor	21,660
Returning Visitor	11,159

**Table 4:** Top five referrals to the site

<b>Sources</b>	<b>Visits</b>
(direct)	8,070
Google	12,590
cirnetwork.org	2,674
Yahoo	987
stumbleupon.com	1,628

**Table 5:** Top 25 countries based on the number of visitor

Country	Visits	Pages/Visit
United States	18,587	3.75
Bosnia and Herzegovina	2,067	5.76
Canada	1,617	3.45
United Kingdom	1,098	2.51
India	853	2.98
Ireland	526	3.75
Italy	449	1.95
Germany	445	3.10
Australia	443	2.67
Venezuela	382	2.39
France	317	3.87
Mexico	291	3.44
Jamaica	286	1.60
Spain	223	2.78
Brazil	207	3.76
Argentina	204	3.66
Pakistan	199	2.94
Netherlands	166	2.95
Serbia and Montenegro	149	2.66
Colombia	126	3.49
Turkey	125	3.23
Switzerland	118	3.26
Japan	115	5.81
Philippines	114	2.90
South Africa	112	2.83

**Table 6:** A total of 1,822 registered users from 117 different countries.

Countries		
Afghanistan	Greece	Pakistan
Albania	Guatemala	Panama
Algeria	Guyana	Paraguay
Andorra	Haiti	Peru
Argentina	Honduras	Philippines
Armenia	Hong Kong	Poland
Australia	Hungary	Portugal
Austria	Iceland	Qatar
Azerbaijan	India	Romania
Bangladesh	Indonesia	Russian Federation
Belgium	Iran	Saudi Arabia

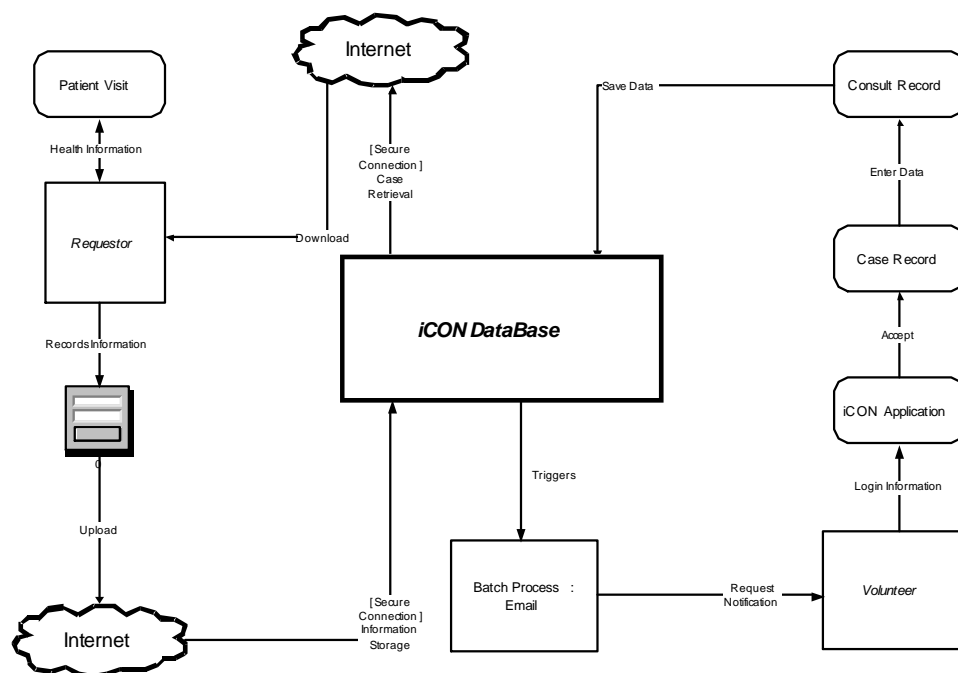
Belize	Iraq	Senegal
Benin	Ireland	Serbia and Montenegro
Bermuda	Israel	Sierra Leone
Bolivia	Italy	Singapore
Bosnia and Herzegovina	Jamaica	Slovenia
Botswana	Japan	Somalia
Brazil	Jordan	South Africa
Bulgaria	Kenya	Spain
Cambodia	Kuwait	Sri Lanka
Cameroon	Lebanon	Sudan
Canada	Liberia	Suriname
Chile	Libyan Arab Jamahiriya	Sweden
China	Lithuania	Switzerland
Colombia	Macedonia	Syrian Arab Republic
Costa Rica	Malaysia	Taiwan, Province Of China
Cote D'Ivoire	Maldives	Tanzania
Croatia	Malta	Thailand
Denmark	Mauritania	Turkey
Dominican Republic	Mauritius	Uganda
Ecuador	Mexico	United Arab Emirates
Egypt	Morocco	United Kingdom
El Salvador	Nepal	United States
Estonia	Netherlands	United States Minor Outlying Islands
Ethiopia	New Zealand	Uruguay
Finland	Nicaragua	Venezuela
France	Nigeria	Viet Nam
Germany	Niue	Zambia
Ghana	Oman	Zimbabwe

## **D2: Further develop and refine iCon store-and-forward system for use in medical consultation and disability rights reporting applications.**

During this past year, the program was further refined to enhance the functionality, usability, and aesthetics of the system (see **Appendix D** for screenshots of the iConsult application used by Requestors; see **Appendix E** for screenshots of the *iCons in Medicine* website portion used by Volunteers to provide consultations). Database structures and business logic processes were restructured to allow registration of users as both consulting and requesting physicians (see Figure 2). This will help to further expand the reach of the system by allowing doctors who request consults to also provide consults in their own areas of expertise and participate on both sides of the process. New administration features were added to allow Chapter leaders to manage their organization's information and member registration, which means that individual Chapters can achieve faster turnaround times. Website content was added, updated and streamlined to provide a better user experience throughout the system. Navigation structure was revisited and revised to best organize content groups and applications for

users. New graphical “Quick Start Guides” (see **Appendices F and G**) were developed and completed for both Volunteers and requesting physicians to provide them with easy, concise instructions for registering on the *iCons in Medicine* system, downloading the store-and-forward software, requesting consults from Volunteers, and providing consults to requesting physicians. Policy and procedure documentation has also been developed, gone through legal review, and been posted on the website. This documentation includes: Service Agreement, Acceptable Use Policy, General Rules, Privacy Policy and the *iCons in Medicine Tele-consult Handbook* (see **Appendix H** for complete documents).

**Figure 2:** iConsult- User Collaboration



As determined in the previous year’s report, the CIR examined the possibility of using the store-and-forward technology developed for the *iCons in Medicine* program for a disability rights reporting application. However, it was concluded that this would not be a cost-effective project and that IDEAnet still offers the best option for gathering this information.

### **D3: Develop model mobile clinic emergency response and clinical service program and volunteer support network.**

This program activity was discontinued.

#### **D4: Organize workshop and meeting to launch *iCons in Medicine* Community of Practice**

On September 8, 2007 more than 100 physicians and medical students gathered at Northwestern University's Chicago campus to attend a continuing medical education (CME) event hosted by the CIR and the CMS. The three-hour event, moderated by the CMS President, Dr. Saroja Bharati, focused on humanitarian relief through international telemedicine. This event was the initial launching pad for introducing the *iCons in Medicine* program (see **Appendix I** for photos from the event).

The event consisted of three presenters: Dr. Jay H. Sanders, President and CEO of the Global Telemedicine Group; Dr. Ronald C. Merrell from Virginia Commonwealth University; and Dr. William K. Smith of the CIR. Both Drs. Sanders and Merrell are leaders in the telemedicine industry and are active participants in the iTAB.

Dr. Sanders began the session with a telemedicine presentation entitled: "Where We Are and Where We Need to Be." He walked the audience through the portfolio of medical technologies and applications that are now in use or in testing, and then examined how information and computer technologies are transforming where the examination room of tomorrow will be. Dr. Merrell's presentation entitled: "International Telemedicine for Humanitarian Goals" addressed the scope of international and humanitarian medical needs and the potential of current technologies and resources for international relief. Dr. Merrell also highlighted the accomplishments of telemedicine and e-health for humanitarian purposes, and introduced future trends for telemedicine in the humanitarian sector.

Both presentations provided an ideal lead in for the presentation by Dr. Smith, which introduced the CIR's *iCons in Medicine* program. His presentation entitled: "A Volunteer Driven, Next Generation, Knowledge Network: Toward a Paradigm Shift in Global Telehealth and Humanitarian Medicine," (see **Appendix J** for the PowerPoint presentation) outlined the program's step-by-step process.

In September 2007, CIR staff traveled to the American Telemedicine Association's First Annual Mid-Year Meeting where the CIR participated in a roundtable discussion as a moderator. The CIR has been invited to present this CME again at the CMS's Annual Meeting in March 2008. The CIR is planning on conducting a similar presentation at the American Medical Association (AMA) annual meeting in June 2008, which will serve as the official launch of the *iCons in Medicine* program.

#### **D5: Development and release of data set on disability in Europe.**

The IDRM country reports focus on several key areas, such as legal protections, education, employment, accessibility, and health and housing services for PWDs. IDRM regional reports include a collection of country reports and also a report card (see **Appendix K for the report card**) which allows a comparison of the progress made by countries across the region.



The *IDRM: Regional Report of Europe* is the fourth regional report of the IDRM project and the first report of its kind to be published following the passage of the International Convention on the Rights of People with Disabilities (CRPD). Researchers from 14 European countries contributed to this report which outlines the level of inclusiveness of PWDs across a wide geographical region.

The research network consisted of local and regional Researchers (primarily from the disability community) across the following countries: Armenia, Bulgaria, Estonia, Finland, Germany, Greece, Ireland, Netherlands, Poland, Russia, Serbia, Spain, Turkey and the United Kingdom (see **Appendix L** for their biographies).

### **Support to the Researchers: Online training through pre-publication phase**

Initial training of the Researchers began in the last reporting period on the IDRM data collection methodology and reporting through a new CIR online course on disability and human rights research and monitoring. Support for the Researchers after completion of the online training consisted of the following:

- One to one meetings with the Regional Coordinator to discuss strategies and plans to facilitate individuals in developing their research plans and timelines.
- E-mail/phone check-in with the Regional Coordinator during the early stages of research.
- Phone contact with the Regional Coordinator to discuss first drafts of the reports.
- Individual communication through three rounds of editing and clarification of research findings (including fact-checking).
- E-mail/phone contact to review the drafts of final reports.
- Creation of an IDRM Research Project Group on IDEAnet with access to chat, discussion forums, document repository and a listserv.

The extensive research included consulting with government officials and leaders of civil society. A summary of the findings is as follows:

#### Legal protections

Most of the countries provide adequate basic legal protections. These include specific disability legislation and other protections such as anti-discrimination legislation, e.g., Ireland has a disability law and an anti-discrimination law which covers PWDs.

#### United Nations Convention/Optional Protocol

Four countries have signed both the CRPD and its optional protocol (Finland, Spain, Armenia, and Germany). Six countries have signed the CRPD only (Greece, UK, Ireland, Netherlands, Poland, and Turkey). Four countries have not signed either of these (Bulgaria, Estonia, Russia, and Serbia).

### Disability Definition

Research indicates that there are many definitions of “disability” used throughout the region, and the definitions are related to the different models of disability used. Medical model predominates in countries such as Armenia and Bulgaria where identification of disability lies solely with medical agencies. Netherlands and Serbia exclude people with psycho-social disabilities from their definitions of “disability.”

### Disability Population

Official data is available throughout the region with the exception of Finland and Serbia. Serbia uses WHO’s estimates while Finland has a legal framework that prevents collection of data on disability. The majority of countries report disability ranging from between 8 percent and 14 percent. UK has the highest disability rate at 18.2 percent. Armenia and Bulgaria record disability figures at 4.6 and 3.3 percent respectively. The majority of countries’ data collection efforts emerged in the mid 1990’s. Six countries gather data through official census, while other countries collect data through special surveys, e.g., Spain.

### Employment

PWDs experience high rates of unemployment and this rate varies from country to country. For example, in Serbia only 13 percent are employed while in the UK, 48 percent are employed. In Poland and Armenia, if a PWD receives social welfare benefits, they are not counted as unemployed. Over half of the countries in the region have quota systems for employing PWDs.

### Education

In the majority of countries, the right to education for all children is protected by legislation. However, in practice, inaccessible transport and learning materials result in this not being realized.

### Institutionalization

Involuntary institutionalization continues throughout the region on the grounds of personal safety or issues relating to public security. For example, in Germany between 2000 and 2002, there were 20,000 forced commitments to institutions per year out of a total population of 18 million inhabitants. In Spain, it was found that sterilization and clinical experiments on PWDs were admissible in certain cases. Some countries have no monitoring systems for institutions. Recent reports for Bulgaria stated that care in these institutions amounted to inhuman and degrading treatment. The occurrence of abuses and mistreatment throughout the region is unknown.

### Additional Findings

Data on the accessibility of polling stations is not widely available throughout the region. Many barriers exist, however, there are good models of practice in Poland where the National Electoral Office provides data on accessible stations. Within the region, there has been nominal progress on disability and development issues.

Finland has inclusive development policies and a recent study showed that they allocated approximately €32.3 million on disability specific cooperation. Independent living is gaining support in the region, and half of the countries report that provisions for independent living exist in their current laws.

### **Support to the Researcher: Post publication and pre-distribution of report**

- The CIR staff provided a copy of the media packet for Researchers to use with their outreach efforts in addition to posting it on IDEAnet in the document repository for the IDRM Research Project Group. The packet included:
  - a. CIR contact sheet
  - b. Summary of the report
  - c. The audience of IDRM
  - d. Goals of IDRM
  - e. IDRM information sheet
  - f. Biosketches of the Researchers
  - g. A template for a press release regarding their country's report
  - h. A list of potential media to contact within their country including print, radio, television and the Internet
- The CIR staff and its Regional Coordinator provided media training to each Researcher via an informational piece regarding "Do's and Don'ts" with the media. Each Researcher received a supply of:
  - a. Bound copies of the completed IDRM: Regional Report of Europe information sheet
  - b. CD copies of the report
  - c. CD copies of their individual country report
- Regional Coordinator worked with each Researcher to identify local launching and advocacy strategies.
  - a. Coordinator made links with partner organizations (EDF/ONCE) to assist the Researchers with advocacy plans.
  - b. The CIR staff reviewed the Researchers' launch plans (November 2007).
  - c. The CIR staff facilitated communication with various parties and media groups regarding launch plans (November/December 2007).

### **Individual Country Launches**

In December 2007, the report was launched in the individual European countries to coincide with the European Day on Disability. Researchers organized individual country launches of the report(s) which involved numerous stakeholders including government officials, policy officials, disability activists and human rights organizations. The country launches that took place from December through February included Ireland, Armenia, Bulgaria, Russia, Estonia, and Serbia. Greece and Spain are expected to launch in March 2008. Each launch was successful as illustrated below:

- The Armenian Researcher appeared on a local television station to discuss the publication.
- The Russian Researcher organized the launch in conjunction with the United Nations Information Center in Moscow and the Coordination Council on Social Strategy of the Federal Assembly of the Russian Federation.

- The Irish Researcher launched the report in collaboration with a representative of the European parliament.
- In February 2008, the report was presented to the Joint Advisory Committee on Persons with Disabilities of the U.S. Department of State and the U.S. Agency for International Development (USAID).

In summary, the IDRM: Regional Report of Europe has been received enthusiastically and more than 300 copies have been requested. It is anticipated that the report's findings will be part of United Nation's 2008 Human Right's calendar.

#### **The new IDRM website**

A new website, [www.idrmnet.org](http://www.idrmnet.org), was created to showcase the five published reports:

- IDRM: Regional Report of Europe in September, 2007
- *IDRM: Regional Report of Asia* in August 2005
- *IDRM: Disability and Early Tsunami Relief Efforts in India, Indonesia and Thailand* in September 2005
- *IDRM: Regional Report of the Americas* in August of 2004.
- *International Disability Rights Compendium* in June 2003 (52 countries)

The website also includes the IDRM Goals, CoP for the Researchers and information about the UN Convention (see **Appendix M** for screenshots of the website). Information regarding each launch and its activities as they take place are posted on the website.

## **B. Research and Development of Advanced Distributed Learning Materials**

**R1: Research existing literature and tools available for program and web design of Shareable Content Object Reference Model (SCORM) compliant Open Content development in the area of Prosthetics and Orthotics Education.**

The Sharable Content Object Reference Model (SCORM) promotes the dissemination and use of learning objects. SCORM standards now require three levels of content aggregation: content model, metadata, and content packaging (Rustici).

SCORM has been implemented in IDEAnet Project Groups allowing members to upload and share SCORM documents. In a SCORM project group, all uploaded documents are automatically converted to a SCORM compliant package with appropriate metadata. The CIR will continue to offer this capability within the IDEAnet Project Groups. The CIR continues to employ Moodle, a SCORM-compliant learning management system, as its course management software for distance education programs.

During the next year, the CIR will investigate integrating Elluminate with its current Moodle learning management system. Elluminate is an Internet-based, real-time

eLearning tool that includes voice over the Internet, shared whiteboards, chat, breakout rooms, application sharing, PowerPoint import, and more. It enables institutions using Moodle open-source technology to easily and seamlessly add synchronized distance learning and collaboration to coursework. Instructors can schedule, deliver, and record classes using Elluminate.

## D1: Develop an educational module set in the area of Physical Therapy.

The CIR and the UKC worked with the Iraqi Ministry of Health (IMoH) to develop a short-term upgrade training program for physical therapists/physiotherapists (PTs) with previous clinical experience (see **Appendix N** for physical therapy modules). The objective of the course/training is to improve skills and the ability to work as part of a multidisciplinary team. This includes theoretical and practical components, combining academic/theoretical instruction with applied exercises (e.g., workshop/practical and hands-on) on the latest technological achievements in physiotherapy.

Under the direction of Dr. Suada Kapidzic Duraković, a physical medicine and rehabilitation expert, 490 pages of content were developed and/or adapted by experts in Physical Medicine and Rehabilitation from the faculty of the UKC Medical School and content experts from the CIR, Northwestern University, Children's Memorial Hospital, and U.S. consultants. Collaboration was conducted through a PT Content Development Project Group on IDEAnet (see Figure 3 and 4 for website screens). The training and course content covered four areas and each included a mentorship requirement:

- Limb fitting and amputee rehabilitation
- Neurological rehabilitation
- Pediatric rehabilitation
- General rehabilitation

Figure 3

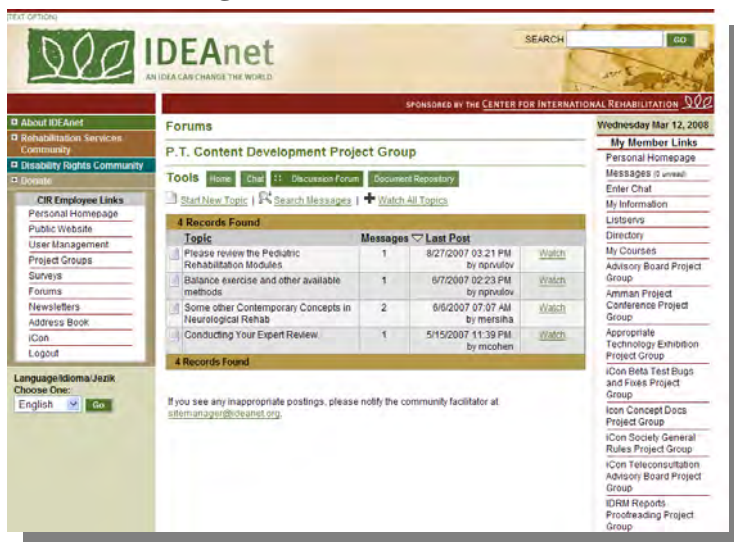


Figure 4

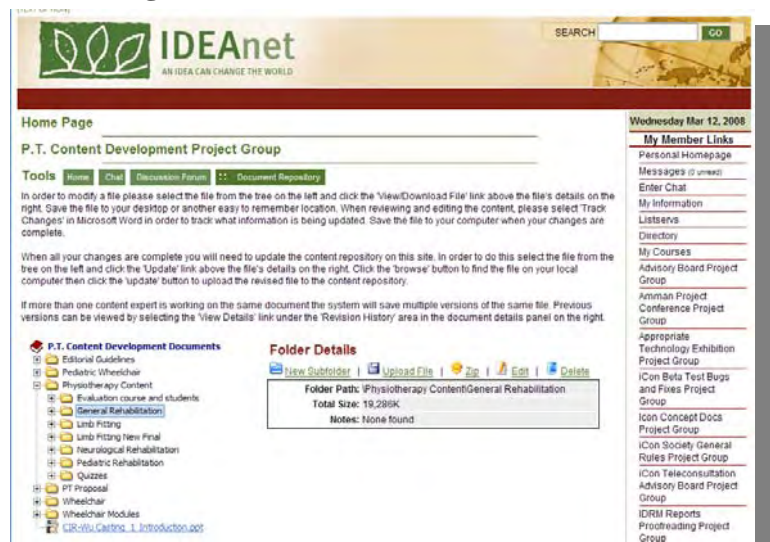


Figure 3: Screenshot of PT Content Development Project Group Forum

Figure 4: Screenshot of PT Content Development Project Group Document Repository

## **D2: Use Open Content methodologies to develop and disseminate materials in the area of Prosthetics and Orthotics Education.**

In the summer of 2007 open content methodology was used to develop and refine course content for the training of Iraqi PTs, RCMs and Hospital Based Physicians (HBPs) (detailed in Section C-D2 of this report). Instructors collaborated using the CIR's online platform on IDEAnet to facilitate content development, sharing, archiving, and dissemination.

As previously reported, the formation of an Open Content Consortium to develop an International Model Curriculum remains to be believed the most cost-effective opportunity for the maintenance and development of high-quality educational materials in the areas of prosthetics, orthotics, and rehabilitation. This proposed structure, including editorial board positions and content development guidelines, was well received when presented at the ISPO meeting on Distance Learning in Hong Kong in January 2007. The first follow-up meeting of the working group is scheduled to be online in March 2008. It is anticipated that the Working Group will officially respond to CIR's proposal with specific comments in the following areas:

- a. Formation of an advisory board
- b. Content repository
- c. Free license for all content
- d. Process for membership (content providers)
- e. Train the trainer/facilitator content

## **C. Research and Delivery of Advanced Distributed Learning**

### **R1: Research and evaluate existing empirical literature on the most effective methods for the delivery of Advanced Distributed Learning in different educational, social and geographic settings.**

Tinney, et al. focuses on eight cross-cultural considerations in preparing instructional materials and courses for the Internet; (1) Language Considerations; (2) Cultural Considerations; (3) Technical Infrastructure Considerations; (4) Local Versus Global Considerations; (5) Learning Style Considerations; (6) Reasoning Pattern Considerations; (7) High- and Low-context Communication Considerations; and (8) Social Context Considerations. These serve as a guide for the CIR in developing metrics to evaluate the most appropriate blend of educational components for a particular group of students by taking their cultural context into account.

In the section entitled, "Reasoning Pattern Considerations," Tinney, et al. discuss the ways that thinking patterns, in the form of reasoning and approaches to problem solving, are valued differently from culture to culture. For example, Anglo-Americans and Japanese perceive the same object in different ways, contrasting linear and non-

linear thinking. In terms of learning style considerations, they turn to the work of Martinez and Bentley (2002) who:

have shown that the same learners who prefer loosely structured flexible environments that promote challenging self discovery are unlikely to be comfortable learning in highly structured environments that deal with simple solutions and a large amount of strictly guided instruction.

In addition to taking different learning styles into account, the CIR is specifically interested in creating an ADL program to cater to region-specific considerations. According to the guidebook created by the Commission for Academic Accreditation of the United Arab Emirates in conjunction with its Ministry of Higher Education and Scientific Research, three different areas of consideration should be accounted for when developing instructional content for an audience based in the Middle East; language, religion and culture, and pace of learning delivery. The authors suggest using short sentences and where appropriate, illustrations and animations to explain concepts. The document states, “[a]t the school level, there is a good chance that the students were encouraged to learn by rote, and this may require certain adjustments in the course.” The guidebook stresses that concepts covered earlier should be repeated, either in summary or in detail, at places in the course where knowledge of these concepts is a prerequisite.

These recommendations are consistent with Tinney, et al.’s points on learning styles and reasoning pattern considerations which can be summarized as follows: (1) Explicitly describe the course’s educational value; (2) Offer optional elements to help learners be successful, such as inviting students into a CoP; (3) Consider the knowledge and skill level of English required; (4) Communicate important messages through high context means; (5) Avoid colloquialisms and local humor; and (6) Make topic information available ahead of time for students to review.

By analyzing and incorporating the lessons from such materials into its content development processes, the CIR effectively meets the needs of its students, better understands the target audience and creates content that matches the educational values of learners from a variety of regions.

**R2: Conduct literature review and evaluation of cost-effective delivery options including those based on licensing, consulting, tuition, and train-the-trainer methodologies.**

For the last six years, the CIR has implemented distance learning educational programs in P&O in Latin America and the Balkans. Per the Prosthetics and Orthotics Programme Guide, training should be conducted within the country’s education system and done in association with an existing educational facility, following the recommendations of the International Society for Prosthetics and Orthotics (ISPO). There are 24 P&O schools in low-income countries which graduate no more than 400 personnel per year, leaving more than 75 percent of the developing countries with no P&O training programs at all. It is important to provide continuing education such as

modular and short refresher courses. Mentoring by well-trained staff (local and/or expatriate) can ensure an increase in collective technical knowledge while selecting local students will ensure that they know the local language and customs so that their commitment to the area may be longer-term.

The International Committee of the Red Cross (ICRC) offers sponsorship for local staff members to attend one- to three-year courses in P&O at regional schools as well as basic training through one- to four-week courses and seminars for 150 participants yearly through its Special Fund for the Disabled. It also conducts train-the-trainer programs, e.g. two-months on surgical techniques in China which lead to hundreds of rehabilitation services.

Little other literature was available on train-the-trainer in P&O. The ISPO/WHO Guidelines for Training Personnel emphasize the need for P&O personnel and mention that upgrade training may be delivered by direct tuition or by distance learning. Based on the experiences in developing countries, limited funds seem to preclude charging for tuition in many instances which bolsters the need for distance education. As a result, various approaches have been used to maximize impact, but limit the human and financial resources required of the institutions, governments, and NGOs involved. The CIR continues to provide consultation informally as well as pursuing the licensing, consulting, tuition, and train-the-trainer models as discussed below:

### **1) Licensing**

The CIR has licensed its educational content in P&O to the UKC in an effort to assist the UKC in building capacity as a regional institution for P&O education. The CIR continues to work with the BiH Ministries of Health and Education to develop a distance learning program that could be adapted and incorporated into their national curriculum. In addition, a MOU was presented to Northwestern University Prosthetic and Orthotic Center (NUPOC) which is interested in licensing some of the CIR materials for its training initiatives and in collaborating in areas such as distance learning, hands-on workshops and continuing education, conferences and workshops at NUPOC as well as in the planning of and presentation at conferences and workshops in other countries.

### **2) Tuition**

Through collaboration with the UKC, the International Trust Fund awarded the CIR a grant in October 2007 to implement upgrade training in P&O at the UKC for an additional 20 students, and for Orthotic training for students from the group that had already completed the prosthetic course. The response from the region has been overwhelming - over 40 applications were received. From these, 32 new students were accepted based on years of experience and education, plus four students from the group previously trained. The employer of two of the trainees will pay their tuition. This may be the first step towards establishing a tuition-based program at UKC.



### **D1: Stage the 3<sup>rd</sup> Regional IDEAnet Conference and Meeting of Experts in Disability and Rehabilitation in Amman, Jordan.**

As conflict in the Middle East continues, countries such as Iraq, Lebanon, Pakistan and Jordan are faced with escalating problems including poverty, economic regression, absent legislation and lack of awareness of issues affecting PWDs.<sup>1</sup> They often face discrimination, marginalization, and cultural obstacles when they attempt to integrate in the employment, health and social sectors. Although the Beirut Declaration acknowledges these issues, and recognizes disability as an aspect of human rights, recommended measures to address these challenges have not been implemented.<sup>2</sup> Recently, the Arab Conference on Disability launched the “Arab Decade of Disabled Persons 2004-2013” to address the need to draft a comprehensive and integral international convention to promote and protect the rights and dignity of PWDs.<sup>3</sup> Representatives from Arab states were urged to participate in the development of this convention. Following the conference, numerous workshops were held in Egypt, Lebanon, Syria, and Jordan on the implementation of the regional support project for non-governmental associations, media, and local administrations. Despite these efforts, countries in the Middle East continue to face long-term challenges in meeting the needs of their war-wounded and PWDs through integrated rehabilitation and disability awareness.

In war-torn countries, the number of PWDs and the demand for rehabilitation services increase at a much higher rate than the supply of trained professionals or access to appropriate technologies. In response to this need in the Latin American and Balkan regions, the CIR has successfully provided researchers with the necessary tools to identify the greatest need in their home country, and provided rehabilitation professionals with appropriate technologies to help war-wounded victims and PWDs achieve their full potential. Today, the CIR’s international humanitarian network extends over 55 countries across six continents. Through educational programs and technology transfer initiatives, the CIR collaborates with a network of rehabilitation service providers to address the needs of individuals devastated by war and poverty. To date, more than 70 students from 30 rehabilitation centers in six countries have completed the CIR’s distance learning program in prosthetics. Following its regional outreach strategy for building rehabilitation capacity and disability rights awareness, the CIR is now committed to introducing its training, technology development and transfer, and dissemination programs in the Middle East.

In September 2007, the CIR staff traveled to Amman, Jordan where they worked to establish new relationships with rehabilitation organizations, facilities and schools in the region. The CIR used this opportunity to introduce its technologies to various P&O clinics, such as The Royal Rehabilitation Centre, King Hussein Medical Center, Al Hussein Society, Higher Council for the Affairs of Persons with Disabilities and the Hashemite Charitable Society. In addition, they attended a meeting with the Telemedicine Group from Tikrit, Iraq who expressed interest in working with rehabilitation centers in the U.S., Canada and Iraq.

The CIR plans to conduct a regional workshop in June 2008 in collaboration with the Al Hussein Society (AHS) in Amman. The purpose of the workshop is to build partnerships in disability and rehabilitation in order to address the needs of PWDs and the war-wounded population. The workshop will focus on:

- Transferring appropriate rehabilitation technologies
- Promoting interaction between rehabilitation professionals and PWDs
- Establishing a regional platform to identify areas of interest and concern in the region
- Providing solutions through the development of tools, core curricula, and strategic plans

### **Prior Experience and Resources**

The CIR is well positioned to conduct this meeting, having successfully organized and conducted two regional meetings in Latin America and over 40 interactive technology-transfer workshops worldwide during the past 10 years. More than 500 participants from 55 countries have attended and actively participated in these activities. Through these meetings, the CIR has effectively created forums where experts have shared their learning experiences and technologies, and cultivated cross-disciplinary relationships among rehabilitation professionals and PWDs. Recently, the CIR entered into a contract with the IMoH in collaboration with the UKC to provide education and training for 110 rehabilitation professionals: RCMs, PTs, and Hospital Based Physicians (HBPs).

The AHS was established in 1971 and offers integrated rehabilitation services to the physically challenged in Jordan. The AHS is playing an important role in the training of rehabilitation professionals in Jordan and the Middle East, and is currently involved in a training program for a group of P&O technicians from the Basra Rehabilitation Center in Iraq. The CIR plans to develop a MOU with AHS in the near future.

The CIR will also leverage its resources from past research activities, technology transfer workshops and meetings. Among its resources, the CIR has a number of training modules related to the technologies developed under its RERC program, including Transtibial Prosthetic Casting, Transtibial Alignment, and Wheelchair Service Provision. These modules are developed for field studies and are updated regularly following technology transfer workshops. All training modules are reviewed for cultural appropriateness and then translated into regional language(s) prior to conducting training workshops.

### **Expected Outcomes:**

Based on past experiences, several outcomes are expected to result from the meeting to be held in Amman, Jordan:

## **General**

- Publish workshop proceedings and consensus statements (Proceedings from the 2<sup>nd</sup> Regional Conference can be viewed at -- [http://www.ideanet.org/cir/uploads/File/mexico\\_conference/Mexico\\_conference\\_proceed.pdf](http://www.ideanet.org/cir/uploads/File/mexico_conference/Mexico_conference_proceed.pdf)).
- Establish a network of centers and professionals for the planning and implementation of a war-wounded program in the Middle East.

## **Rehabilitation Training and Education**

- Deliver educational materials and transfer CIR prosthetic technologies to rehabilitation professionals in the region.
- Deliver training on CIR wheelchair assembly, fitting and service.

## **Disability and Refugees**

- Identify and organize a working group of disability experts.
- Develop a consensus statement and guidelines related to the process of rapid screening of refugees with disabilities.

### **D2: Deliver professional education to 70 Iraqi physical therapists and 20 Iraqi Hospital administrators and 20 Hospital-Based Physicians in conjunction with the University Klinical Center in Tuzla.**

In September 2007, the CIR/UKC trained 15 RCMs from Iraq in a two-week session. In September and October 2007, the CIR/UKC successfully implemented the training for three four-week sessions of 66 Iraqi PTs. Both the RCM and PT trainings took place at the UKC in Tuzla and both were also introduced to CIR's technologies in prosthetics as well as the CIR/Whirlwind Wheelchair. The CIR/UKC utilized their own staff and consultants to adapt content for these courses (see **Appendix O** for a list of staff and consultants for both trainings).

Each was carried out in four phases that included content adaptation, pre-delivery of learning materials, delivery of the training, and post-delivery reporting and follow-up. This four-phase approach ensured that the content and program were effective and efficiently adapted to meet the training needs outlined in the Terms of Reference by the IMoH. The resulting content was made available in printed and electronic format (CDs) for the PT and RCM trainees to use during the training and for future reference.

The PT program was designed to provide the practitioners with the skills and knowledge necessary to improve physical rehabilitation in community-based settings in Iraq (see **Appendix P** for PT training schedule). It was organized in accordance with the training objectives outlined by the IMoH, which were as follows:

- To improve clinical skills through training on modern treatment and rehabilitation techniques.
- To train them to work in existing and future rehabilitation centers in Iraq, so as to develop appropriate community-based services.

- To develop their skills and capacity to work as part of a rehabilitation team, and to facilitate multi- and inter-disciplinary teamwork between rehabilitation professionals

The training for the RCMs focused on key issues in the general management and operation of rehabilitation centers (see **Appendix Q** for RCM Training Objectives, Goals, Delivery and Schedule). It was organized in accordance with the training objectives outlined by the IMoH, which were as follows:

- Improve overall management capacity of participants.
- Facilitate an introduction to innovative practices and techniques in rehabilitation.

By asking questions during the lectures and soliciting discussion during the practical sessions, the CIR/UKC staff was able to make necessary adaptations to the training content and curriculum that was evident by the trainees' level of interest. Both the PT and RCM trainees were provided with theoretical instruction through lectures that complemented practical hands-on workshops, as this would have the most impact on the quality of service delivered by the trainees after the training. This transfer of knowledge from a theoretical understanding to a practical understanding was one of the main objectives of the training and vital in order to provide a better quality of care for PWDs in Iraq.

The course instructors found both groups of trainees to be engaged and attentive to the material being presented and enthusiastic during the practical sessions. All displayed great interest and stated that they will be able to utilize the knowledge gained to improve their work and also transfer it to others. The trainees engaged in dialogue with the instructors collegially and offered insights into their system in Iraq by drawing comparisons with the BiH system. They had creative and effective ideas as to what improvements could benefit their centers. All were excited to transfer this knowledge to their centers and to undertake necessary changes and improvements (see **Appendix R** for PT program and instructor evaluation charts and **Appendix S** for RCM program and instructor evaluation charts).

All of the training provided a great opportunity for the trainees from various centers throughout Iraq to work together for the first time. This provided them the unique opportunity to meet, exchange ideas and learn new ideas/concepts together, with the premise of bringing back the experience to their centers and continuing to communicate with each other. This dialogue will benefit all involved as each will have a new support system of peers and the opportunity to share ideas with one another on issues related to their area.

The CIR/UKC recommended that these trainees continue to participate in professional learning to complement areas that were not covered. For example, RCMs could be given an opportunity to engage in more practical sessions with a focus on health care financing and health insurance while the PTs could focus on additional innovative techniques and treatment therapies such as PNF, BOBATH, VOJTA, and Acupuncture.

It was also recommended that the PTs continue to improve their knowledge of the medical terminology commonly used in rehabilitation. The follow-up training should be at least four weeks in length to maximize learning.

A third track of training was also requested by the IMoH. A total of 16 Iraqi HBPs attended two-week sessions that focused on specialized content areas of rehabilitation: spinal, stroke and traumatic brain injuries, limb fitting and amputee, and general rehabilitation. The training, which took place in December 2007 and February 2008, provided physicians with the skills and knowledge necessary to improve physical rehabilitation in community-based settings in Iraq. The training was organized in accordance with the training objectives outlined by the IMoH, which were as follows:

- Improve clinical skills of the rehabilitation specialists by training them on modern concepts and techniques in their field.
- Train selected HBPs for new and existing rehabilitation centers to develop appropriate community-based services.
- Develop skills and capacity to work as part of a rehabilitation team, and encourage multi-/inter-disciplinary teamwork with other rehabilitation professionals.

## **Key Research Accomplishments**

- Completion of two successful beta tests for the *iCons in Medicine* system: the first involved CIR staff testing registration and consulting functions of the system; the second involved physicians from the U.S. and BiH using the system to request and provide consults.
- Development of an outreach plan to recruit Volunteers to participate in the *iCons in Medicine* program.
- Development of the *iCons in Medicine* online resource center (a member-oriented website being developed in collaboration with the American Telemedicine Association and other partners) as an Open Content Curriculum.
- Establishment of the iTAB, which is composed of leaders in the telemedicine industry who meet monthly in order to create a volunteer support network for the *iCons in Medicine* program.
- Planning of a regional workshop to address the needs of the war-wounded and PWDs by building partnerships in disability and rehabilitation.
- Initial investigation of integrating Elluminate with its current Moodle learning management system.
- Development of *iCons in Medicine* program policies, procedures and participation structure.

## **REPORTABLE OUTCOMES**

- Development of an educational module set in the area of Physical Therapy resulting in 490 pages of content covering: Limb fitting and amputee rehabilitation, Neurological rehabilitation, Pediatric rehabilitation, and General rehabilitation.
- Completion of delivery of training to 66 Iraqi PTs, 15 Iraqi RCMs in conjunction with the UKC. Under a related activity complete training of 16 Iraqi HBPs in February 2008 (report is being developed).
- Development of policies and procedures and instructional materials for the *iCons in Medicine* program. This documentation includes: Service Agreement, Acceptable Use Policy, General Rules, Privacy Policy, *iCons in Medicine Tele-consult Handbook*, and Quick Start Guides.
- Refinement of the *iCons in Medicine* website and store-and-forward software application to improve the database and XML data structures to correspond to new business processes. The [www.iconsinmed.org](http://www.iconsinmed.org) website was updated to streamline the navigational structure accordingly.
- Collaboration with the CMS and the NAAMA to become charter Chapters in the *iCons in Medicine* program.
- Presenting of a successful a CMS continuing medical education event to introduce *iCons in Medicine* to 100 physicians.
- Publication and dissemination of the IDRM: Regional Report of Europe, which covers 14 countries.
- Development and launch of the IDRM website ([www.idrmnet.org](http://www.idrmnet.org)).

## **Conclusions**

Over the past year, the CIR has focused much of its efforts on the development of the *iCons in Medicine* community, in conjunction with the iCon store-and-forward tele-consultation program. In order to begin outreach to garner professional participation, the program was further refined to enhance the functionality, usability and aesthetic of the system. The program development has reached its final phase and aggressive recruitment can now occur. During the summer of 2008, 300 physician Volunteers will be recruited to participate as medical consultants. MOUs are currently being considered by two major medical societies (CMS and NAAMA) and other groups and specialty organizations will be approached. In parallel with these efforts, initial

outreach has begun in BiH and Jordan to recruit Volunteers and to identify and enroll health clinics that could benefit from *iCons in Medicine*. Knowledge transfer under this programmatic framework will directly contribute to the quality of health services while enhancing the Volunteers' personal networks and professional exposure. It is anticipated that these activities will, over the next several years, infuse the *iCons in Medicine* Community with the people, energy, and resources necessary to fuel vibrant and expansive CoP, leading to more effective and sustainable Knowledge Management in the areas of telemedicine.

The CIR has extensive experience in providing technical assistance, education, and training to medical practitioners in medically underserved areas. With the support of its partner the UKC and the World Bank, the CIR shifted its geographic outreach to the Middle East and used its experience in distributed learning to institute a training program for the IMoH. The program consisted of a short-term professional training program for Iraqi PTs, RCMs and HBPs to improve their skills and their ability to work as part of a multidisciplinary team.

Lastly, over this past year, the CIR published and launched the IDRM: Regional Report of Europe. The report is the first of its kind that fully details the level of inclusiveness of people living with disabilities in 14 European counties.

## **References**

Bentley, J. P. H. (2000). *Learning Orientation Questionnaire Correlation with the Herrmann Brain Dominance Instrument: A validity study*. Doctorial Dissertation, Brigham Young University, Utah.

Brennan, Paul. 2002. *Not Just Another Listserv: The Contribution of ACCC Affinity Groups to Knowledge Exchange, Sectoral Initiatives, and Innovation*. Association of Canadian Community Colleges Monograph Series.

Buyse, Virginia, Karen L. Sparkman, and Patricia W. Wesley. 2003. CoPs: Connecting What We Know With What We Do. *Exceptional Children* 69(3): 263-277.

CERT – TATA Interactive Systems for the Commission for Academic Accreditation Ministry of Higher Education & Scientific Research of the United Arab Emirates. *e-Learning Accreditation Standards: Guidebook*.  
<http://www.caa.ae/CAAweb/DesktopDefault.aspx?tabindex=6&tabid=15>)

CoP (COP) Implementation Guide, Defense Acquisition University, Version 3.0, October 2007 by Defense Acquisition University Press, Fort Belvoir, Virginia 22060-5565 (for the Under Secretary of Defense for Acquisition, Technology and Logistics)  
<https://acc.dau.mil/copguide>

Couros, Alec. 2004. "CoPs: A Literature Review." Unpublished paper prepared for Dr. Cyril Kesten, University of Regina, Saskatchewan, Canada.

Endsley, Scott et al. 2005. Working together: communities of practice in family medicine. *Family Practice Management* 12(1): 28-35.

Gannon-Leary, PM, and Fontainha, E. CoPs and virtual learning communities: benefits, barriers and success factors. E-learning papers, 26 Sep 2007.  
[http://www.elearningpapers.eu/index.php?page=doc&vol=5&doc\\_id=10219&docIng=6](http://www.elearningpapers.eu/index.php?page=doc&vol=5&doc_id=10219&docIng=6)

Garcia, Jill and Michael Dorohovich. 2005. The Truth About Building and Maintaining Successful CoPs. *Defense AR Journal* 12(1): 19-35.

Hovland, Ingie. 2003. "Knowledge management and organisational learning: An international development perspective." Working Paper 224, Overseas Development Institute, London.

ICRC Special Fund for the Disabled: Mid-Term Report 2007.  
[icrc.org/Web/doc/sitesfd0.nsf/htmlall/6HYKFF/\\$FILE/...?OpenElement](http://icrc.org/Web/doc/sitesfd0.nsf/htmlall/6HYKFF/$FILE/...?OpenElement)

ICRC's report on Beijing  
[icrc.org/Web/Eng/siteeng0.nsf/htmlall/738D5U/\\$FILE/...?OpenElement](http://icrc.org/Web/Eng/siteeng0.nsf/htmlall/738D5U/$FILE/...?OpenElement)

International Society for Prosthetics and Orthotics and World Health Organization. Guidelines for Training Personnel in Developing Countries for Prosthetics and Orthotics Services. World Health Organization 2005  
[whqlibdoc.who.int/publications/2005/9241592672.pdf](http://whqlibdoc.who.int/publications/2005/9241592672.pdf)

Knowles, Malcolm S. 1950. *Informal Adult Education*. New York: Association Press.

Lane, David. 2002. A Quick History of Open Source. *Openz*  
<http://www.openz.org/oshistory.php>

Lave, Jean and Etienne Wenger. 1991. *Situated Learning: Legitimate Peripheral Participation*. New York: Cambridge University Press.

Lesser, Eric L. and John Storck. 2001. Communities of practice and organizational performance. *IBM Systems Journal* 40(4).

Martinez, M., Bunderson, C. V., Nelson, L. M., & Ruttan, J. P. (1999, Oct). Successful Learning in the New Millennium: A new web learning paradigm. Paper found in the proceedings for the annual meeting of WebNet, International Conference, Honolulu, HI.

McElroy, Mark W. 2000. The new knowledge management: Knowledge and innovation. *Journal of KMCI* 1(1):43-67.



Mobility India: [http://www.mobility-india.org/Training\\_Fees.htm](http://www.mobility-india.org/Training_Fees.htm)

Prosthetics and Orthotics Programme Guide: Implementing P&O Services in Low-Income Settings. A collaborative effort of 35 organizations and agencies. Endorsed by The International Society for Prosthetics and Orthotics. Working Document, September 2006. [www.landminesurvivors.org/documents/POProgGuide\\_singlepgs.pdf](http://www.landminesurvivors.org/documents/POProgGuide_singlepgs.pdf)

Rustici, Mike. 2004. Two Minute SCORM Overview for Developers. *Advanced Distributed Learning*. <http://www.adlnet.org/scorm/articles/7.cfm>.

Sudsawad, P. Knowledge Translation: Introduction to Models, Strategies, and Measures. The National Center for the Dissemination of Disability Research at the Southwest Educational Development Laboratory, 2007, <http://www.ncddr.org/kt/products/ktintro/>

Thompson, Mark. 2005. Structural and Epistemic Parameters in CoPs. *Organization Science* 16(2): 151-164.

Tinney, MV; Bentley, JPH; Chia, BH (2005). *Cross-Cultural Considerations for Designing International Internet-Based Learning*

VIETCOT: Vietnamese Training Centre for Orthopaedic Technologist  
<http://vietcot.netnam.vn/index.html>

Wenger, Etienne. 2004. Knowledge Management as a Doughnut: Shaping Your Knowledge Strategy Through CoPs. *Ivey Business Journal Online* 68(3).

WHO Disability and Rehabilitation: Global Programming Note 2006-2007; Call for Resource Mobilisation and Engagement Opportunities.  
[http://www.who.int/nmh/donorinfo/vip\\_promoting\\_access\\_healthcare\\_rehabilitation\\_update.pdf](http://www.who.int/nmh/donorinfo/vip_promoting_access_healthcare_rehabilitation_update.pdf)

1. NGO's and Development in the Arab World: The Critical Importance of a Strong Partnership Between Government and Civil Society.  
<http://www.mideastinfo.com/arabngo.htm>
2. Beirut Declaration and Recommendations on the elaboration of a comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities.  
[http://www.un.org/esa/socdev/enable/rights/a\\_ac265\\_2003\\_crp12.htm](http://www.un.org/esa/socdev/enable/rights/a_ac265_2003_crp12.htm)
3. Council of Arab Ministers of Social Affairs. Background paper on the international convention for the protection and promotion of the rights and dignity of persons with disabilities. <http://www.un.org/esa/socdev/enable/rights/contrib-arab1.htm>

**Appendix A**  
**iCon Tele-consultation Advisory Board**



*Making the world a healthier place*

---

**Tele-consultation Advisory Board**

*Principle Investigator: William K. Smith, MD*

**Chair**

**Jay H. Sanders, MD, FACP, FACAAI**

Dr. Sanders is President and CEO of The Global Telemedicine Group, Professor of Medicine at Johns Hopkins University School of Medicine (Adjunct), and a founding board member of the American Telemedicine Association—where he serves as President Emeritus. After Dr. Sanders earned his medical degree from Harvard Medical School Magna Cum Laude, his professional career has involved teaching, patient care and health care research, along with more than 30 years experience in the field of telemedicine. He has served as a medical consultant to NASA, the U.S. Army and the World Health Organization, and during the Clinton Administration he directed the U.S. telemedicine initiatives to the G-8 nations.

**Medical  
Director**

**Ronald Merrell, MD, FACS**

Dr Merrell is professor of surgery and director of the Medical Informatics and Technology Applications Consortium at Virginia Commonwealth University. He is an editor-in chief of Telemedicine and e-Health and author of some 300 publications in the field of medicine and technology. Dr Merrell trained in surgery and biological chemistry at Washington University in St Louis. Dr Merrell is an endocrine surgeon and has held the chair in surgery at Yale and at Virginia Commonwealth University. Dr Merrell has a long history as advisor and investigator for NASA and the Army. His research work has emphasized management of medical events at a distance including extreme environments.

**Members**

**Dale C. Alverson, MD**

Dr. Alverson is a Professor of Pediatrics and Regents' Professor on faculty at the University of New Mexico and the Medical Director of the Center for Telehealth and Cybermedicine Research. In that role, he has been involved in the planning, implementation, research and evaluation of Telemedicine systems for New Mexico primarily serving its rural communities. He is a founder of the New Mexico Telehealth Alliance and has been appointed by the Governor as a commissioner on the New Mexico Telehealth Commission. He is on the Boards of the American Telemedicine Association (ATA) and the Center for Telehealth and e-Health Law (CTeL). He is also a member of the Four Corners Telehealth Consortium, and has participated in international Telehealth projects, particularly with Latin America.

### **Peter B. Angood, MD FRCS(C) FACS FCCM**

Dr. Angood is the inaugural Chief Patient Safety Officer and a Vice President for The Joint Commission, overseeing the annual development of the National Patient Safety Goals and numerous other safety activities. Dr. Angood is also Co-Director of the Joint Commission International Center for Patient Safety and a lead for the World Health Organization's Collaborating Center for Patient Safety Solutions, a component of the multifaceted WHO Alliance for Patient Safety. Previously, Dr. Angood accrued 25 years of academic experience as a Trauma Surgery and Critical Care Medicine specialist in top-tier institutions and is a fellow of the Royal College of Surgeons (Canada), the American College of Surgeons and the American College of Critical Care Medicine. He has numerous leading-edge research interests, is the author of over 120 publications and has delivered over 300 invited presentations.

### **Richard Bakalar, MD**

Dr. Bakalar, who previously served as President of the ATA, currently serves as the Chief Medical Officer on IBM's Global Healthcare and Life Sciences Industry team. He is the senior clinical advisor to the US and Canadian Business Consulting Services Healthcare teams which have hosted informational workshops and healthcare seminars. Dr. Bakalar joined IBM Healthcare and Life Sciences team after 26 years service in the US Navy Medical Corps. He has extensive experience in clinical medicine, diagnostic imaging, military medical flight operations, and applied information technology. He is board certified in both Internal and Nuclear Medicine. Dr. Bakalar served as the Executive Assistant to Navy Surgeon General for Global Telemedicine initiatives.

### **Sam Burgiss, BS, MEE, PhD**

Sam Burgiss, PhD, Professor of Radiology, University of Tennessee Graduate School of Medicine, served as Director of the UT Telehealth Network for eleven years providing over 100,000 patient encounters to the population of East Tennessee. In the national arena, his involvement includes serving on the Board of Directors for the American Telemedicine Association and serving as Chair of the ATA Home Telehealth Special Interest Group. He is the co-chair of the ATA Business and Finance SIG, is a member of the ATA Public Policy Committee, and received the 2004 ATA President's Award for Leadership. He has contributed to legislation for telehealth and testified before the US Senate. Dr. Burgiss received his BS, MEE, and PhD degrees in Electrical Engineering from North Carolina State University. He holds two patents and has authored over 140 invited lectures, papers, and book chapters.

### **Conrad Clyburn, MS**

Mr. Clyburn is the Director of Program Integration and Planning for the U.S. Army Medical Research and Materiel Command, Telemedicine and Advanced Technology Research Center (TATRC) located at Fort Detrick, Maryland. In that capacity, he was responsible for life cycle management of over 500 medical research and development programs, with a 2005 budget of approximately \$300 million. Mr. Clyburn has served on the Board of Directors/Advisors of the American Telemedicine Association, the International Mobile Health Association, the NASA Medical Informatics Technology Applications Consortium at Virginia Commonwealth University and numerous military Product Line Reviews and Integrated Research Teams.

### **Charles R. Doarn, MBA**

Mr. Doarn serves as the Executive Director of the University of Cincinnati's Center for Surgical Innovation, where he is also a Research Associate Professor of Surgery and Biomedical Engineering. Prior to joining the faculty in Cincinnati, Mr. Doarn served as the

Executive Director and co-principal investigator for NASA's Research Partnership Center for Medical Informatics and Technology Applications (MITAC) at Virginia Commonwealth University, Mr. Doarn authorized NASA's strategic plan for Telemedicine. Mr. Doarn served on the Board of Directors for the ATA as well as Secretary, Treasurer, and chair of the International Special Interest Group. Mr. Doarn also serves as an Editor-in Chief of the Telemedicine and E-Health Journal.

### **Joseph Kvedar, MD**

Joseph C. Kvedar, M.D., is Founder and Director of the Center for Connected Health, a division of Partners Healthcare that is applying communications technology and online resources to improve access and delivery of quality patient care. Dr. Kvedar is internationally recognized for his leadership in the field of connected health. He is a past President and board member of the American Telemedicine Association (ATA) and co-editor of *Home Telehealth: Connecting Care within the Community*, the first book to report on the applications of technology to deliver quality healthcare in the home. Dr. Kvedar is also a board-certified dermatologist and Vice-Chair of Dermatology at Harvard Medical School.

### **Rifat Latifi, MD, FACS**

Dr. Latifi is a Professor of Clinical Surgery at the University of Arizona, Vice Chairman of the Department of Surgery for International Relationship, and Director of Southern Arizona Telemedicine and Telepresence Program (SATT) at the University Medical Center, Tucson Arizona. In addition to be director, he developed the SATT Program, which provides a live consultation link -- including state-of-the-art videoconferencing, telemetry, digital X-rays and ultrasound -- between the trauma doctors at UMC and rural emergency rooms doctors and nurses in the southern section of the state to assist in trauma care of injured and critically ill patients. He is also the Associate Director of Arizona Telemedicine Program where he leads Telesurgery and International Affairs for this program. Dr. Latifi is a graduate of Medical Faculty in Prishtina, Kosova. He has a president of International Virtual e-Hospital Foundation.

### **Arnauld Nicogossian, MD**

Dr. Nicogossian heads the Office of International Medical Policy at the School of Public Policy at George Mason University in Fairfax, Va. He has been Senior Advisor to the NASA Administrator for agency-wide issues related to health care provisions and aerospace medicine and has held increasingly responsible positions in NASA research and development areas for more than 30 years. He was named Associate Administrator for Life and Microgravity Sciences and Applications in May 1996, and has contributed significantly to the NASA mission of ensuring crew health in human exploration missions. He served as the lead physician for NASA's first international human space flight mission, the Apollo-Soyuz Test Project.

### **Max Stachura MD**

Dr. Stachura was Endocrinology Section Chief at the Medical College of Georgia, Augusta, from 1981 until he became Director of the Center for Telehealth and Georgia Research Alliance Eminent Scholar in Telemedicine in 1996. He continues his endocrinology practice with a sub-specialty focus in neuroendocrinology. Under his direction the Georgia Statewide Telemedicine Program grew to deliver more than 2000 specialty consultations per year. That statewide program has now been subsumed under the Georgia Technology Authority and WellPoint, Inc., allowing the Center and Dr. Stachura to focus on telehealth research, services development, and consultation activities. In 2000, he was appointed to the Board of Directors of the Alliance for Public Technology and served two terms as its president in 2005 and 2006.

### **Richard Stahl**

Dr. Stahl is the Vice President, Ambulatory Services Division, Yale-New Haven Hospital and Clinical Professor of Surgery, Yale University School of Medicine. He has administrative responsibility for Yale-New Haven's free standing surgery, endoscopy, radiology, stereotactic radiosurgery, and subacute care facilities. Dr. Stahl practices Plastic Surgery and is Board Certified in both Plastic Surgery and General Surgery. He received his M.D. degree from Vanderbilt University School of Medicine, an M.B.A. from the University of New Haven, and a Bachelor's degree in Physics from Emory University.

### **Mark VanderWerf**

Mr. VanderWerf founded, AMD Telemedicine which has over 5000 installations in over 275 telemedicine programs in 68 countries. He joined American Medical Development as a Vice President in 1991 where he was instrumental in changing the Company's focus from traditional medical products to telemedicine. In 1994 he became President changing the name to AMD Telemedicine. Prior to AMD, Mr.VanderWerf was a New Ventures Manager for Digital Equipment Corporation, also serving as an internal consultant and an international programs manager. Mr.VanderWerf is the 2006 recipient of the ATA Industry Council Leadership Award and the 2003 recipient of the New England Business and Technology Leadership award as among the top ten technology executives in the region. He is a member of the Board of Directors of the American Telemedicine Association and a founding Board of Directors member of the International Society for Telemedicine and eHealth.

### **Ronald Weinstein, MD**

Dr. Weinstein is the founding Director of the Arizona Telemedicine Program at the University of Arizona Health Sciences Center in Tucson. The Arizona Telemedicine Program, includes a large statewide award-winning multispecialty telemedicine practice, and the Arizona Telemedicine Training Center. Currently, the program provides tele-consultations in 61 subspecialties, and has provided over 600,000 tele-consultations including teleradiology. He received his M.D. degree from Tufts University School of Medicine and did his residency and fellowship training in pathology at the Massachusetts General Hospital and Harvard.

## **Appendix B** **Beta Test Participants**

### **Participating as a Volunteer in the *iCons in Medicine* Beta Test**

#### **Nedret Mujkanović, MD**

Dr. Mujkanović is a plastic surgeon and the Director of the University Klinical Center (UKC), Tuzla, Bosnia and Herzegovina.

#### **Elmir Cickusic, MD**

Dr. Cickusic is a pathologist and the Medical Director of the University Klinical Center (UKC), Tuzla, Bosnia and Herzegovina.

#### **Ronald Merrell, MD, FACS**

Dr. Merrell is professor of surgery and Director of the Medical Informatics and Technology Applications Consortium at Virginia Commonwealth University, Richmond, Virginia.

#### **Max Stachura, MD**

Dr. Stachura is the Director of the Center for Telehealth in Augusta, Georgia.

### **Participating as a Requestor in the *iCons in Medicine* Beta Test**

#### **Haris Huseinagic, MD**

Dr. Huseinagic is radiologist and the Chief of the Radiology Department of the University Clinical Center (UKC), Tuzla, Bosnia and Herzegovina.

#### **Mirsad Hodzic, MD**

Dr. Hodzic is a neurosurgeon and the Chief of the Neurosurgery Department of the University Clinical Center (UKC), Tuzla, Bosnia and Herzegovina.

#### **Jay H. Sanders, MD, FACP, FACAAI**

Dr. Sanders is President and CEO of The Global Telemedicine Group, Professor of Medicine at Johns Hopkins University School of Medicine (Adjunct), and a founding board member of the American Telemedicine Association, McLean, Virginia.

#### **Dale C. Alverson, MD**

Dr. Alverson is a Professor of Pediatrics and Regents' Professor on faculty at the University of New Mexico and the Medical Director of the Center for Telehealth and Cybermedicine Research at the University of New Mexico, Albuquerque, New Mexico.

**Appendix C**  
**Balkans Beta Test Survey Responses**

**Institution:** iCon Chapter

**Date Submitted:** 02/27/2008

1. The iCon forms and communication tools allow enough sharing of information for me to provide a consultation.

**Strongly Agree**

2. The iCon forms and communication tools allow me to give meaningful feedback and communicate effectively with the requesting doctor.

**Agree**

3. The iCon system is easy to use.

**Strongly Agree**

4. 48 hours is a reasonable time frame in which to provide an initial response to a case.

**Agree**

5. The ability to view and annotate images was useful to your consult.

**Strongly Agree**

6. The iCon Quick Start Guide provided me with useful instructions to use the iCon System.

**Strongly Agree**

7. The registration process to become a volunteer was simple and easy to understand.

**Strongly Agree**

8. I would register as an iCon Volunteer in the future based upon my current experience with the iCon system.

**Strongly Agree**

9. Is there additional information or data fields that should be included on the Case Details Form to provide the consulting physician with better information?

**10. Please provide us with any additional comments, questions, or suggestions regarding the iCon system.**

**Institution: iCon Chapter**

**Date Submitted: 02/28/2008**

**1. The iCon forms and communication tools allow enough sharing of information for me to provide a consultation.**

**Agree**

**2. The iCon forms and communication tools allow me to give meaningful feedback and communicate effectively with the requesting doctor.**

**Agree**

**3. The iCon system is easy to use.**

**Agree**

**4. 48 hours is a reasonable time frame in which to provide an initial response to a case.**

**Agree**

**5. The ability to view and annotate images was useful to your consult.**

**Agree**

**6. The iCon Quick Start Guide provided me with useful instructions to use the iCon System.**

**Neutral**

**7. The registration process to become a volunteer was simple and easy to understand.**

**Neutral**

**8. I would register as an iCon Volunteer in the future based upon my current experience with the iCon system.**

**Agree**

**9. Is there additional information or data fields that should be included on the Case Details Form to provide the consulting physician with better**



information?

**10. Please provide us with any additional comments, questions, or suggestions regarding the iCon system.**

**Institution:**

**Date Submitted:** 02/29/2008

**1. The iCon forms and communication tools allow enough sharing of information for me to provide a consultation.**

**Agree**

**2. The iCon forms and communication tools allow me to give meaningful feedback and communicate effectively with the requesting doctor.**

**Agree**

**3. The iCon system is easy to use.**

**Agree**

**4. 48 hours is a reasonable time frame in which to provide an initial response to a case.**

**Neutral**

**5. The ability to view and annotate images was useful to your consult.**

**Agree**

**6. The iCon Quick Start Guide provided me with useful instructions to use the iCon System.**

**Neutral**

**7. The registration process to become a volunteer was simple and easy to understand.**

**Neutral**

**8. I would register as an iCon Volunteer in the future based upon my current experience with the iCon system.**

**Agree**

9. Is there additional information or data fields that should be included on the Case Details Form to provide the consulting physician with better information?
10. Please provide us with any additional comments, questions, or suggestions regarding the iCon system.

**Institution:** iCon Chapter  
**Date Submitted:** 02/29/2008

1. The iCon forms and communication tools allow enough sharing of information for me to provide a consultation.

**Strongly Agree**

2. The iCon forms and communication tools allow me to give meaningful feedback and communicate effectively with the requesting doctor.

**Strongly Agree**

3. The iCon system is easy to use.

**Strongly Agree**

4. 48 hours is a reasonable time frame in which to provide an initial response to a case.

**Strongly Agree**

5. The ability to view and annotate images was useful to your consult.

**Strongly Agree**

6. The iCon Quick Start Guide provided me with useful instructions to use the iCon System.

**Strongly Agree**

7. The registration process to become a volunteer was simple and easy to understand.

**Strongly Agree**

8. I would register as an iCon Volunteer in the future based upon my current experience with the iCon system.

**Strongly Agree**

9. Is there additional information or data fields that should be included on the Case Details Form to provide the consulting physician with better information?
10. Please provide us with any additional comments, questions, or suggestions regarding the iCon system. **Looking forward to start the project!**

**Institution:** iCon Member Organization

**Date Submitted:** 02/29/2008

1. The iCon forms and communication tools allow enough sharing of information for me to make a consultation request.

**Strongly Agree**

2. The iCon forms and communication tools met my needs in communicating with consulting physicians.

**Strongly Agree**

3. The iCon software was easy to install and setup.

**Agree**

4. 48 hours is a reasonable time frame in which to receive an initial response to a case.

**Agree**

5. The ability to add and annotate images was useful to your consult request.

**Agree**

6. The iCon Quick Start Guide provided me with useful instructions to use the iCon System.

**Agree**

7. The registration process to become a member was simple and easy to understand.

**Agree**

8. I would register as an iCon Member in the future based upon my current experience with the iCon system.

**Strongly Agree**

9. Is there additional information or data fields that should be included on the Case Details Form to provide the consulting physician with better information?

**At present it seemed adequate but we should periodically ask participants for suggestions on additions, problems, etc.**

10. Please provide us with any additional comments, questions, or suggestions regarding the iCon system.

**I was quite impressed by the consultative response I got from Dr. Merrell considering the fact that the problem I asked for help on would not normally be considered an area of interest or expertise in his specialty.**

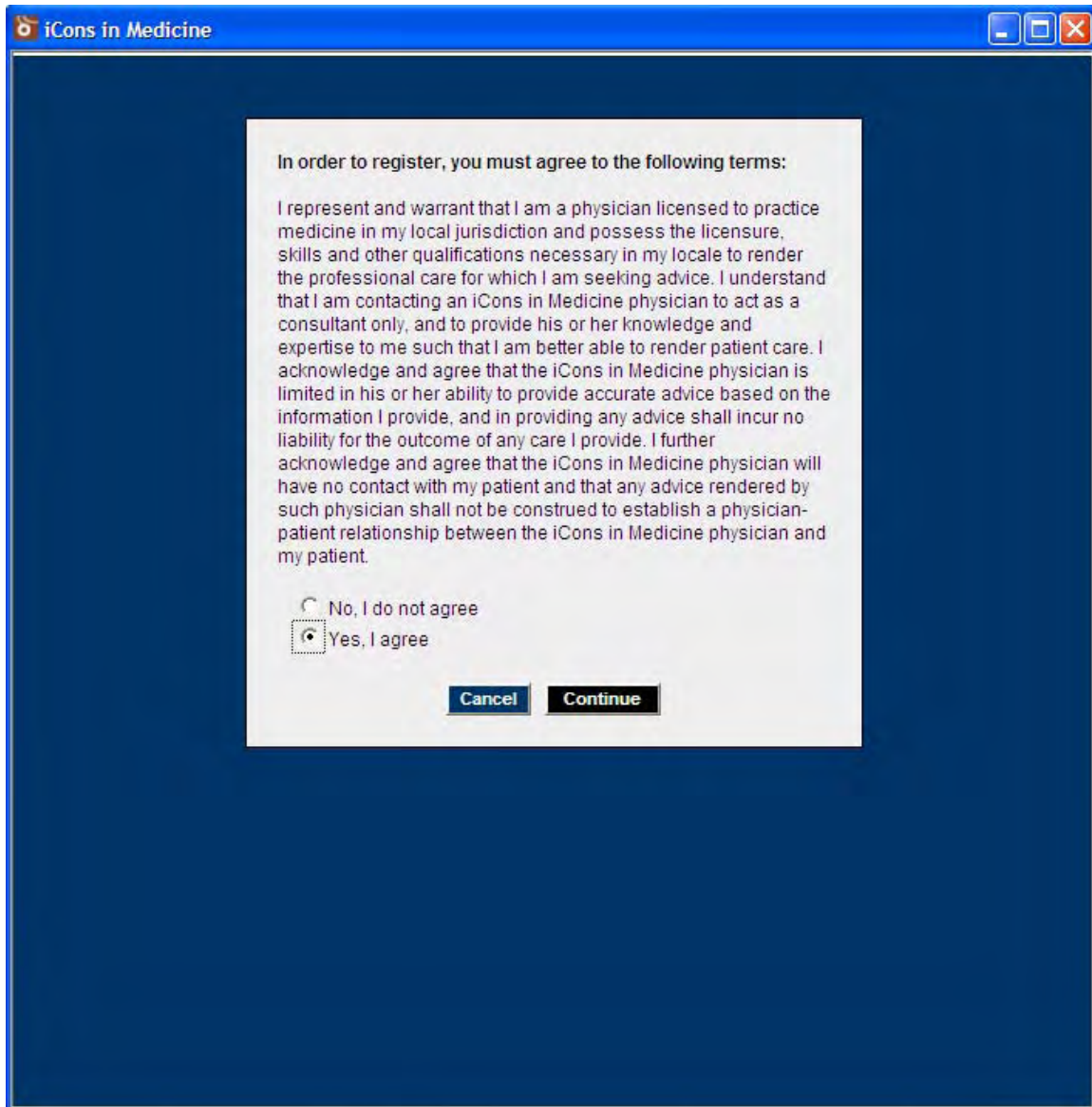
## Appendix D

### Screenshots of iCon application

Requesting physicians use the system through the *iCons in Medicine* store-and-forward software which they download to their PC. Upon launching the software, each requestor will be asked to log in.



If this is the requestors first time using the software on this PC, they select the link to “Click here to activate this application with your *iCons in Medicine* registration information.” They must then agree to all terms and conditions and click continue.



The screenshot shows a window titled "iCons in Medicine" with a blue header bar. The main area is dark blue. A white rectangular box in the center contains the following text:

In order to register, you must agree to the following terms:

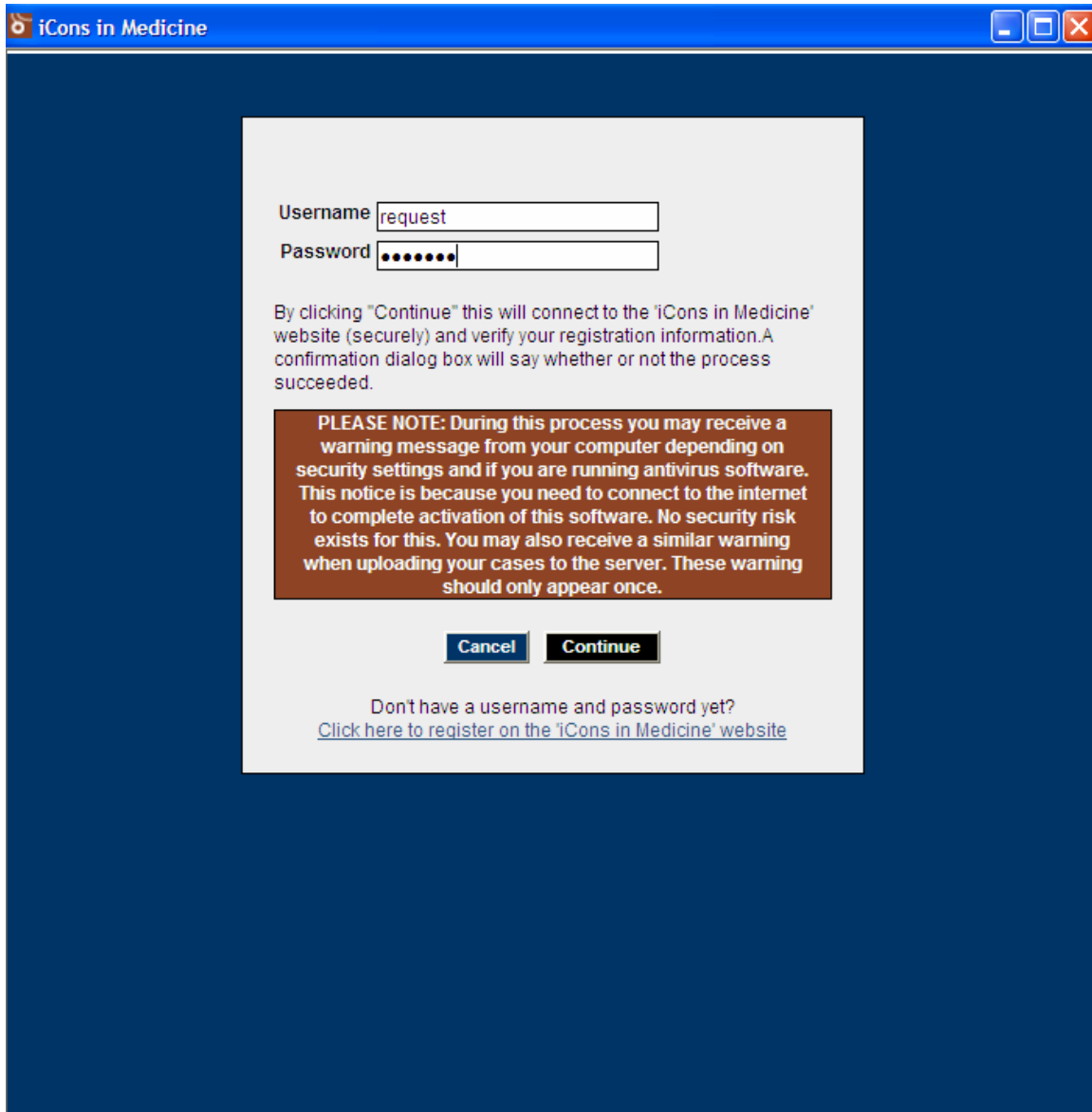
I represent and warrant that I am a physician licensed to practice medicine in my local jurisdiction and possess the licensure, skills and other qualifications necessary in my locale to render the professional care for which I am seeking advice. I understand that I am contacting an iCons in Medicine physician to act as a consultant only, and to provide his or her knowledge and expertise to me such that I am better able to render patient care. I acknowledge and agree that the iCons in Medicine physician is limited in his or her ability to provide accurate advice based on the information I provide, and in providing any advice shall incur no liability for the outcome of any care I provide. I further acknowledge and agree that the iCons in Medicine physician will have no contact with my patient and that any advice rendered by such physician shall not be construed to establish a physician-patient relationship between the iCons in Medicine physician and my patient.

Below the text are two radio buttons:

- ☐ No, I do not agree
- ☒ Yes, I agree

At the bottom of the white box are two buttons: "Cancel" and "Continue".

Next, the requestor will enter their username and password to register the *iCons in Medicine* software and begin making consults.



The image shows a Windows-style dialog box titled "iCons in Medicine". The dialog has a dark blue background with a light gray central area. At the top, there is a title bar with the text "iCons in Medicine" and standard window control buttons (minimize, maximize, close). The main content area contains a "Username" field with the text "request" and a "Password" field with seven dots. Below the fields is a paragraph of text explaining the "Continue" button's function. A prominent brown box with white text contains a "PLEASE NOTE" warning about security and internet connectivity. At the bottom, there are "Cancel" and "Continue" buttons, followed by a link for users who do not have a username and password yet.

**Username** request

**Password** ●●●●●●●

By clicking "Continue" this will connect to the 'iCons in Medicine' website (securely) and verify your registration information. A confirmation dialog box will say whether or not the process succeeded.

**PLEASE NOTE:** During this process you may receive a warning message from your computer depending on security settings and if you are running antivirus software. This notice is because you need to connect to the internet to complete activation of this software. No security risk exists for this. You may also receive a similar warning when uploading your cases to the server. These warning should only appear once.

**Cancel** **Continue**

Don't have a username and password yet?  
[Click here to register on the 'iCons in Medicine' website](#)

To begin entering a case, the requestor selects “Cases” then “New” from the top menu. They must indicate that you have obtained the patients consent on the pop-up that will appear before you can enter a new case. The requestor will enter a self-determined case number to reference the case, and all relevant case information. Once complete, the requestor will click “Save Consult Request.”

The screenshot displays the 'iCons in Medicine' application window. The title bar includes the application name and standard window controls. The menu bar contains 'Cases', 'Communication', 'Settings', and 'Help'. The status bar shows 'Cases Updated: 2/29/2008 - 13:34', a 'Send/Recieve' button, and a 'Connected' status with a green indicator. The main content area is titled 'Create New Consult Request' and is divided into two panels. The left panel, 'Patient Information', contains fields for 'iCon ID' (with a note 'Complete the form below and save.'), '\* Clinic Case #' (text input), 'Date' (set to 2/29/2008), '\* Specialty' (dropdown menu), '\* Age' (text input), '\* Gender' (dropdown menu), and five text areas for 'Patient History', 'Physical Exam', 'Labs', and 'Provisional Diagnosis'. The right panel, 'Images', has a header 'Click on image to annotate or delete.' and a large black image area. At the bottom of the form are 'Cancel' and 'Save Consult Request' buttons.

**iCons in Medicine**

Cases Communication Settings Help Cases Updated: 2/29/2008 - 13:34 Send/Recieve Connected

**Create New Consult Request**

**Patient Information** fields marked with \* are required

iCon ID Complete the form below and save.

\* Clinic Case #

Date 2/29/2008

\* Specialty - Select -

\* Age

\* Gender - Select -

Patient History

Physical Exam

Labs

Provisional Diagnosis

Cancel Save Consult Request

**Images**

Click on image to annotate or delete.



After the case information is saved, the requestor may add images to their case. To add an image, select “Add” on the right of the screen under images, browse for the image on your PC, and click “Open.”

**iCons in Medicine**

Cases Communication Settings Help Cases Updated: 2/29/2008 - 13:34 **Send/Receive** Connected

**Consulting Doctor: None Assigned**

**Patient Information** fields marked with \* are required  
To submit, click 'Send/Receive' button.

\* Clinic Case #

Date

\* Specialty

\* Age

\* Gender

**Patient History** Patient History:  
I am in a remote clinic and small attached hospital.  
Two hours ago, we received a 5 year old who fell from a horse. She


**Physical Exam** She had a right sided post-occipital ecchymotic area and slight swelling behind the right ear. There is some layered blood behind the right tympanic membrane. Pupils are

**Labs** Pending: CBC, electrolytes, glucose, urinalysis  
No CT or MRI capacity

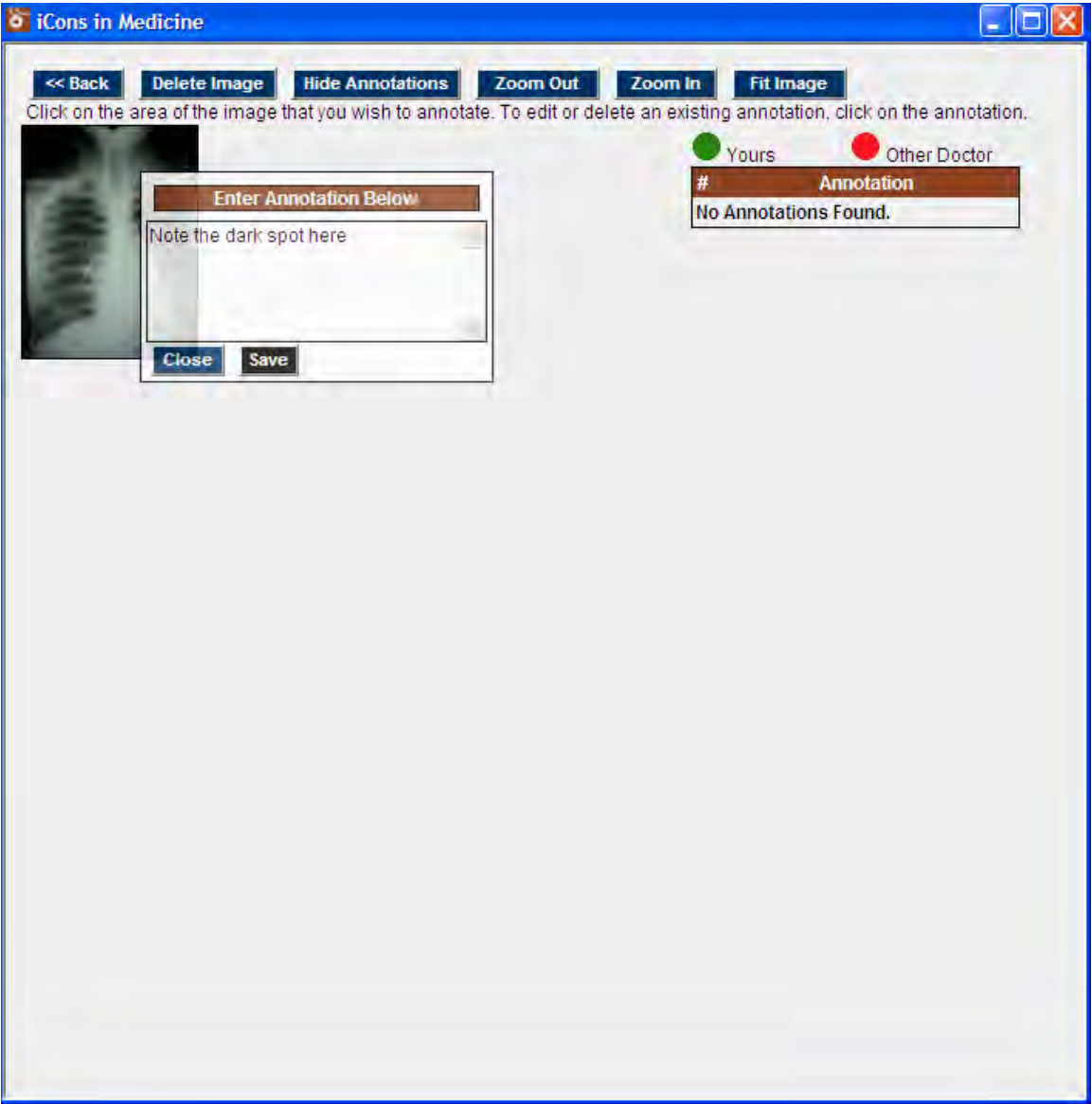
**Provisional Diagnosis** Possible intracranial hemorrhage and possible basilar skull fracture; consider subdural or epidural.  
We have minimal facilities here to manage this child. The closest

**Images**  
Click on image to annotate or delete.

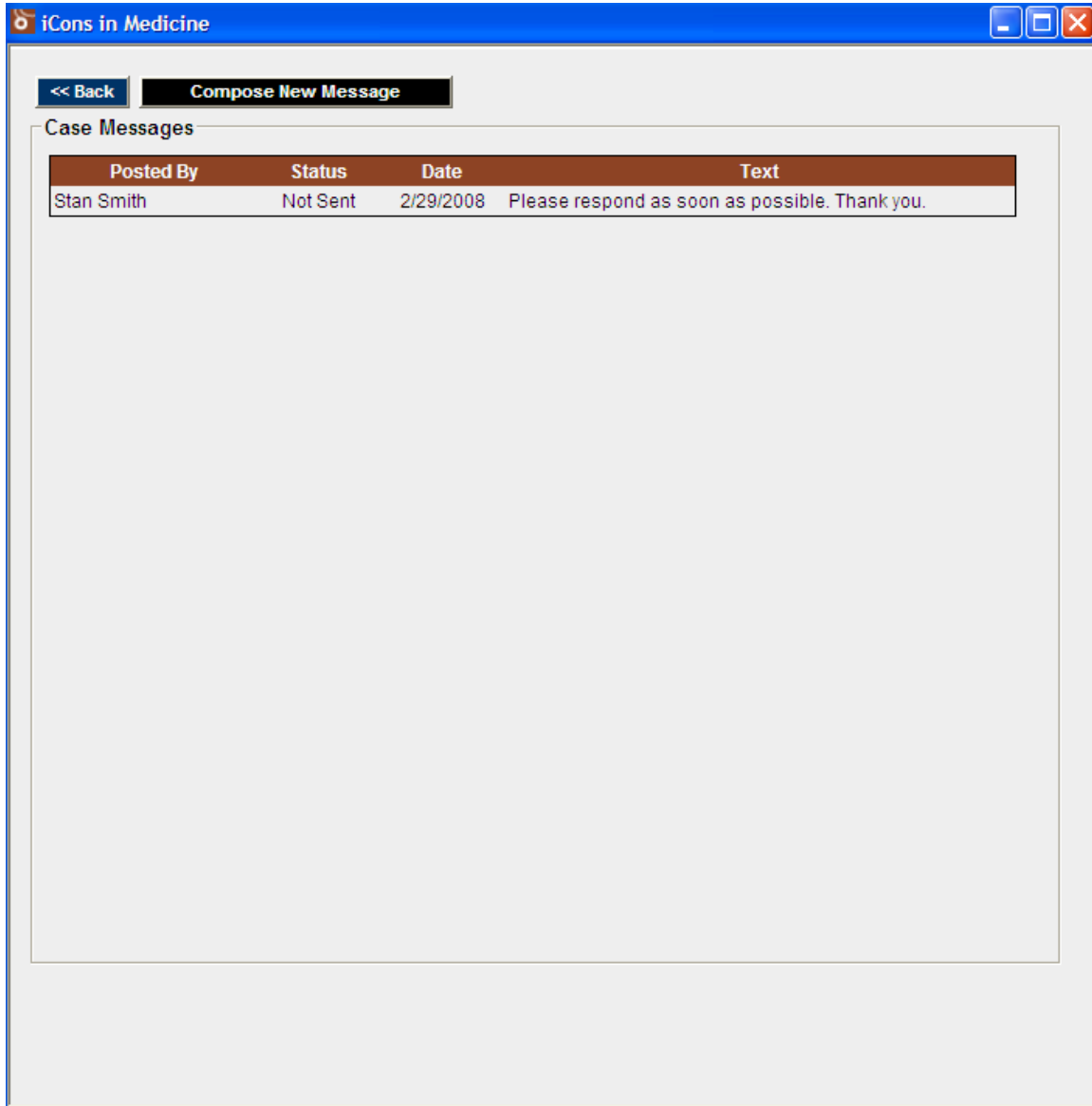
Upload:



Images may be annotated by selecting the image, clicking in a part of the image, and adding an annotation. These annotations will be able to be seen by volunteer physicians, and they will be able to add their own as well.



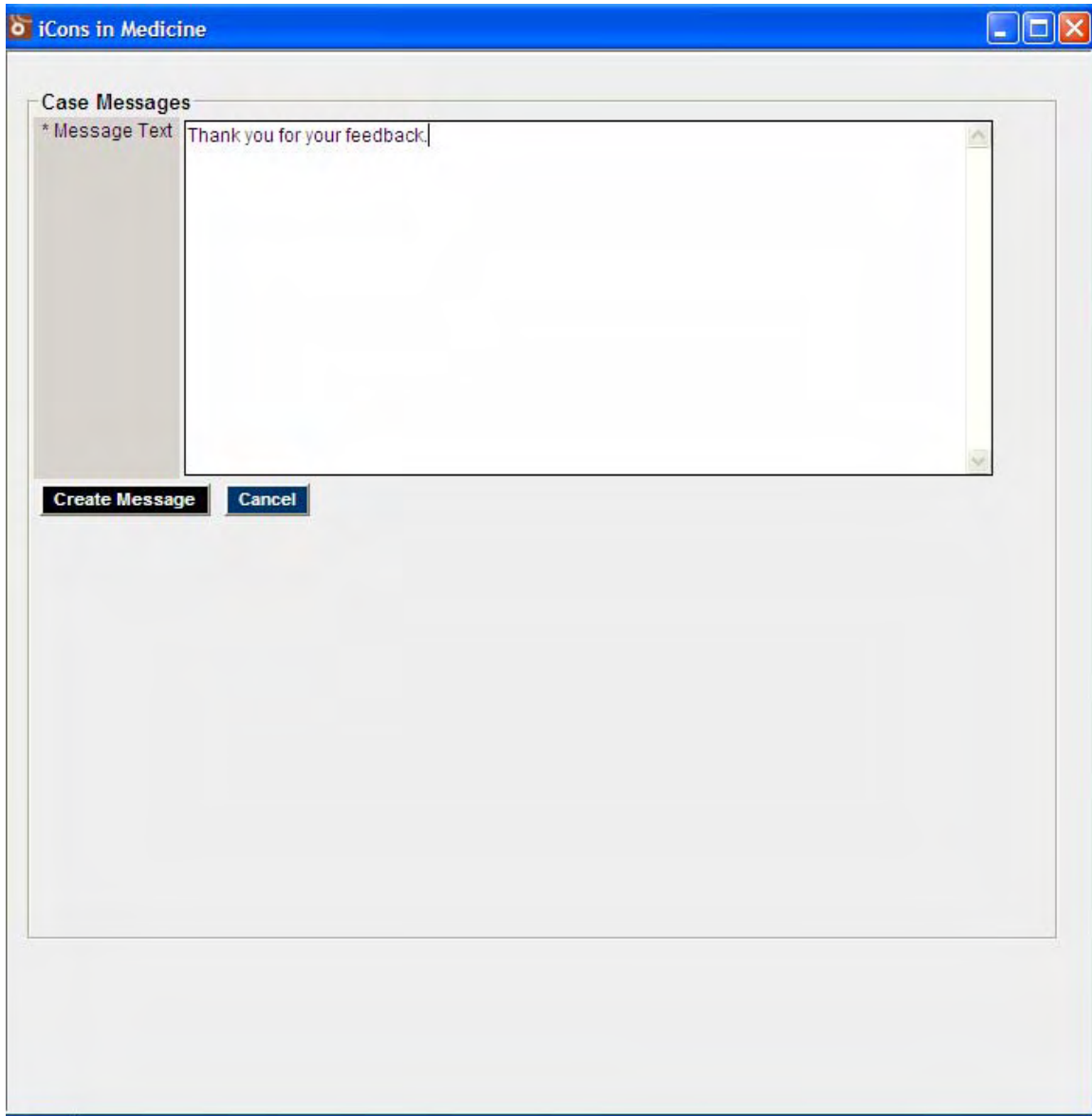
Communications between the requesting and volunteer physicians can be created and viewed by selecting “Communication, View All Messages.” To compose a new message to the consulting physician, select “Compose New Message.”



The screenshot shows a web application window titled "iCons in Medicine". Inside the window, there are two buttons at the top: "<< Back" and "Compose New Message". Below these buttons is a section titled "Case Messages" which contains a table. The table has four columns: "Posted By", "Status", "Date", and "Text". There is one row of data in the table.

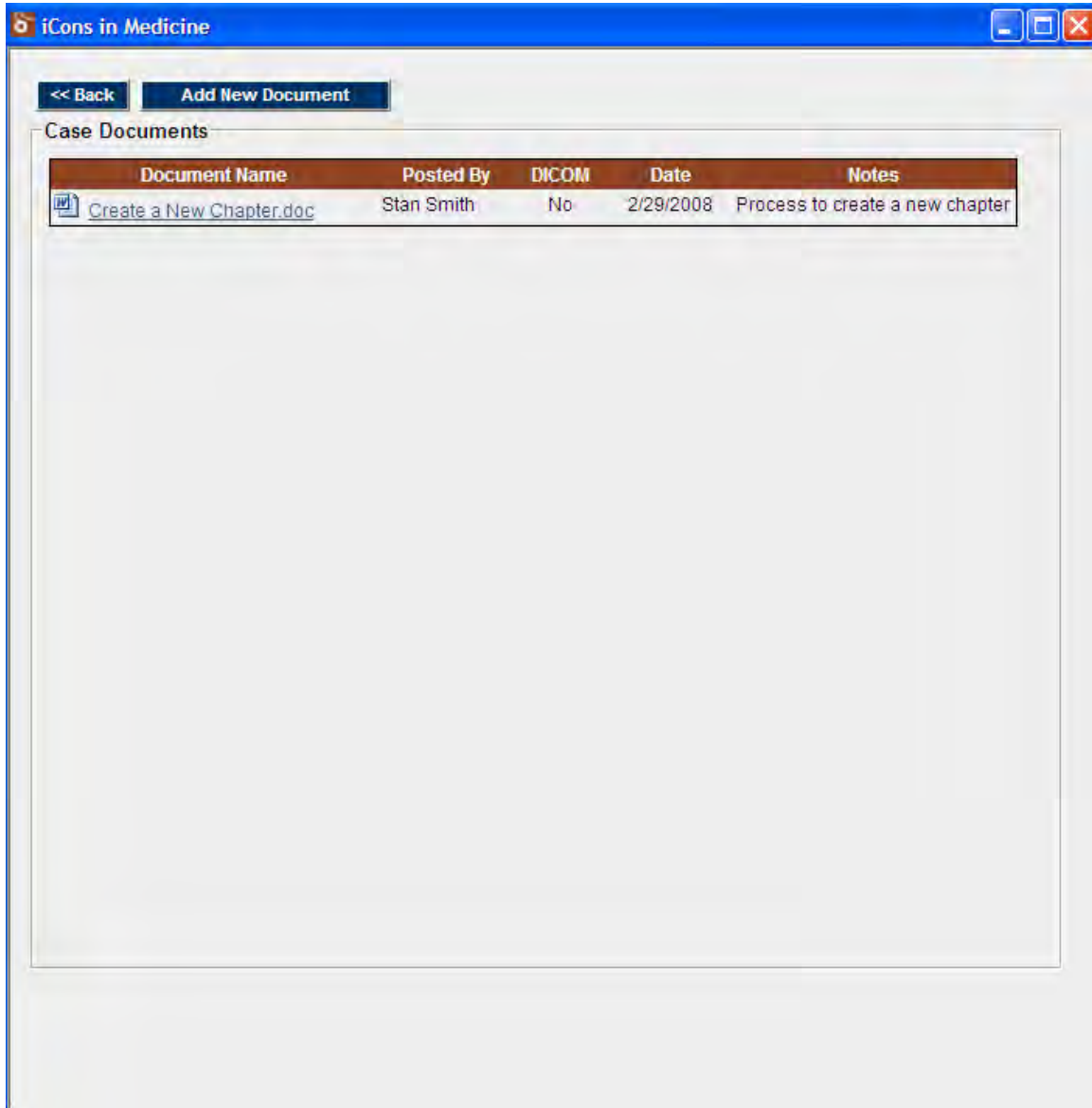
Posted By	Status	Date	Text
Stan Smith	Not Sent	2/29/2008	Please respond as soon as possible. Thank you.

To compose a new message, enter the message text and select “Create Message.” This will add the message to the message list.

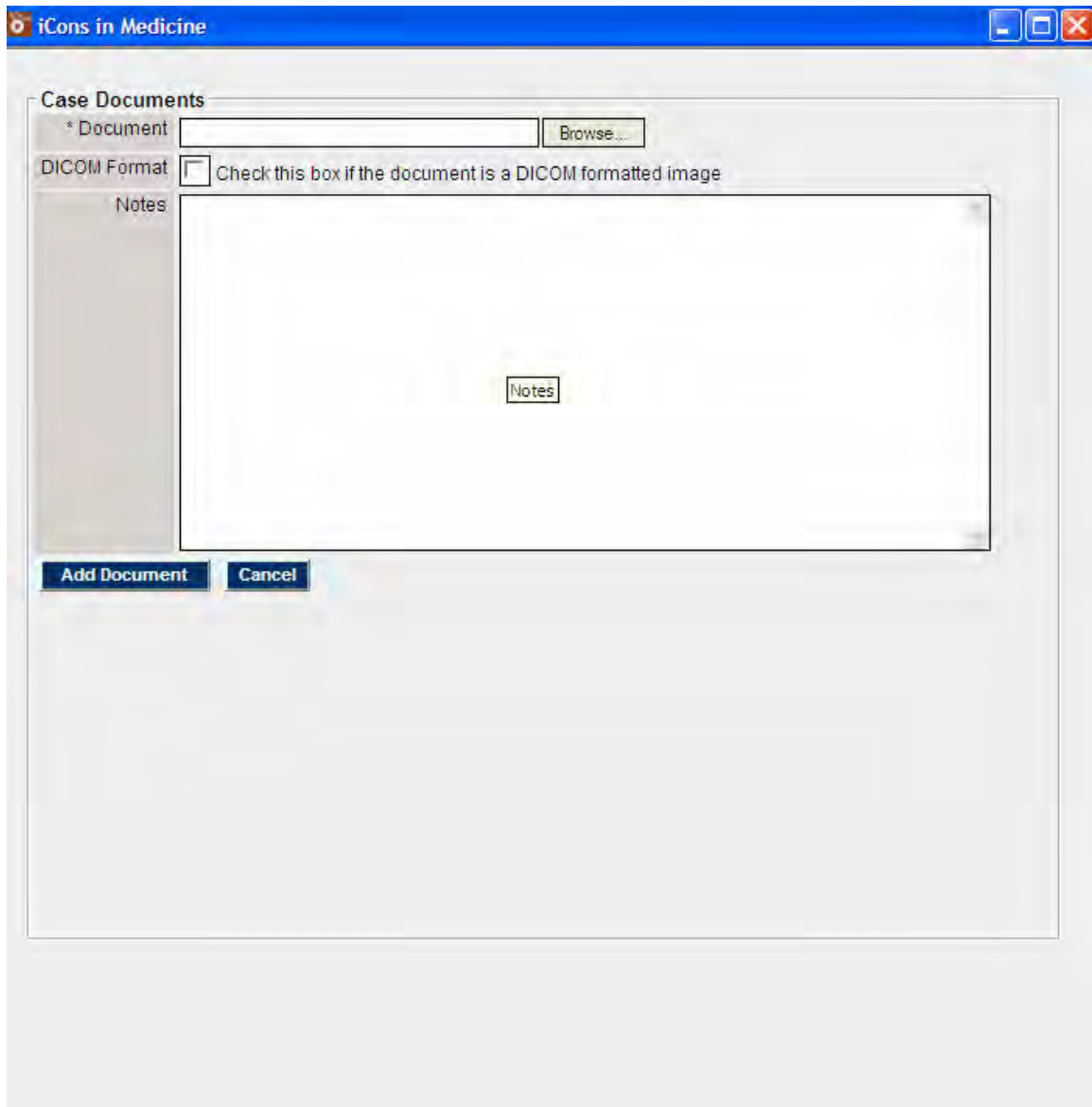


The screenshot shows a software window titled "iCons in Medicine" with standard Windows-style window controls (minimize, maximize, close). Inside the window, there is a section titled "Case Messages". Below this title is a text input field with a label "\* Message Text". The text "Thank you for your feedback." is entered into this field. To the right of the text input field is a vertical scrollbar. Below the text input field, there are two buttons: "Create Message" and "Cancel".

Case documents may be added by the requesting physician to each case and viewed by the volunteer physician. To access a list of case documents, or add a new document, select “Communication -View All Documents/”



To add a document, select “Add New Document,” browse for the document on your PC, add any notes you wish to associate with the document, and click “Add Document.” This will add the document to the document list, and will make it available to be viewed by the volunteer physician.



The screenshot shows a window titled "iCons in Medicine" with a blue title bar. Inside the window is a "Case Documents" dialog box. The dialog box has a left sidebar with a "Notes" section. The main area of the dialog box contains a text input field labeled "\* Document" with a "Browse..." button to its right. Below this is a checkbox labeled "DICOM Format" with the text "Check this box if the document is a DICOM formatted image" to its right. At the bottom of the dialog box are two buttons: "Add Document" and "Cancel".

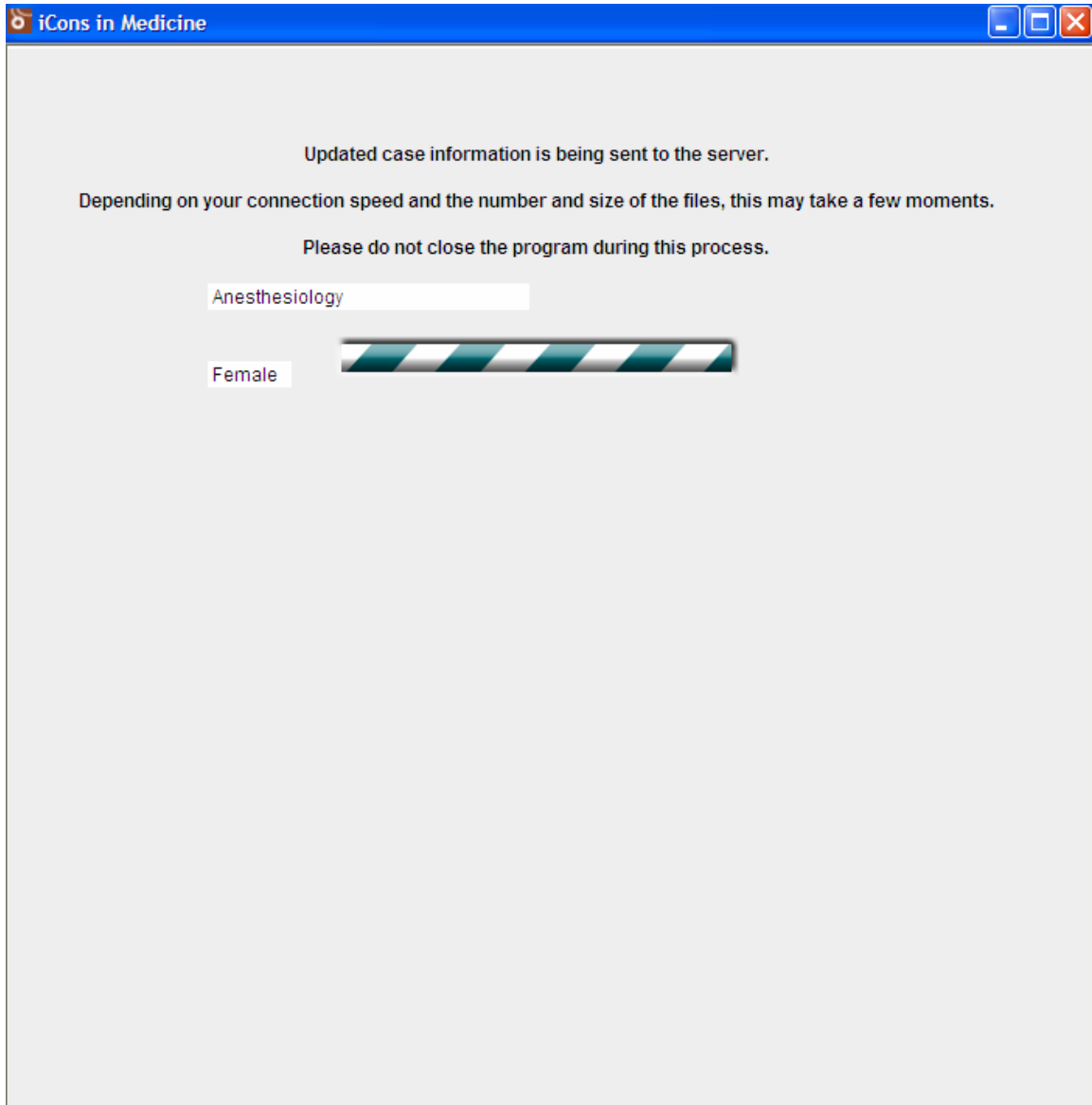
**Case Documents**

\* Document

DICOM Format ☐ Check this box if the document is a DICOM formatted image

Notes

In order for volunteer physicians to be able to view and consult on cases, requestors must “Send/Receive” the case information. This is necessary any time you have made changes to your case, have received new information from a volunteer physician. To “Send/Receive,” they must have a current working Internet connection. Click “Send/Receive” at the top of the “Case” page, and the information will be sent. If they do not “Send/Receive,” new cases and/or updates to existing cases will not be seen by volunteer physicians, nor will they be able to see any comments they have made on their cases.



When requestors are finished with a case and have received all the information they require from volunteer physicians, they should close their case. Cases may be closed by selecting “Cases -Mark Case Completed.” It is recommended that requestors enter a last message thanking the volunteer physician for their consult and letting them know that they are closing the case.

The screenshot shows a window titled "iCons in Medicine" with a blue header bar. Inside the window, the title "Confirm Case Completion" is displayed in a bold, brown font. Below the title, a message states: "Are you sure you want to mark this case as complete? This will make the case inactive. Case information will be archived, but you will no longer be able to communicate with the current Consultant on this case." This is followed by a prompt: "Please enter any additional comments you would like to pass on to the consulting doctor before you mark this case as complete." Below this text is a large, empty text area with a vertical scrollbar on the right. To the left of the text area, the label "Closed Comments" is visible. At the bottom of the window, there are three buttons: "Cancel", "Mark as Completed", and "Mark as Completed and Print".

**iCons in Medicine**

### Confirm Case Completion

Are you sure you want to mark this case as complete? This will make the case inactive. Case information will be archived, but you will no longer be able to communicate with the current Consultant on this case.

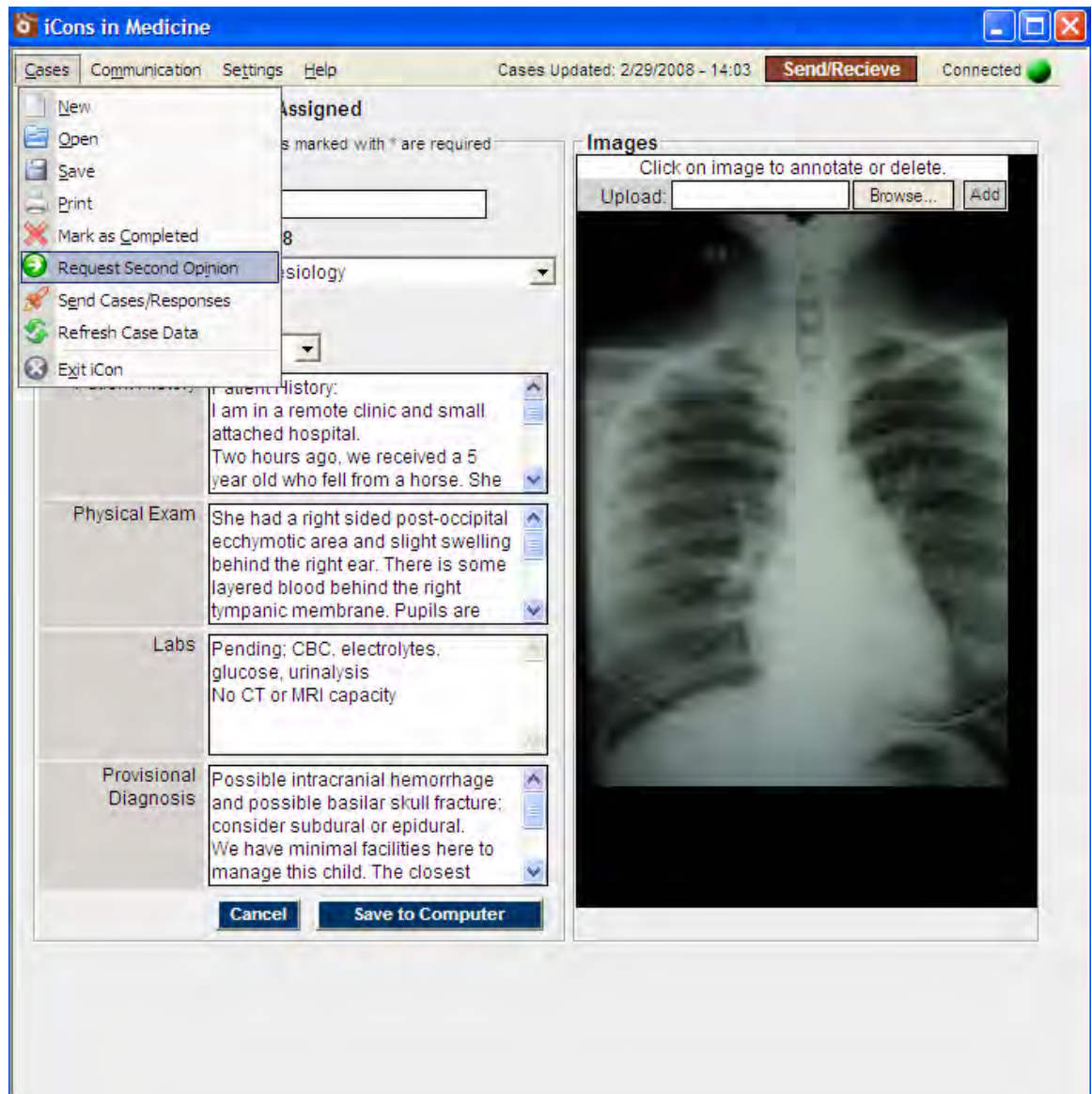
Please enter any additional comments you would like to pass on to the consulting doctor before you mark this case as complete.

Closed Comments

Cancel   Mark as Completed   Mark as Completed and Print



If a requesting physician is not satisfied with the consult they receive from a volunteer physician, they may request a second opinion. To request a second opinion, select “Cases -Request Second Opinion.” Please again compose a message to the original volunteer physician thanking them for their consult. The case will then be put back into the queue for Volunteers to browse and pick up for consult if they choose, with one exception. The ORIGINAL volunteer will not see the case back in the queue, and will not know that the case has been submitted for a second opinion.



## Appendix E

### Screenshots of *iCons in Medicine* website portion for Volunteers to consult

Joining *iCons in Medicine* begins from the homepage. Users may click “Join iCons in Medicine” to join as a General Member.

The screenshot shows the homepage of the iCons in Medicine website. The header features the iCons in Medicine logo on the left and a search bar on the right. Below the header, there is a navigation menu on the left with links to 'About iCons in Medicine', 'Program Details', 'Request Additional Information', 'News and Events', and 'Donate'. The main content area is titled 'Welcome to iCons in Medicine' and contains a mission statement, a description of the network, and a 'Join iCons in Medicine' button. A 'Member Login' section is located on the left side of the main content area, with fields for 'Username:' and 'Password:', a 'Login' button, and links for 'Not a member yet? Click here to join!' and 'Forgot Password?'. At the bottom, there is a 'Quick Start Guides' section with links to 'iCon Volunteer' and 'iCon Requestor'. The footer contains a navigation bar with links to 'Home', 'Privacy Policy', 'Service Agreement', 'iCon General Rules', and 'Site Map', followed by a copyright notice for The Center for International Rehabilitation.

**iCons in Medicine**

SEARCH  **GO**

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

**Welcome to iCons in Medicine**

At iCons in Medicine, our mission is to make the world a healthier place. We do this by using the Internet to connect doctors and improve care, one patient at a time.

Doctors and other health care professionals in underserved areas can access our network of dedicated physician volunteers, and engage them in a confidential and one-to-one analysis of difficult cases.

Our volunteer physicians, many of whom are leaders in their fields, provide expertise, encouragement and advice. Everyday they lend their support to the practice of medicine in some of the most difficult and remote places on earth. They foster international understanding and engage in global collaboration.

**Join iCons in Medicine**

**Member Login**  
Username:  
  
Password:  
  
**Login**

[Not a member yet?  
Click here to join!](#)

[Forgot Password?](#)


**Quick Start Guides:**

- iCon Volunteer
- iCon Requestor

[Home](#) | [Privacy Policy](#) | [Service Agreement](#) | [iCon General Rules](#) | [Site Map](#)

©2008 The Center for International Rehabilitation. All Rights Reserved. [Copyright/Trademark Notice](#)

Registrants will then complete the necessary information to become a General Member. Upon submissions, they will be automatically registered as a General Member, able to use all features of the system except consults.



SEARCH

+

About iCons in Medicine

Program Details

Request Additional Information

News and Events

Donate

Member Login


Username:


Password:

[Not a member yet?  
Click here to join!](#)

[Forgot Password?](#)

Quick Start Guides:

 iCon Volunteer

 iCon Requestor

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

## Register as an iCons in Medicine General Member

Membership in iCons in Medicine begins as a General Member

As a Member you may participate in forums, listservs, messaging, chat rooms and communities of practice to network and exchange information.

After submitting the required information below you may begin to use the services mentioned above.

Once enrolled as a general Member you may choose to apply to be a Volunteer or Requestor in the iConsult tele-consultation program.

*\* Indicates required fields.*

Prefix:

*\* First Name:*

*\* Last Name:*

Organization:

*\* Username:*

*\* Enter a Password:*

*\* Re-enter Password:*

*\* City:*

*\* Country:*

*\* Region:*

*\* Email:*

*\* Re-enter Email:*

Timezone:

*You must read and agree to the Service Agreement and Acceptable Use Policy below.*

*\* ☐ I have read and agree with the terms of the Service Agreement ([Service Agreement](#)).*

*\* ☐ I have read and agree with the terms of the Acceptable Use Policy ([Acceptable Use Policy](#)).*

After registering as a General Member, General Members may at any point further their membership by enrolling to become a Requesting Member or a Volunteer Consultant.

Welcome Elmir Cickusic

Icon Personal Homepage

Icon Cases

My Information

Directory

Manuals and Downloads

Messages (0 unread)

Forums

Listservs

Chat

Logout

About iCons in Medicine


Program Details


Request Additional Information

News and Events

Donate

Quick Start Guides:

 Icon Volunteer

 Icon Requestor

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

Register as an iCons in Medicine Member

Complete this form to apply as a Requestor. By selecting this Member Organization, you are indicating that you are a health care provider associated with this organization. Once you submit this form, it will be routed to the Member Organization for approval. First you will receive an e-mail indicating that you have completed the submission. Within 48 hours you will receive another e-mail indicating application approval by the Member Organization.

Once approved you may begin to submit requests for consults.

REMINDER! The iConsult desktop software (mentioned on the previous page) cannot be used on a MAC or Windows VISTA. Requests can only be made through the iConsult software. In order to use it you must have

- A PC with 32 bit Microsoft Windows and 5 megabytes of free hard drive space. (You can not use the iConsult Software on a MAC or Windows VISTA)
- Internet connection to transmit and receive iConsult software data. A connection is not required to use the software, only to transmit data between Requestors and Volunteers.
- Internet Explorer version 5, 6, or 7

\* Indicates required fields.

Institution: iCon Member Organization

\* Profession: - Select -

\* Title: - Select -

Languages:

Language: English Proficiency: Fluent

Language: - Select - Proficiency: - Select -

Language: - Select - Proficiency: - Select -

The primary language of iCons in Medicine is English. If you are not proficient in written English, we will make every effort to accommodate you in your language where possible.

Affirmation

I represent and warrant that I am a physician or health care practitioner, licensed to practice medicine in my local jurisdiction and possess the licensure, skills and other qualifications necessary in my locale to render the professional care about which I am seeking advice. I understand that I am contacting an iCons in Medicine Volunteer to act as a consultant only, and to provide his or her knowledge and expertise to me such that I am better able to render patient care. I acknowledge and agree that the iCons in Medicine Volunteer is limited in his or her ability to provide accurate advice based on the information I provide, and in providing any advice shall incur no liability for the outcome of any care I provide. I further acknowledge and agree that the iCons in Medicine Volunteer will have no contact with my patient and any advice rendered by such physician/health care practitioner shall not be construed to establish a patient care relationship between the iCons in Medicine physician/health care provider and my patient.

\* ☐ I have read the above affirmation and agree to the content therein.

Join

Cancel



iCon Volunteers access the system solely through the Web interface. Each member has their own personal home page. The home page contains forums, listservs, news items relevant to their specialty, and information regarding current member status, as well as a link to take a quick survey to provide feedback regarding recent iCons in Medicine experience.

The screenshot displays the iCons in Medicine web interface. At the top, the iCons logo is on the left, and a search bar with a 'GO' button is on the right. Below the header, a banner indicates sponsorship by the Center for International Rehabilitation. The main content area is titled 'Welcome David White' and includes a link to 'Take a short survey about your experience as an iCons in Medicine Volunteer'. Below this, there are sections for 'My Membership Status' (showing the user is a Chapter Leader), 'My Chapter Members' (showing 1 new member waiting for approval), 'My Network' (no members found), 'Forums' (no forums currently watched), and 'Listservs' (not signed up for any). A 'News' section on the right lists various medical news items with timestamps. The left sidebar contains a 'Welcome David White' section with links to personal homepage, cases, members, information, organization, directory, manuals, messages, forums, listservs, chat, and logout. Below this is an 'About iCons in Medicine' section with links to program details, request additional information, news and events, and donate. At the bottom, there are 'Quick Start Guides' for iCon Volunteer and iCon Requestor. The footer contains navigation links (Home, Privacy Policy, Service Agreement, iCon General Rules, Site Map) and copyright information for 2006 The Center for International Rehabilitation.

**iCons in Medicine**

SEARCH  GO

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

**Welcome David White** [? help](#)

[Take a short survey about your experience as an iCons in Medicine Volunteer](#)

**My Membership Status**  
You are registered as an iCons in Medicine Chapter Leader.

**My Chapter Members**  
You have 1 new member waiting for approval.  
[Go to User Management](#)

**My Network** [Add To Network](#) | [Hide Network](#)   
No members found.

**Forums** [Add A Forum Topic](#) | [Hide Forums](#)   
Select Type:    
Topic:  Last Post:   
You are not currently watching any forums.

**Listservs** [Add A Listserv](#) | [Hide Listservs](#)   
List Name:  Last Post:   
Not signed up for any listservs.

**News** [Hide News](#)   
Topic:    
Spice for mice - NHS Choices 2/29/2008 12:31 PM  
Atlanta's Children's Healthcare pumping \$430M into research - TechJournal South 2/29/2008 12:14 PM  
Two Doctors Admit No-Show Jobs at UMDNJ - NJBIZ 2/29/2008 12:07 PM  
They're helping kids fight the fat - Mooresville Tribune 2/29/2008 11:38 AM  
Researchers fine gene behind heart problem - Western Star 2/29/2008 10:35 AM  
[Quick Look] - Ceylon Daily News 2/28/2008 03:34 PM  
Allied makes an awesome return after Cardiology - Gold Coast News 2/28/2008 11:24 AM  
"We have a responsibility to report accurate data" - HealthTech Wire (press release) 2/28/2008 08:37 AM  
CardiacQA Surpasses 20000 Client Generated Nuclear Cardiology Reports - PR Leap (press release) 2/28/2008 03:01 AM  
Cardiologist Lee A. Surkin, MD, FACC Achieves Recertification in ... - Carolina Newswire (press release) 2/28/2008 12:05 PM

**Welcome David White**

**iCon Personal Homepage**

- iCon Cases
- My Members
- My Information
- My Organization
- Directory
- Manuals and Downloads
- Messages (0 unread)
- Forums
- Listservs
- Chat
- Logout

**About iCons in Medicine**

- Program Details
- Request Additional Information
- News and Events
- Donate


**Quick Start Guides:**

- iCon Volunteer
- iCon Requestor

Home | Privacy Policy | Service Agreement | iCon General Rules | Site Map

©2006 The Center for International Rehabilitation. All Rights Reserved. [Copyright/Trademark Notice](#)

Cases can be found by clicking the “iCon Cases” link. This will bring up a listing of cases a volunteer has accepted for consult, as well as cases awaiting consult in their specialty area. Volunteers may view case details by clicking a case to bring it up.



SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

**Welcome David White**

- iCon Personal Homepage
- My iCon Cases**
- My Members
- My Information
- My Organization
- Directory
- Manuals and Downloads
- Messages (0 unread)
- Forums
- Listservs
- Chat
- Logout

**About iCons in Medicine**

- Program Details
- Request Additional Information
- News and Events
- Donate

**Quick Start Guides:**

- iCon Volunteer
- iCon Requestor

**My iCon Cases**

**Cases I Have Accepted for Consult**

Show: My Active Cases
iCon ID/Case #:

iCon ID	Clinic Case #	Consulting Doctor	Specialty	▲ Date	Age	Gender
<a href="#">10044</a>	43343	<a href="#">David White</a>	Colon and Rectal Surgery	2/5/2008	12	Female

1 Record Found

**Cases Awaiting Consultant**


Select a case to view case details. You may accept the case if you choose to consult on the case. You can only see cases in your designated specialty area(s).

iCon ID	Clinic Case #	Requesting Doctor	Specialty	▲ Date	Age	Gender
<a href="#">10051</a>	001	Awaiting Consultant	Allergy and Immunology	2/21/2008	19	Female

1 Record Found

[Home](#) | [Privacy Policy](#) | [Service Agreement](#) | [iCon General Rules](#) | [Site Map](#)  
 ©2008 The Center for International Rehabilitation. All Rights Reserved. [Copyright/Trademark Notice](#)

Selecting a case will bring up the case details screen displaying all information entered on the consult request. If this case is available for consult, the “Accept Case” button will be present. Should the volunteer choose to accept this case for consult, they will click the “Accept Case” button and begin consulting on the case.



SEARCHGO

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

Welcome David White

[iCon Personal Homepage](#)  
:: [iCon Cases](#)  
[My Members](#)  
[My Information](#)  
[My Organization](#)  
[Directory](#)  
[Manuals and Downloads](#)  
[Messages \(0 unread\)](#)  
[Forums](#)  
[Listservs](#)  
[Chat](#)  
[Logout](#)

[About iCons in Medicine](#)  
[Program Details](#)  
[Request Additional Information](#)  
[News and Events](#)  
[Donate](#)

[Quick Start Guides:](#)  
[iCon Volunteer](#)  
[iCon Requestor](#)

**iCon Case Details**[help](#)

[Case Details](#)[Case Responses](#)[Case Documents](#)[Exit Case](#)

**Accept Case**

**Case Information**  
Requesting Doctor: [Dale Alverson](#)  
iCon ID: 10049  
Clinic Case #: 1  
Date: 2/11/2008  
Specialty: Allergy and Immunology  
Age: 5  
Gender: Female

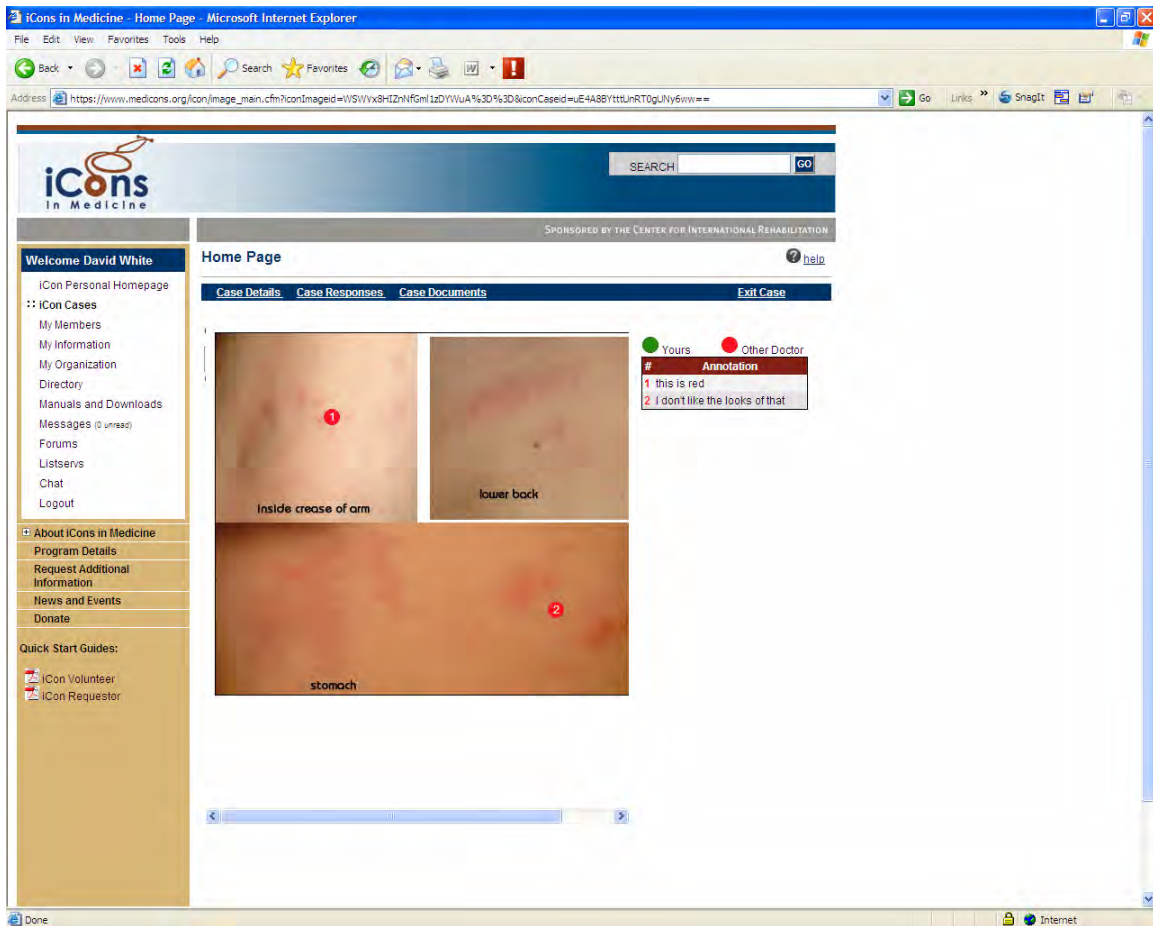
Images No images found.

**Patient History:**  
I am in a remote clinic and small attached hospital.  
Two hours ago, we received a 5 year old who fell from a horse. She lost consciousness for approximately 5 minutes, followed by a self-limited generalized tonic-clonic seizure lasting 2 minutes. She arrived in our clinic 1 hour after the fall. She was regaining consciousness and responsive to voice and touch with a weak cry.  
**Physical Exam:**  
She had a right sided post-occipital ecchymotic area and slight swelling behind the right ear. There is some layered blood behind the right tympanic membrane. Pupils are reactive to light with slight anisocoria; 5 mm OD, 3 mm OS. Optic discs are flat, DTR are somewhat unequal, brisker on the left and possible left Babinski. Pulse is 50, BP 135/90.  
**Labs:**  
Pending: CBC, electrolytes, glucose, urinalysis  
No CT or MRI capacity  
**Provisional Diagnosis:**  
Possible intracranial hemorrhage and possible basilar skull fracture; consider subdural or epidural.  
We have minimal facilities here to manage this child. The closest large medical center is 5 hours away. Transport would have to be by ground. Please advise as to next steps. Thank you, Dr. A

Home | [Privacy Policy](#) | [Service Agreement](#) | [iCon General Rules](#) | [Site Map](#)

©2008 The Center for International Rehabilitation. All Rights Reserved. [Copyright/Trademark Notice](#)

Click on a case image will bring up a larger view of the image with annotations available. The Volunteer will see annotations in red made by the requesting physician, and can place their own by clicking on a spot in the image and entering their own annotation, which will then be marked in green.





Selecting the “Case Responses” link will bring up a list of all communications between the requesting and volunteer physicians. Communications will be listed in the order in which they have been received, with the newest first. To compose a new message to the requesting physician, the volunteer would click “Add New Response.”

The screenshot shows a web browser window titled "iCons in Medicine - Home Page - Microsoft Internet Explorer". The address bar displays a URL from "https://www.medicons.org". The website header includes the "iCons in Medicine" logo and a search bar. A navigation menu on the left lists various user options like "Welcome David White", "iCon Personal Homepage", and "My Members". The main content area is titled "Case Responses" and features a sub-menu with "Case Details", "Case Responses", "Case Documents", and "Exit Case". Below this, a form displays case information: "Consulting Doctor: Awaiting Consultant", "iCon ID: 10047", "Clinic Case #: 3448877", "Age: 8", and "Gender: Female". A red banner indicates "Response Entered Successfully". A table lists the response details:

Posted By	Date	Status	Type
White, David	2/29/2008		General

The message content is "Have you tried antibiotic creams?". A summary at the bottom states "1 Record Found". The footer contains links for Home, Privacy Policy, Service Agreement, iCon General Rules, and Site Map, along with copyright information for 2008.

The volunteer physician will enter a new response and click “Create.” This will send the message to the requesting physician, and add the response to the “Case Responses” list.

The screenshot displays the iCons In Medicine web application. At the top left is the iCons logo with the tagline 'In Medicine'. To the right is a search bar with a 'GO' button. Below the header, a banner states 'SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION'. The left sidebar contains a 'Welcome David White' message and a navigation menu with links: 'iCon Personal Homepage', 'iCon Cases', 'My Members', 'My Information', 'My Organization', 'Directory', 'Manuals and Downloads', 'Messages (0 unread)', 'Forums', 'Listservs', 'Chat', and 'Logout'. Below this is a section for 'About iCons in Medicine' with links to 'Program Details', 'Request Additional Information', 'News and Events', and 'Donate'. Further down are 'Quick Start Guides' for 'iCon Volunteer' and 'iCon Requestor'. The main content area is titled 'Home Page' with a 'help' link. Below this is the 'Enter New Response' section, which includes a form with fields for 'Consulting Doctor: Awaiting Consultant', 'iCon ID: 10047', 'Clinic Case #: 3446677', 'Age: 6', and 'Gender: Female'. A large text area labeled '\* Response Text:' is provided for input. At the bottom of the form are 'Create' and 'Cancel' buttons. The footer contains links for 'Home', 'Privacy Policy', 'Service Agreement', 'iCon General Rules', and 'Site Map', followed by a copyright notice: '©2008 The Center for International Rehabilitation. All Rights Reserved. Copyright/Trademark Notice'.

iCons  
In Medicine

SEARCH  GO

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

Welcome David White

- iCon Personal Homepage
- iCon Cases
- My Members
- My Information
- My Organization
- Directory
- Manuals and Downloads
- Messages (0 unread)
- Forums
- Listservs
- Chat
- Logout

About iCons in Medicine

- Program Details
- Request Additional Information
- News and Events
- Donate

Quick Start Guides:

- iCon Volunteer
- iCon Requestor

Home Page [help](#)

Enter New Response

Consulting Doctor: Awaiting Consultant iCon ID: 10047 Clinic Case #: 3446677 Age: 6 Gender: Female


\* Response Text:

Create Cancel

Home | Privacy Policy | Service Agreement | iCon General Rules | Site Map

©2008 The Center for International Rehabilitation. All Rights Reserved. Copyright/Trademark Notice

Case Documents uploaded by the requesting physician can be viewed by selecting the “Case Documents” menu. The file type of each document uploaded is noted next to the file name. The document may be opened by clicking the document name link in the document list.



SEARCH

Welcome David White

iCon Personal Homepage

iCon Cases

My Members

My Information

My Organization

Directory

Manuals and Downloads

Messages (0 unread)

Forums

Listservs

Chat

Logout

About iCons in Medicine


Program Details


Request Additional Information

News and Events


Donate

Quick Start Guides:

 iCon Volunteer

 iCon Requestor

Sponsored by the Center for International Rehabilitation

Case Documents  [help](#)


Case Details

Case Responses

Case Documents

Exit Case

Consulting Doctor: Awaiting Consultant   iCon ID: 10047   Clinic Case #: 3446677   Age: 6   Gender: Female

Document Name	DICOM	Date	Notes
 <a href="#">Test</a>	No	2/28/2008	

1 Record Found

Home | Privacy Policy | Service Agreement | iCon General Rules | Site Map

©2008 The Center for International Rehabilitation. All Rights Reserved. [Copyright/Trademark Notice](#)

## Appendix F

### Quick Start Guide for Requestors



#### Quick Start Guide for Requestors

##### Enrolling as a Requestor


- ❶ Begin by going to <http://www.medicons.org> in your Web browser.
- ❷ From the Welcome to iCons in Medicine page, click the following link:  
**Join iCons in Medicine**
- ❸ Follow the directions to register a “General Member” and submit the form.  
Note: Make sure to fill out **required fields**, and read and check the following:
  - \*☒ I have read and agree with the terms of the Service Agreement ([Service Agreement](#)).
  - \*☒ I have read and agree with the terms of the Acceptable Use Policy ([Acceptable Use Policy](#)).
- ❹ Once submitted, you will see “Registration Success!” At this stage you have two options:
  - A) You can personalize your account information, or
  - B) You can register to submit consults to iCon Volunteers by selecting: [Become an iCon Requester](#)
- ❺ Select which organization you wish to join from the drop-down menu.

CR ▼

Select my iCon Member Organization
- ❻ Complete the form to register as an iCons in Medicine member and submit.  
Note: Make sure to fill out **required fields**, and read and check the following:
  - \*☒ I have read the above affirmation and agree to the content therein.
- ❼ You will receive an e-mail alerting you of successful registration. At this time you are not able to make consults. Your enrollment for participation with iConsult is currently being reviewed by your Member Organization. You will receive an e-mail notification of you approval status within 48 hours at which point you will be able to download the software and make consults.



## Downloading and installing the iCon Software: iConsult

Log in to <http://www.medicons.org> using your username and password. Click on **“Manuals and Downloads”** from the menu on the left. Download the software from the link labeled  [iCons in Medicine Installer](#) and save it to your desktop.

Double-click the iCon\_Installer icon from your desktop and follow the prompts to install the software.

Once installed, complete the steps below to activate the software on your computer:



- Launch the iCon Software. If this is the first time you are using the software, you must select [“Click here to activate this application with your 'iCons in Medicine' registration information.”](#) to use the software on your computer.



- If you have already completed this process the first time, log-in with your username and password.
- Agree to the Terms and Conditions of Use.
- Click Continue



- Enter your username and password.
- Click Continue to register the software on your computer.

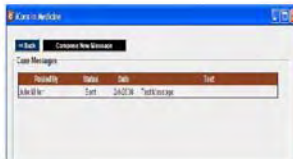
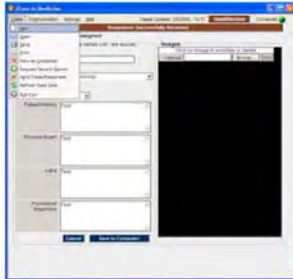


- You have now successfully setup the iCons in Medicine software and are ready to begin entering case information.
- See the next section of the guide for information on creating a new case for consult within the software.





## Submitting Cases for Consult



- To start a new case, select Cases → New from the top menu.
- Enter a Clinic Case Number. You may enter anything you wish for the case number, but make sure it is a format meaningful to you. This will be how your case is identified for you moving forward, so it should be something descriptive enough for you to identify.
- Fill in all case information and click Save to save your case information.
- At this point you may either Send/Receive your case information if you have a working internet connection and want to submit your case for consult, or you may upload images or documents to your case.
- Please note that **YOU MUST SAVE YOUR CASE INFORMATION BEFORE YOU CAN ADD AN IMAGE**. Image functionality will not work until you have saved your case information for the first time.
- To add an image to your case, select Browse underneath Images to locate the image on your computer you wish to upload to your case. Once you have located the image, click Add to attach the image to your case.
- You may double-click an uploaded image to edit the image, delete it, or create annotations to the image.
- Communications between you and the consulting physician will take place in the Communications section of the software. Access this section by clicking Communications → View all Messages.
- From here you will see messages sent from both you and the Consulting physician.
- To create a new message, select Compose New Message, enter your message, and click Create Message.
- Note that you must Send/Receive all information with an internet connection before messages will be sent to the Consulting physician.



## Other Features of Submitting a Case

### Send/Receive Information

The iCon software allows you to work offline when you do have a working network connection. In order to transmit case information, send communications, and receive communications from consulting physicians, you must click the Send/Receive button at the top of the software when you have a working network connection.

### Requesting a second opinion

If you are not satisfied with the consult provided by the consulting physician, you may request a second opinion on your case. The original consulting physician will not know that you have made this request.

To request a second opinion:

- Open the case
- From the top menu select Cases → Request Second Opinion

Your case will now be back in the queue to be picked up for consult by a different consulting physician.

### E-mail notifications

You will receive e-mail notifications when:

- Your request to become a Requestor and submit cases for consult has been approved by your member organization
- A case you have submitted has been accepted by a consulting physician
- A consulting physician has created a new communication on one of your cases

To view new messages on your cases, you must have a working Internet connection and Send/Receive information to see new communications from consulting physicians.

**For additional technical support, email [support@medicons.org](mailto:support@medicons.org)**

## **Appendix G** **Quick Start Guide for Volunteers**



### **Quick Start Guide: Volunteer**

#### Enrolling as a Volunteer

- ❶ Begin by going to <http://www.medicons.org> in your Web browser.
- ❷ From the Welcome to iCons in Medicine page, click the following link:  
[Join iCons in Medicine](#)
- ❸ Follow the directions to register a “General Member” and submit the form.  
Note: Make sure to fill out required fields, and read and check the following:
  - \*☒ I have read and agree with the terms of the Service Agreement ([Service Agreement](#)).
  - \*☒ I have read and agree with the terms of the Acceptable Use Policy ([Acceptable Use Policy](#)).
- ❹ Once submitted, you will see “Registration Success!” At this stage you have two options:
  - A) You can personalize your account information, or
  - B) You can register as an iCons in Medicine Volunteer by selecting: [Become an iCon Volunteer](#)
- ❺ Select which chapter you wish to join, using the drop-down menu:  
  
Join an existing chapter below.  
Top of Form  

Join this Selected Chapter
- ❻ Complete the form to register as an iCons in Medicine member and submit.  
Note: Make sure to fill out required fields, and read and check the following:
  - \*☒ I have read the above affirmation and agree to the content therein.
- ❼ “Registration Success,” will appear in the next window.
- ❽ You will receive an e-mail welcoming you to iCons in Medicine. You are now able to access profiles, chat rooms and forums by clicking on the link in the e-mail.

*(Please note: At this time you are not able to accept or make consults. Your enrollment for participation with iConsult is currently being reviewed by your Chapter- iCon Chapter. You will receive an e-mail notification of your approval status.)*





## Receiving and Consulting on Cases: iConsult

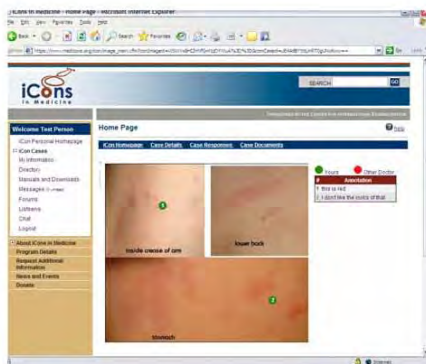
Once approved by your chapter, you will receive an e-mail stating:

“Your enrollment for participation in the iConsult program as a Volunteer has been approved by your Chapter—(name of chapter). You are now able to accept and respond to requests for consults.”

- 1 Follow the link in the e-mail, or simply log in to <http://www.medicons.org> using your username and password. Go to your “iCon Personal Homepage.”
- 2 To consult on a case, select “iCon Cases” on the left toolbar



- Once on the “iCon cases” screen, you will see two different categories: 1) “Cases I have Accepted to Consult” and 2) “Cases Awaiting Consult”
- If a Requestor has submitted a case to your specialty, a case will appear under the “Cases Awaiting Consult”
- To view the cases, select the magnifying glass icon located next to the iCon ID
- This page contains the “iCon case details” and provides the case details
- At the top of the page, you will see the options: “Case Responses” and “Case Documents.” If the Requestor has added additional information on his/her case, it will appear in these fields
- If you wish to accept this case, select the “Accept Case” tab. If you do not wish to accept the case for consult, simply go back to iCon Cases and browse for a different case.



- To respond to the case, you must first “accept” in which you agree to respond to the case in 48 hours.
- If the case has images, you can click the image for review. You can manipulate the size of the image by selecting the zoom function
- Click anywhere on the image to add an annotation. A box will appear where you may enter the annotation text.
- When the requestor opens the case on their computer, they can see your annotations.



- To respond to the case, select the “Case Responses” tab at the top of the screen
- Then select “New Response”
- Once you have entered in your response, select “Create.”
- At this stage, your response has been sent to the requestor

- You may consult on as many cases as you wish. Cases you have accepted will be listed under “Cases I have accepted for consult” under the “My Cases” link from your iCon home page.
- You will receive an e-mail notification if there is new activity on any cases you have accepted for consult. This will prompt you to log into iCons in Medicine to review new entries.

For additional technical support, email [support@medicons.org](mailto:support@medicons.org)

## **Appendix H**

**H.1 - Service Agreement**

**H.2 - Acceptable Use policy**

**H.3 - General Rules**

**H.4 - Privacy Policy**

**H.5 - *iCons in Medicine Tele-consult Handbook***

## **Appendix H.1**

# **Service Agreement**

**Prior to enrolling in the service as a Member of any degree, you must agree to the following terms and conditions. You may accept these terms and conditions by clicking on the "I Accept" button at the conclusion of the terms and conditions. You agree that you have read, understand and agree to be bound by this contract. If you do not wish to agree to this contract, do not access or use any part of this website.**

### **1. What the Contract Covers.**

This is a contract between you and the International Consultants in Medicine (ICON). Sometimes the International Consultants in Medicine is referred to as "ICON", "we," "us" or "our". This contract applies to any ICON or iCons in Medicine software, products or services, including updates that you use while this contract is in force. All of the software, products or services and the website are collectively referred to in this contract as the "service."

**PLEASE NOTE** that we do not provide warranties for the service. The contract also limits our liability. These terms are in sections 15 and 16 and we ask you to read them carefully.

### **2. When You May Use the Service.**

You may start using the service as soon as you have finished the sign-up process.

### **3. General Rules, Acceptable Use Policy, Legal Rights Notice and Privacy Policy.**

This contract and your use of this website are subject to and governed by, and all use must be in accordance with, the ICON General Rules the Acceptable Use Policy, the Copyright/Trademark Notice and the Privacy Policy, which are incorporated herein. ICON reserves the right to amend these agreements from time to time by posting the amended policies on the iCons in Medicine website. If any changes to the policies are unacceptable to you, please immediately cease your use of the service.

### **4. How ICON May Change This Contract.**

If we change this contract other than changes to the documents identified in section 3, then we will post a notice for Members on the iCons in Medicine website at least 30 days before the change takes place. If you do not agree to these changes, then you must cancel and stop using the service before the change takes place. If you do not stop using the service, then your use of the service will continue under the changed contract.

### **5. How You May Use the Service.**

As a general Member you may use the service to participate in Communities of Practice, forums, listservs, messaging and chat rooms in which to allow participating Members to network and exchange information. As a general Member, you may also apply for participation in the iConsult program if you qualify. The iConsult program refers to the iCons in Medicine Program's Store-and-Forward tele-consultation Software and Social Alliance website designed to facilitate the interactions between the health care professionals (Volunteers and Requestors). If approved by an ICON Chapter or Member Organization, you may use the service for the purpose of providing tele-consultations and/or requesting tele-consultations with respect to patient care, and communicating with iCons in Medicine Members with respect thereto.

You agree to use the iCons in Medicine website for lawful purposes and in compliance with all applicable laws, rules, regulations and policies.

#### **6. Changes to the Service; If We Cancel the Service.**

We may change the service or delete features at any time and for any reason. We may cancel or suspend your service at any time. Our cancellation or suspension may be without cause and/or without notice. Upon service cancellation, your right to use the service stops right away and all health information relative to your account is deleted. Once the service is cancelled or suspended, any data you have stored on the service may not be retrieved later.

#### **7. You Are Responsible For Your Service Account.**

Only you may use your service account. You are responsible for all activity that takes place with your service account. You may not authorize any third party to access and/or use the service on your behalf.

#### **8. Participant Materials on Our Website**

From time to time, the service may permit participants to submit materials (e.g., biographical materials, educational materials, research content, etc.) which may be displayed on our public website or on the website which is available only to Members of iCons in Medicine. Accordingly, you specifically agree that:

(a) That we have the right, but not the obligation, in our sole discretion to prescreen, refuse, move, modify or remove any third party content. We do not regularly do so currently and do not intend to do so in the future, but you nonetheless agree that we have the right to do so with respect to any content you provide. However, you should always assume that we have not pre-screened or validated any content from Members or other third parties. Accordingly, YOU AGREE THAT YOUR USE OF OR RELIANCE UPON ANY SUCH CONTENT IS AT YOUR SOLE RISK AND YOU ARE SOLELY RESPONSIBLE FOR EVALUATING THE ACCURACY, COMPLETENESS OR USEFULNESS OF ANY CONTENT ACCESSED THROUGH THE SERVICE.

(b) Any content and/or opinions uploaded, expressed or submitted to a message board, blog, chat room or any other publicly available section of the iCons in Medicine website (including password-protected areas), and all articles and responses to questions, other than the content provided by ICON, are solely the opinions and responsibility of the person or entity submitting them and do not necessarily reflect the opinions of ICON.

(c) You understand and acknowledge that you are responsible for whatever content you submit, and you, not ICON, have full responsibility for such content, including its legality, reliability, factual accuracy and appropriateness. You agree that you will not misstate your identity, name, or credentials on the iCons in Medicine website or to other iCons in Medicine Members. By uploading or otherwise transmitting material to any area of the iCons in Medicine website, you warrant that the material is your own or is in the public domain or otherwise free of proprietary or other restrictions and that you have the right to post it to the iCons in Medicine website. You grant to ICON the right to use all content you upload or otherwise transmit to the iCons in Medicine website, including, but not limited to, your name and credentials, in any manner ICON chooses, including, but not limited, to copying, displaying, performing or publishing it in any format whatsoever, sublicensing it, modifying it, incorporating it into other material, making a derivative work based on it, or otherwise utilizing the content in iCons in Medicine, our website and the Service, and to attribute your name to such content.

(d) ICON reserves the right, but does not assume any responsibility, to (1) remove any material posted on the iCons in Medicine website which ICON, in its sole discretion, deems inconsistent with the foregoing commitments, including any material the Company has been notified, or has reason to believe, constitutes a copyright infringement; and (2) terminate any user's access to

all or part of the iCons in Medicine website. However, ICON can neither review all material before it is posted on the iCons in Medicine website nor ensure prompt removal of objectionable material after it has been posted. Accordingly, ICON assumes no liability for any action or inaction regarding transmissions, communications or content provided by third parties. ICON reserves the right to take any action it deems necessary to protect the personal safety of users of this website and the public; however, ICON has no liability or responsibility to anyone for performance or nonperformance of the activities described in this paragraph.

(e) Your failure to comply with the provisions of this section may result in the termination of your access to the iCons in Medicine website and may expose you to civil and/or criminal liability.

## **9. Patient Privacy.**

This website is not intended for the display or transmission of personally identifiable patient information, and it is our joint understanding that personally identifiable patient information will not be transmitted through this service. In the event that such information should be sent or received, legal requirements covering the communication of patient information vary by jurisdiction. In the United States, the Privacy Requirements of the Health Insurance Portability and Accountability Act (HIPAA), the federal privacy law governing the use and disclosure of personal health information, generally permits the free exchange of health information among health care providers for treatment purposes. With respect to HIPAA, we are acting only as a conduit for the transmission of such data and not as a business associate.

Please note, HIPAA acts only as a "floor" with respect to privacy regulation. Thus, if a local jurisdiction has adopted a law governing the privacy of health care information that is more stringent than HIPAA, then that more stringent law will govern. Please note, many jurisdictions have adopted more stringent privacy laws relating to what is commonly termed "sensitive personal information", which may include, for example, information pertaining to HIV status, mental health status or genetic testing information. You are responsible for complying with the privacy law requirements applicable to your jurisdiction, including obtaining any necessary consents or authorizations from patients, before communicating any health information that may be privileged or protected by law.

All tele-consultations and their content received on the iCons in Medicine servers will be erased 30 days after the completion of a tele-consultation.

## **10. Security; Authentication network.**

You are solely responsible for keeping your service account log-on and password information secure. In the event that you learn of any security breach related to your log-on, password or the service generally, you will notify us promptly.

We may cancel or suspend your account for inactivity, which we define as failing to sign in to our authentication network for an extended period, as determined by us. If we cancel your credentials, your right to use our authentication network immediately ceases.

## **11. Advertisements.**

If your organization is interested in advertising on the iCons in Medicine website, please contact [support@iconsinmed.org](mailto:support@iconsinmed.org).

## **12. Links to Other Sites; References to Third Parties.**

The iCons in Medicine website may contain links to other websites. ICON is not responsible for and does not endorse the content, products, services or practices of any third party websites, including, without limitation, sites framed within the iCons in Medicine website or third party advertisements, and

does not make any representations regarding their quality, content or accuracy. Your use of third party websites is at your own risk and subject to the terms and conditions of use for such websites.

### **13. Software.**

If you receive software from us as part of the service, then we grant you the right to use the software for the authorized use of the service as stated in this Service Agreement. We reserve all other rights to the software.

We may post upgrades to the software that you may be required to download to your computer to update, enhance and further develop the service.

You will not disassemble, decompile, or reverse engineer any software included in the service, except and only to the extent that the law expressly permits this activity.

Unless we notify you otherwise, your right to use the software will end on the date your service ends.

### **14. Copyright Restriction / Use of Content.**

The entire contents of this website (including all information, software, text, displays, images and audio) and the design, selection and arrangement thereof, are proprietary to ICON or its affiliates or licensors and are protected by United States and international laws regarding copyrights, trademarks, trade secrets and other proprietary rights. You are authorized only to use the content on the iCons in Medicine website for personal use or legitimate business purposes related to your role as a current or prospective customer, supplier, or distributor of ICON. You may not copy, modify, create derivative works of, publicly display or perform, republish, store, transmit or distribute any of the material on this site without the prior written consent of ICON, except to: (a) store copies of such materials temporarily in RAM, (b) store files that are automatically cached by your web browser for display enhancement purposes, and (c) print a reasonable number of pages of the iCons in Medicine website; provided in each case that you do not alter or remove any copyright or other proprietary notices included in such materials. Neither the title nor any intellectual property rights to any information or material in this website are transferred to you, but remain with ICON or the applicable owner of such content. Except as expressly authorized by ICON in writing, you may not reproduce, sell or exploit for any commercial purposes (a) any part of this website, (b) access to this website or (c) use of this website or of any services or materials available through this website.

### **15. WE MAKE NO WARRANTY; INDEPENDENT MEDICAL JUDGMENT.**

WE PROVIDE THE SERVICE “**AS-IS**,” “**WITH ALL FAULTS**” AND “**AS AVAILABLE**.” WE DO NOT GUARANTEE THE ACCURACY OR TIMELINESS OF INFORMATION AVAILABLE FROM THE SERVICE, OR THAT THE SERVICE WILL BE REGULARLY AVAILABLE ON A 24X7 BASIS OR OTHERWISE OPERATE WITHOUT INTERRUPTION OR ERROR. THE ICON PARTIES GIVE NO EXPRESS WARRANTIES, GUARANTEES OR CONDITIONS. YOU MAY HAVE ADDITIONAL RIGHTS UNDER YOUR LOCAL LAWS THAT THIS CONTRACT CANNOT CHANGE. WE EXPRESSLY DISCLAIM ANY EXPRESS OR IMPLIED WARRANTIES OF ANY KIND, INCLUDING THOSE OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, WORKMANLIKE EFFORT AND NON-INFRINGEMENT.

You acknowledge and agree that the ICON parties are not providing any medical advice through the service and all content or tele-consultations received through the service are not a substitute for the professional judgment of healthcare providers in diagnosing and treating patients. The ICON parties are not giving medical advice or providing medical or diagnostic services.

### **16. LIABILITY LIMITATION.**

YOU ACKNOWLEDGE AND AGREE THAT IN NO EVENT SHALL THE ICON PARTIES BE LIABLE TO YOU OR YOUR PATIENTS FOR ANY DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES (INCLUDING LOSS OF USE OR LOST PROFITS) ARISING OUT OF OR OTHERWISE IN CONNECTION WITH THE SERVICE, WHETHER SUCH LIABILITY ARISES FROM ANY CLAIM BASED UPON CONTRACT, WARRANTY, TORT OR OTHERWISE, AND WHETHER OR NOT THE ICON PARTIES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH LOSS OR DAMAGE. IN ANY EVENT, THE ICON PARTIES' CUMULATIVE LIABILITY TO YOU AND YOUR PATIENTS FROM ALL CAUSES OF ACTION AND ALL THEORIES OF LIABILITY SHALL NOT EXCEED AN AMOUNT EQUAL TO \$1,000 U.S. DOLLARS. YOU ACKNOWLEDGE AND AGREE THAT THE DISCLAIMERS AND LIMITATIONS OF LIABILITY IN THIS SECTION ARE REASONABLE AND THAT THE ICON PARTIES WOULD NOT HAVE OTHERWISE MADE THE SERVICE AVAILABLE TO YOU IF THE ICON PARTIES COULD BE SUBJECT TO LIABILITY OR DAMAGES IN EXCESS OF THIS PARAGRAPH.

Some jurisdictions do not allow the exclusion or limitation of incidental or consequential damages, so the above limitations or exclusions may not apply to you. They also may not apply to you because your province or country may not allow the exclusion or limitation of incidental, consequential or other damages.

#### **17. Indemnification.**

You agree to indemnify and hold harmless ICON and its officers, directors, employees, agents, affiliates, third party information providers, licensors, contractors and others involved in the iCons in Medicine website or the delivery of products, services or information over the iCons in Medicine website, from and against any and all liabilities, expenses, damages and costs, including reasonable attorney's fees, arising from any violation by you of this Agreement or your use of the iCons in Medicine website or any products, services or information obtained from this website.

#### **18. Your Notices to Us.**

You may notify us as stated in the customer support or "help" area for the service. We do not accept e-mail notices.

#### **19. Notices We Send You; Consent Regarding Electronic Information.**

This contract is in electronic form. We have promised to send you certain information in connection with the service and have the right to send you certain additional information. There may be other information regarding the service that the law requires us to send you. We may send you this information in electronic form. You have the right to withdraw this consent, but if you do, we may cancel your service. We may provide required information to you:

- \* by e-mail at the e-mail address you specified when you signed up for your service;
- \* by access to an ICON website that will be designated in an e-mail notice sent to you at the time the information is available; or
- \* by access to an ICON website that will be generally designated in advance for this purpose.

Notices provided to you via e-mail will be deemed given and received on the transmission date of the e-mail. As long as you can access and use the service, you have the necessary software and hardware to receive these notices. If you do not consent to receive any notices electronically, you must stop using the service.

#### **20. Assignment.**

We may assign this contract, in whole or in part, at any time with or without notice to you. You may not assign this contract, or any part of it, to any other person. Any attempt by you to do so is void.



You may not transfer to anyone else, either temporarily or permanently, any rights to use the service or any part of the service.

#### **21. No Third Party Beneficiaries.**

This contract is solely for your and our benefit. It is not for the benefit of any other person, except for permitted successors and assigns under this contract.

#### **22. Choice of Law and Jurisdiction.**

Illinois state law governs the interpretation of this contract and applies to claims for breach of it, regardless of conflict of laws principles. All other claims, including claims regarding consumer protection laws, health information portability laws, and in tort, will be subject to the laws of your state of residence in the United States, or if you live outside the United States, the laws of the country to which we direct your service.

Exclusive jurisdiction over any cause of action arising out of this contract or your use of the iCons in Medicine website shall be in state or federal courts in the Cook County in the State of Illinois. You agree to submit to the jurisdiction and venue of such courts.

All parts of this contract apply to the maximum extent permitted by law. A court may hold that we cannot enforce a part of this contract as written. If this happens, then you and we will replace that part with terms that most closely match the intent of the part that we cannot enforce. The rest of this contract will not change. This is the entire contract between you and us regarding your use of the service. It supersedes any prior contract or statements regarding your use of the service. If you have confidentiality obligations related to the service, those obligations remain in force (for example, you may have been a beta tester). The section titles in the contract do not limit the other terms of this contract.

***[PLEASE NOTE: We recommend that you require participants to click "I accept" on this contract before they can enroll.]***

Any rights not expressly granted herein are reserved.

## **Appendix H.2**

### **Acceptable Use Policy**

#### **Introduction**

This Acceptable Use Policy (AUP) sets forth the principles that govern the use by Members of the Web-based products and services provided by International Consults in Medicine (ICON) as part of its iCons in Medicine Program. This AUP is designed to help protect our Members and the Internet community-at-large from irresponsible, abusive or illegal activities.

#### **General Violations**

The term "iCon service" as used here refers collectively to all software, products, web sites or services, including updates, provided by ICON. This AUP identifies the actions that ICON considers to be Prohibited Actions. Members agree to use the ICON service for lawful purposes and in compliance with all applicable laws, rules and regulations. Members agree that the following actions are Prohibited Actions which may result in suspension of Membership privileges:

##### **A. Prohibited Actions:**

- Copying or otherwise duplicating any iCon service or creating subsets or derivative databases from the iCon database, except for personal use only.
- Assigning, selling or passing along any iCon service.
- Publishing or otherwise disseminating any iCon service or creating subsets or derivative databases from the iCon database for commercial use or sale.
- Providing services for a fee using any iCon service or any subsets or derivatives thereof.
- Allowing data from the iCon service to be made available to others.
- Downloading any portion of any iCon service onto any electronic storage media or distributing or transferring the iCon database or Search Results in any form (printed, electronically relayed, posted to public list services or bulletin boards, or magnetically stored) to, or for the benefit, of others.
- Distributing passwords and/or access codes without prior written authorization
- Uploading to or transmitting on the iCon service any defamatory, indecent, obscene, harassing, violent or otherwise objectionable material, or any material that is, or may be, protected by copyright, without permission from the copyright owner.
- Using the iCon service to violate the legal rights (including the rights of publicity and privacy) of others or to violate the laws of any jurisdiction.
- Misrepresenting the credentials of any person and/or an affiliation with any person or organization.

- Collecting information about others (including e-mail addresses) without their consent.
- Downloading or uploading a file or software or including in a message any software, files or links that you know, or have reason to believe, cannot be distributed legally over any iCon service or that you have a contractual obligation to keep confidential (notwithstanding its availability on any iCon service).
- Using the service in a way that harms us or our affiliates or partners, or any patients or employees of an ICON party.
- Using any manual process to monitor or copy any of the material on this site or for any other unauthorized purpose without the prior written consent of ICON.
- 

Institutional users should contact their Site Administrator regarding the General Terms and Conditions of their License Agreement.

B. Prohibited Actions: Impersonation/Forgery

- Adding, removing or modifying identifying network header information (a.k.a. "spoofing") in an effort to deceive or mislead.
- Attempting to impersonate any person by using forged headers or other identifying information.

C. Prohibited Actions: Network unfriendly activity

- Any activities that may adversely affect the ability of other Members to use iCons in Medicine services or the Internet are prohibited. This includes "denial of service" attacks against the iCons in Medicine servers, network hosts or individual user.

D. Prohibited Actions: Commercial / Improper e-mail

- Sending unsolicited commercial e-mail.
  - Using an iCons in Medicine e-mail or Website address to distribute commercial e-mail is prohibited.
- Sending large volumes of unsolicited e-mail (a.k.a. "mail bombing").
- Intercepting or attempting to intercept electronic mail not intended for you.

E. Prohibited Actions: Access control and Authentication

- Attempting to circumvent user authentication or security of any host, network, or account (a.k.a. "cracking"). This includes, but is not limited to, accessing data not intended for the customer, logging into a server or account the customer is not expressly authorized to access, or probing the security of iCons in Medicine servers and networks.

F. Prohibited Actions: Proxy Hunters, Spiders, Robots, Viruses

- Using any program, script, command, robot, BOT, spider, periodic caching of information stored by ICON, “meta-searching” or sending messages of any kind designed to interfere with a User's session by any means, locally or by the Internet.
- Uploading or otherwise transmitting files that contain a virus or corrupted data;

### **Enforcement**

International Consults in Medicine reserves the right to monitor Internet access to the iCons in Medicine Program services by Member(s) as part of the normal course of its business practice. Should ICON discover any Member(s) engaged in Prohibited Actions as outlined above, ICON reserves the right to temporarily suspend Member access to the iCons in Medicine Program Host Server and/or iCon database. ICON shall make written/electronic notification to Member point of contact of any temporary suspension, and the cause thereof, as soon as reasonably possible. This temporary suspension will remain in effect until the Prohibited Actions have ceased.

## **Appendix H.3**

### **General Rules**

#### **ARTICLE 1**

*Mission, Goal and Founding Principles of International Consultants in Medicine (ICON) Alliance*

##### **Section 1.01 Mission Statement 1**

##### **Section 1.02 Goal of ICON Alliance 1**

##### **Section 1.03 Founding Principles of ICON Alliance 1**

#### **Article 1**

#### **Mission, Goal and Founding Principles of ICON Alliance**

##### **Section 1.01 Mission Statement.**

The mission of ICON Alliance is to create a volunteer Alliance of knowledgeable and committed health professionals, enabled by appropriate information and communication technology, in order to make-high quality medical knowledge available wherever medicine is practiced and bridge the geographic, cultural and political barriers around the world.

##### **Section 1.02 Goal of ICON Alliance.**

The goal of ICON Alliance is to address health disparities by increasing the quality and availability of health and rehabilitation services in remote and medically underserved areas.

##### **Section 1.03 Founding Principles of ICON Alliance.**

The principles on which ICON Alliance was founded, and which guide the operation and expansion of the global ICON Alliance, include the following (collectively, the “**Founding Principles**”):

- (a)** Medical knowledge and skills should be shared across political, social, economic and cultural boundaries in order to promote the health and wellness globally.
- (b)** Volunteer activities provide an important means of addressing health disparities while allowing health care providers to connect with their mission of healing.
- (c)** Information and communication technologies can be used to foster connections and relationships that yield important benefits to ICON Alliance both within and beyond the boundaries of medicine.
- (d)** Every health care provider who meets the eligibility requirements set out in these General Rules (Article 7) should have the opportunity to participate in and benefit from the online tele-consultations, medical missions, trainings and conferences offered by ICON Alliance.
- (e)** ICON Alliance must transcend all boundaries of race, gender, religion, national origin, geography, and political philosophy, and offer medical opportunities to all eligible persons in accordance with uniform worldwide standards.
- (f)** ICON Alliance celebrates and strives to promote the spirit of volunteerism and a love of healing for its own sake. To that end, ICON Alliance aims to provide every qualified provider with an opportunity to participate in volunteer tele-consultations, medical missions, training and conferences which challenge that health care provider to his or her fullest potential. ICON Alliance recognizes that health disparities exist in all countries and therefore requires that ICON Alliance Conferences and Trainings offer materials that are appropriate to providers of all nations, cultures and practice environments.

#### **ARTICLE 2**

*Definitions; Structure of ICON Alliance 2*

##### **Section 2.01 Definitions 2**

##### **Section 2.02 Role of ICON 4**

##### **Section 2.03 Powers and Responsibilities of ICON 5**

- (a) Protecting and Licensing Use of All Intellectual Property of ICON 5
- (b) Establishing Uniform Standards 5
- (c) Affiliating ICON Alliance Organizations 5
- (d) Establishing Rules for ICON Alliance Activities 5
- (e) Organizing World and Regional Conferences 5
- (f) Administering the Worldwide ICON Alliance 5
- (g) Conducting Programs and Activities for the Benefit of ICON 5
- (h) Approving Multi-Jurisdictional Activities by Affiliated Entities 5
- (i) Overseeing Fund-Raising and Development Activities 6
- (j) Enforcing ICON Alliance Policies 6

**Section 2.04 Role of Affiliated Entities 6**

**Section 2.05 Powers and Responsibilities of Affiliated Entities 6**

- (a) Generally 6
- (b) Matters Within an Affiliated Entity's Decision-Making Authority 6

**Section 2.06 No Liability 6**

**Section 2.07 Role of Conference Organizing Committees (COCs) 6**

**Section 2.08 Regional Divisions for Affiliated Entities 7**

- (a) Purpose of Regions; Creation and Composition 7
- (b) Regional Divisions for Affiliated Entities 7
- (c) Sub-Regional Divisions 7

**Section 2.09 Other Organizations Established or Recognized by ICON 7**

**Section 2.10 Relationship with The Center for International Rehabilitation 7**

**Section 2.11 Relationship with United Nations 7**

**Section 2.12 Relationship with Other Organizations 7**

**Section 2.01 Definitions.**

The words and phrases listed below have the following meanings whenever they are used in these General Rules with initial capitalization:

**“Advisory Committee(s)”** means, individually or collectively, the committees formed within ICON Alliance as needed to perform the functions given to it in the General Rules or announced during its formation, e.g., Leadership Councils.

**“Affiliation License”** means the written license which each Affiliated Entity is required to complete and submit to International Consultants in Medicine, as part of its application for new or renewed affiliation as an authorized ICON Alliance program.

**“Affiliation Standards”** means the written criteria established by ICON for granting or renewing the affiliation of Affiliated Entities, which criteria ICON may revise from time to time.

**“Affiliated Entity(s)”** unless otherwise indicated by a specific Section of these General Rules, means any Regional Organization, National Organization, U.S. Organization, or other organization affiliated by or through ICON’s authority to organize and conduct the ICONs in Medicine Program Tele-consultations and Medical Missions within a particular jurisdiction. Where required by the context, the phrase “Affiliated Entity” also includes Sub-Entities (e.g., Chapters and Member Organizations).

**“Board of Directors”** means the Board of Directors of an Entity which is operated as an independent legal entity or the committee or association which has the ultimate legal responsibility for governing the affairs of an Entity which is not operated as an independent legal entity.

**“Chapters”** refers to groups of three or more Volunteers who join together and are registered by ICON or an Affiliated Entity to conduct ICON Alliance activities that are entirely within the jurisdiction of the registering body.

**“Chapter Conferences”** means any Conference offered or conducted by a Chapter, encompassing the same geographic area that defines the jurisdiction of that Chapter.

**“Conference”** means, generally, any ICON Alliance Conference offered or conducted by ICON, a COC, an Affiliated Entity, or any other organization or entity licensed by ICON to conduct Conference under the name or auspices of ICON Alliance. Conferences are to bring together ICON Alliance with health care providers in more than two (2) Official medical specialties and technology experts in order to exchange ideas and develop relations, strengthen international ties, foster goodwill and promote mutual understanding.

**“COC(s)”** means, individually and collectively, the Conference Organizing Committee(s) licensed and authorized by ICON to organize, finance and conduct specific World Conference and/or any other ICON-sanctioned events.

**“Executive/National Director”** means the individual who has the authority and responsibility for managing the day-to-day affairs of an Affiliated Entity, as required by Section 5.01(b)4.

**“Founding Committee”** means a committee formed to create an Affiliated Entity in a jurisdiction where there is no Affiliated Entity or to reorganize a formerly Affiliated Entity.

**“Graphics Standards Guide”** means the publication entitled “Graphic Standards Guide” issued periodically by ICON for the use of all Affiliated Entities, and any amendments or supplements to the Graphics Standards Guide subsequently approved by ICON.

**“ICON”** means International Consultants in Medicine the entity defined and described in Section 2.02.

**“ICONS in Medicine Program”** means all of the programmatic elements of ICON, i.e. Tele-consultations, Medical Missions, Conferences and ICON Online Resource Center

**“ICON’s Chair”** means the Chairperson of the Board of Directors of ICON.

**“ICON Medical Handbook”** means the separate document entitled “ICON Medical Handbook,” which is issued periodically by ICON for the use of all Affiliated Entities and COCs in conducting Tele-consultations and Medical Missions, as amended and updated from time to time by ICON.

**“ICON Logo”** means the official logo of ICON and ICON Alliance and all of its component marks and figures, which logo is depicted in the Graphics Standards Guide and is registered with the United States Patent and Trademark Office as ICON’s official logo and registered mark.

**“ICON Mark(s)”** means, individually and collectively: (1) the mark and name “ICON Alliance,” regardless of how that name is used or displayed, and specifically, whether or not it is used by itself or with ICON’s name, the name of an Affiliated Entity, the name or logo of a COC, or the name of a ICON Alliance event; (2) the ICON Logo; (3) any Conference or COC logo, slogan or theme used by ICON, a COC or an Affiliated Entity; (4) The Law (5) any figures or logos used by ICON or any COC as symbols for medical specialty consultations; and (6) any other mark, name, logo, emblem, slogan, motto, depiction or other expression which ICON has approved for use in connection with ICON Alliance, for which ICON has filed ownership registration(s) with the U.S. Patent and Trademark Office and/or any other trademark registration entity or governmental authority, or which ICON determines has become identified and associated with ICON Alliance through repeated usage in connection with ICON Alliance programs or events.

**“ICON Alliance,”** when used in these General Rules without any other modifying or limiting term, is intended as a generic reference to the collection of affiliated organizations that participate in the ICONs in Medicine Program of medical Tele-consultations, Medical Missions and Conferences and the global linkages and other activities such as related training and fund raising as established and administered by ICON.

**“iConsult”** refers to the iCons in Medicine Program’s Store-and-Forward tele-consultation Software and Social Alliance website designed to facilitate the interactions between the Volunteers and Requestors.

**“International Consultants in Medicine”** refers to “ICON” as previously described.

**“Medical Missions”** are events which bring together health care professionals through a blended distance learning approach to telehealth in order to promote and carry out a variety of exchanges in two major categories: trainings and interventions.

**“Medical Specialties”** is defined in Section 7.06 and means, individually and collectively, the Medical Specialties that are either **“Recognized”** or **“Offered”** by the ICONs in Medicine Program through its Tele-Consultation iConsult software.

**“Member(s)”** refers to any person who has enrolled in the iCons in Medicine Program to become part of ICON Alliance.

**“Member Organizations”** means any organization meeting the criteria defined in Section 6.05 and registered through an Affiliated Entity or by ICON to receive Tele-consultations through the iConsult.

**“Multi-National Conference”** means any Conference offered or conducted on a multi-national basis, but not on a Regional or worldwide basis, by ICON or ICON’s authorized designees, or by two or more National Organizations with prior authorization from ICON.

**“National Conference”** means any Conference or conducted on a national basis by a National Organization.

**“National Organization”** means an Affiliated Entity which is licensed and authorized by ICON as provided in these General Rules to operate ICON Alliance programs within the boundaries of a particular nation. The National Organization may be operated as either an independent legal entity or within an independent legal entity, approved as its sole Accredited Entity for that nation and which can register Member Organizations and Chapters (Sub-Entities).

**“Online Resource Center”** refers to the ICONs in Medicine Program component for the member-oriented website which includes a wide array of tools, resources and people, designed to share ideas and knowledge, enhance skills and generate strategies and innovations.

**“Oversight Committee”** is defined as a committee established by the Board of Directors of a National Organization to oversee Icon program activities.

**Program Development System”** is defined as a self-assessment management tool designed to support Affiliated Entities in growth and development. PDS is further defined in Section 5.03(b).

**“Regional Conference”** means any Conference offered or conducted on a multi-national basis, but not on a worldwide basis, by ICON or ICON’s authorized designees, or by two or more National Organizations with prior authorization from ICON, which all Affiliated Entities within that Region are invited to attend.

**“Region(s)”** means the regional and sub-regional divisions of Affiliated Entities within discrete areas of the world, which ICON recognizes from time to time as provided in Section 2.08.

**“Requestor(s)”** is a medical professional who requests a consultation from Members of ICON Alliance through the iConsult program.

**“Sub-Entity(s)”** consist of Members who may be part a local or specialty Chapters consisting of Volunteers and Member Organizations consisting of Requestors (that are eligible to receive ICON Alliance services) located within the jurisdiction of a National Organization, Regional Organization or U.S. Organization and are specifically registered with one of those organizations or by ICON.

**“Uniform Standards”** means, individually and collectively, these General Rules, the ICON Medical Handbook, the World/Regional Conference Charter, the Graphics Standards Guide, the Accreditation Standards, the Affiliation License, any subsequent changes or additions to any of these documents, and any other policies adopted by ICON by written notice to the affected Affiliated Entities.

**“U.S. Conference”** means any Conference offered or conducted on a state-wide basis by a U.S. Organization.

**“U.S. Multi-State Conference”** means any Conference offered or conducted on a multi-state basis within the United States, but not on a national basis, by ICON or ICON’s authorized designees, or by two or more U.S. Organizations with prior authorization from ICON.

**“U.S. Organization”** means the Affiliated Entity licensed and authorized by ICON as provided in these General Rules to operate ICONs in Medicine Program within the boundaries of a particular state or territory of the United States.

**“Volunteers”** are individuals licensed as physicians or health care workers who enroll in a Chapter with the explicit understanding that they will volunteer for a minimum of three (3) Tele-consultations per year from Requestors within ICON Alliance.

**“Workshop”** means any ICON Alliance training offered or conducted by ICON, a COC, or an Affiliated Entity.

**“World Conference”** means any Conference offered or conducted on a worldwide and international basis by ICON or a COC.

## **Section 2.02 Role of ICON.**

. International Consultants in Medicine (ICON), founded by William Kennedy Smith, M.D., encompasses the ICONs in Medicine Program and is the international governing body of ICON Alliance. In discharging its responsibilities as the world governing body of ICON Alliance, ICON establishes and enforces all official policies and requirements of ICON Alliance, oversees the conduct and expansion of ICON Alliance programs throughout the world, and provides training, technical assistance and other support to Affiliated Entities. ICON owns and operates all information, technology, software and infrastructure associated with the ICONs in Medicine Program. ICON is a not-for-profit corporation organized under the laws of the State of Illinois, USA, with its principal office in Chicago, IL, USA. ICON is a charitable organization that is exempt from United States federal taxation under Section 501(c)(3) of the Internal Revenue Code of the United States.



### **Section 2.03 Powers and Responsibilities of ICON.**

ICON establishes and enforces all policies and requirements concerning the organization and conduct of ICON Alliance and the ICONs in Medicine Program throughout the world and is the final authority on all matters relating to both ICON Alliance and the ICONs in Medicine Program. Without limiting the generality of the preceding sentence, ICON's powers and responsibilities include the following:

**(a) Protecting and Licensing Use of All Intellectual Property of ICON.** As sole owner of the name "International Consultants in Medicine" "ICON" which is the official logo of ICON Alliance, and all other ICON Marks, ICON establishes and enforces the conditions under which any other party may be permitted to use the name "ICON Alliance," "International Consultants in Medicine" or any other ICON Mark(s).

**(b) Establishing Uniform Standards.** To preserve the image and integrity of ICON Alliance and the ICONs in Medicine Program, ICON establishes and enforces uniform standards for all Affiliated Entities and all activities conducted in the name of or under the auspices of "ICON Alliance," including the standards set forth in these General Rules, the Affiliation Standards, the requirements of each Affiliated Entity's Affiliation License, the ICON Consultation Rules, the ICON Medical Mission Guidelines, the World/Regional Conference Charter, the Graphics Standards Guide, and the other policies defined in Section 2.01 as together constituting the Uniform Standards. This includes any subsequent changes and/or additions to any of these documents, and any other policies adopted by ICON by written notice to the affected Affiliated Entities.

**(c) Affiliating ICON Alliance Organizations.** Through the affiliation process detailed in Article 6, ICON licenses and affiliates qualified Affiliated Entities to recruit and register Chapters and Member Organizations within their respective geographic jurisdiction and to ensure that these registered Chapters and Member Organizations comply with the General Rules and other Uniform Standards.

**(d) Establishing the Rules and Guidelines for ICON Alliance Activities.** ICON establishes the rules, guidelines and procedures governing the conduct of ICON Alliance activities including Tele-consultations and Medical Missions, including all policies concerning eligibility for participation in ICON Alliance; requirements for general Members, Volunteers and Requestors; the range of Offered Medical Specialties; Recognized Medical Specialties and requirements and standards in specific medical disciplines; and for training in tele-consultations and procedures for organizing, financing and conducting ICON Alliance Conferences.

**(e) Organizing World and Regional Conferences.** ICON organizes and conducts, or licenses qualified COCs to organize and conduct, all World and Regional Conferences.

**(f) Administering the Worldwide ICON Alliance.** ICON oversees the governance and administration of the worldwide ICON Alliance, appoints and consults with appropriate councils, committees and other advisory bodies (including those described in Article 3) concerning the policies and administration of ICON Alliance, and handles all worldwide publicity activities relating to ICON Alliance.

**(g) Conducting Programs and Activities for the Benefit of ICON.** ICON conducts specific ICON programs and holds or sponsors specific medical, publicity and promotional events in various locations throughout the world, including in locations within the geographic jurisdictions of Affiliated Entities, for the benefit of ICON and ICON Alliance.

**(h) Approving Multi-Jurisdictional Activities by Affiliated Entities.** ICON approves and establishes the requirements for any ICON Alliance Medical Missions, programs or other activities which cross Affiliated Entity jurisdictional boundaries, such as Regional Conferences, Multi-National Conferences, U.S. Multi-State Conferences, or other multi-jurisdictional activities proposed to be conducted by Affiliated Entities or COCs or ICON.

**(i) Overseeing Fundraising and Development Activities.** ICON establishes and enforces requirements concerning all activities conducted by Affiliated Entities or their respective licensees which seek to raise funds in the name of, or for the benefit of, "ICON Alliance."

**(j) Enforcing ICON Alliance Policies.** ICON has the right to suspend or permanently ban any ICON Alliance Member, Chapter or Member Organization of any Affiliated Entity, Founding Committee or COC from participation in any ICON Alliance activity, impose sanctions on an Affiliated Entity as provided in Article 6, suspend or revoke an Affiliated Entity's affiliation, and take any other disciplinary, preventive or enforcement action against any ICON Alliance Member, Chapter or Member Organization of any Affiliated Entity, Founding Committee or COC, or against any other party

to the extent permitted by law, in any case involving violation(s) of these General Rules or the other Uniform Standards.

#### **Section 2.04 Role of Affiliated Entities.**

ICON licenses and affiliates qualified Affiliated Entities throughout the world to recruit Volunteers, provide tele-consultations, register Member Organizations and operate ICON Alliance Medical Missions. To the extent permitted by these General Rules, Affiliated Entities may, in turn, directly operate, or license and register Chapters and Member Organizations within their respective geographic jurisdictions.

#### **Section 2.05 Powers and Responsibilities of Affiliated Entities.**

**(a) Generally.** Except as otherwise provided in these General Rules, each Affiliated Entity has the full authority and responsibility for organizing and conducting Volunteer and Requestor enrollment, Chapter and Member Organization registration, Medical Missions and Conference programs within its geographic boundaries, subject to the requirements of these General Rules, the Affiliated Entity's Affiliation License, the Affiliation Standards and the other Uniform Standards.

**(b) Matters within an Affiliated Entity's Decision-Making Authority.** Subject to these General Rules and other Uniform Standards, and subject to the Affiliated Entity remaining affiliated by ICON, each Affiliated Entity has the authority to determine: the scope of its operations; the frequency and scope of the Tele-consultations, Medical Missions and Conferences to be conducted by the Affiliated Entity or by its Sub-Entities (if any) within its jurisdiction; the selection of who will represent that Affiliated Entity in all World Conferences and, where applicable, in Regional Conferences or Regional U.S. Conferences; the personnel policies which will govern that Affiliated Entity's staff and volunteers; the requirements for creating and overseeing Sub-Entities within its jurisdiction; the methods and projects which will be used by that Affiliated Entity and/or by its Sub-Entities (if any) to raise funds within its jurisdiction; and generally, any other matters concerning the organization, conduct or financing of ICON Alliance programs within its geographic jurisdiction (excluding World Conferences, Regional Conference or Regional U.S. Conferences), so long as there is no conflict in any instance, either procedurally or substantively, between the decisions of the Affiliated Entity and the requirements of the Affiliation Standards, the Program's Affiliation License, these General Rules, or the other Uniform Standards.

#### **Section 2.06 No Liability**

ICON and Affiliated Entities are each separate legal entities. ICON is not responsible for the debts or obligations of any Affiliated Entity and no Affiliated Entity is responsible for the debts or obligations of ICON. Affiliated Entities may not contract with name of ICON, nor may ICON contract in the name of an Affiliated Entity.

#### **Section 2.07 Role of Conference Organizing Committees (COCs).**

COCs are separate organizations or associations that are licensed from time to time by ICON to organize, finance and conduct World Conferences or Regional Conferences. The powers and duties of any such COC are determined solely by ICON, and are set forth in a written contract between ICON and each sanctioned COC. ICON's contracts with each COC must set out specific requirements for specific World Conference or Regional Conference, in addition to those imposed by these General Rules and the other Uniform Standards.

#### **Section 2.08 Regional Divisions for Affiliated Entities.**

**(a) Purpose of Regions; Creation and Composition.** ICON periodically establishes Regions, for the purpose of facilitating the efficient governance and expansion of ICON Alliance, facilitating the exchange of information and ideas between ICON and its Affiliated Entities, and facilitating the exchange of information and ideas between individual Affiliated Entities located within one or more Regions.

**(b) Regional Divisions for Affiliated Entities.** ICON determines whether to recognize a specific Region, and how each recognized Region should be defined, and reserves the right to re-define Regions (or their respective Sub-Regions) if necessary in ICON's judgment to meet the needs of

ICON Alliance.

**(c) Sub-Regional Divisions.** ICON may, at its option, recognize sub-Regions for discrete parts of the world located within a recognized international Region (“**Sub-Regions**”). ICON shall keep all Affiliated Entities regularly informed of the definition and composition of all Sub-Regions recognized by ICON.

#### **Section 2.09 Other Organizations Established or Recognized by ICON.**

From time to time, ICON recognizes or establishes, or authorizes its Affiliated Entities to establish, various councils or committees comprised of Affiliated Entity representatives or participants, or other persons affiliated with ICON Alliance for the purpose of assisting ICON in policy development or enforcement, program management and expansion, and the exchange of information between and among ICON and Affiliated Entities throughout the world, including (but not necessarily limited to) the Leadership Councils and other advisory committees defined in these General Rules (collectively, “Advisory Committees”). Advisory Committees perform important advisory roles within ICON Alliance. Each Advisory Committee performs the functions given to it in these General Rules, or in the case of any Advisory Committee subsequently created by ICON, the functions specified in the policy document issued by ICON to announce that Advisory Committee’s formation and responsibilities.

#### **Section 2.10 Relationship with The Center for International Rehabilitation.**

The Center for International Rehabilitation (the “CIR”) is a nonprofit organization that shares ICON’s goal of helping to increase the quality and availability of medical and rehabilitation services in remote and underserved areas. The CIR provided critical funding necessary for the establishment of ICON Alliance. The CIR continues to provide technical assistance, guidance, and professional consultation to ICON, as well as other forms of support and assistance in expanding ICON Alliance and maintaining and operating the ICONs in Medicine Program.

#### **Section 2.11 Relationship with United Nations.**

Through its relationship with CIR, ICON is a registered non-governmental organization of the United Nations (an “**NGO**”). As an NGO, ICON has the responsibility for working with nations throughout the world to help improve the quality and availability of medical and rehabilitation services.

#### **Section 2.12 Relationship with Other Organizations.**

ICON periodically forms relationships with other organizations for purposes related to the management and expansion of ICON Alliance. (For example, ICON has formed relationships with the University Clinical Center in Tuzla, Bosnia to facilitate Medical Missions.) Depending on the context and the nature of a specific organizational relationship recognized by ICON, Affiliated Entities may be asked or required to cooperate with that collaborating organization in planning or implementing specific programs or events for the benefit of ICON Alliance. Any such requests or requirements will be outlined by ICON in written policy directives to affected Affiliated Entities, outlining the purpose and nature of ICON’s collaboration with any such third-party organizations.

### **ARTICLE 3**

*ICON’s Governance of ICON Alliance*

#### **Section 3.01 ICON’s Governance Authority and Responsibility 8**

#### **Section 3.02 Lines of Communication within ICON Alliance 8**

#### **Section 3.03 Authority of ICON’s Board 9**

#### **Section 3.04 International Advisory Committee 9**

(a) Responsibilities 9

(b) Size and Composition 9

(c) Criteria for Membership 9

#### **Section 3.05 Regional Leadership Councils 9**

(a) Creation 9

(b) Operating Procedures and Standards 9

(c) Purpose 9

(d) Composition 9

(e) Areas of Responsibility 10

(f) Criteria for Membership	10
<b>Section 3.06 Sub-Regional Leadership Councils</b>	<b>10</b>
<b>Section 3.07 Medical Advisory Committee</b>	<b>10</b>
(a) Purpose	10
(b) Composition	10
(c) Selection and Terms of Members	10
(d) Subcommittees	10
(e) Requirements of ICON Medical Handbook	10
<b>Section 3.8 Other Advisory Committees</b>	<b>11</b>
<b>Section 3.9 Regional and World Conference</b>	<b>11</b>
<b>Section 3.10 Medical Missions and Trainings</b>	<b>11</b>
<b>Section 3.11 Approval of Affiliated Entity Activities</b>	<b>11</b>
<b>Section 3.12 Broadcasting and Recording Matters</b>	<b>11</b>
(a) ICON's Authority	11
(b) Effect on Affiliated Entities and COC's	11
(c) Recording Rights	12
<b>Section 3.13 Registration and Protection of ICON Marks</b>	<b>12</b>
(a) ICON's Responsibilities	12
(b) Effect on U.S. Organizations	12
(c) Effect on Other Organizations and Related Parties	12
<b>Section 3.14 Official Languages</b>	<b>12</b>

### **Section 3.01 ICON's Governance Authority and Responsibility.**

ICON has the right to require that the ICONs in Medicine Program and its subcomponents (e.g., Tele-consultations using iConsult software, Medical Missions, Conferences and Online Resource Center) offered under the name or auspices of "ICON Alliance" are organized, financed and conducted in accordance with its standards, and in a manner that preserves the quality and reputation of ICON Alliance and best serves the interests of its members worldwide. To that end, ICON has the authority to interpret, issue and periodically amend or update these General Rules and the other Uniform Standards as well as other written policies on matters covering the entire scope of ICON Alliance, including, to the extent necessary in ICON's judgment, matters pertaining to the proper management and operation of ICON programs offered by Affiliated Entities. Final authority on all matters affecting the organization, affiliation, financing and conduct of ICON programs offered by Affiliated Entities and other ICON Alliance programs rests with International Consultants in Medicine. as the creator, developer and world governing body for ICON Alliance.

### **Section 3.02 Lines of Communication within ICON Alliance.**

Unless otherwise provided in these General Rules or in any other Uniform Standards, communications and reporting within ICON Alliance will be conducted vertically as between ICON and all Affiliated Entities, between ICON and the COCs, and between ICON and any Advisory Committee which reports to ICON. These vertical communications will be supplemented by lateral communications among Affiliated Entities, such as in connection with their service on Advisory Committees.

### **Section 3.03 Authority of ICON's Board.**

ICON is governed by its Board of Directors ("**ICON's Board**"). ICON's Board is ultimately responsible for establishing all policies which govern ICON and ICON Alliance. ICON's Board discharges this responsibility by approving the General Rules and all major policies embodied in the other Uniform Standards.

### **Section 3.04 International Advisory Committee.**

**(a) Responsibilities.** One of the committees of ICON's Board shall be an "International Advisory Committee." This International Advisory Committee (the "IAC") shall be responsible for advising ICON's Board on matters related to ICON Alliance which affect all Affiliated Entities. The IAC will also be responsible for reviewing recommendations proposed by the Regional Leadership Councils (defined in Section 3.05) or by individual Affiliated Entities concerning matters affecting ICON

Alliance. The IAC will report to ICON's Board concerning all recommendations being made by the IAC, either on the IAC's own initiative or as the result of the IAC's review of proposals received from Regional Leadership Councils or individual Affiliated Entities.

**(b) Size and Composition.** Each of the seven Regional Leadership Councils shall elect its own representative to serve on the IAC (consistent with the membership qualifications listed in subsection (c) below), so that the IAC comprises seven members, each of whom represents one Region through a Regional Leadership Council.

**(c) Criteria for Membership.** Persons elected to membership on the IAC shall meet the following criteria:

- (1) Be an Executive/National Director, or member of a Board of Directors of an Affiliated Entity;
- (2) Have extensive knowledge of ICON Alliance;
- (3) Understand the role and responsibilities of the IAC and Regional Leadership Councils;
- (4) Be an effective advocate for the mission and Founding Principles of ICON Alliance; and
- (5) Regularly attend or participate in meetings or conference calls convened by the IAC.

### **Section 3.05 Regional Leadership Councils.**

**(a) Creation.** Regional Leadership Councils (sometimes referred to as Regional Advisory Councils) each referred to herein as “**RLCs**” may be established for one or more Regions or Sub-Regions with the approval of ICON's Board. At the time of such approval, ICON will specify in writing, in the form of a resolution adopted by ICON's Board, the geographic area represented by each RLC. RLCs shall not be separate legal or juridical entities. RLCs are not a part of ICON's corporate structure and may not contract in the name of ICON. RLCs are responsible for their own compliance with any applicable laws.

**(b) Operating Procedures and Standards.** Each RLC will conduct its affairs in accordance with written operating procedures and standards, which must be consistent with these General Rules, and which must be approved in advance by ICON at the time that ICON's Board approves the formation of that RLC (the “**RLC Operating Procedures**”). These RLC Operating Procedures shall set forth the procedures and standards for, among other matters, size of membership, selecting members, and for scheduling and holding meetings of that RLC.

**(c) Purpose.** Each approved RLC will represent all Affiliated Entities within its respective Region or Sub-Region in advising ICON on all policy-related issues affecting those Affiliated Entities, including matters related to Tele-consultations, Medical Missions, technical assistance, fundraising, public relations, and program management, and the other matters listed in subsection (e) below. If an RLC is approved for a Sub-Region, that Sub-Regional RLC will coordinate its communications to ICON with the RLC for the Region in which that Sub-Region is located.

**(d) Composition.** The members of an RLC will be elected by the Affiliated Entities located within the RLC's Region or Sub-Region, in accordance with the Operating Procedures for that RLC, and consistent with the criteria for membership outlined in subsection (f) below. Any RLC may designate, through its Operating Procedures, the Managing Director of that Region as an ex-officio member or co-chair of its RLC.

**(e) Areas of Responsibility.** Unless otherwise provided in the Operating Procedures of an RLC, each RLC shall be responsible for:

- (1) Establishing long-range plans for Region-based events, such as Regional Conferences, Regional Medical Missions, meetings of Executive/National Directors of Affiliated Entities in the Region, and training seminars;
- (2) Reviewing and making recommendations to ICON concerning proposed dates and venues for Regional Conferences, and submitting proposals from Affiliated Entities within the Region to host Regional Conferences;
- (3) Reviewing and making recommendations to ICON concerning proposed dates and venues for Region-based trainings, and submitting proposals from Affiliated Entities within the Region for hosting such trainings;
- (4) Planning and conducting Regional Conferences in collaboration with ICON; and
- (5) Advising ICON's continental offices on program priorities and methods for expanding ICON Alliance within specific Regions, including recommendations concerning the development of Medical Missions, fundraising initiatives, public relations and communications initiatives, and Regional training needs.

**(f) Criteria for Membership.** Persons elected to membership on an RLC shall meet the following criteria:

- (1) Be an Executive/National Director, or member of a Board of Directors of an Affiliated Entity;
- (2) Have extensive knowledge of ICON Alliance;
- (3) Understand the role and responsibilities of the RLCs;
- (4) Be an effective advocate for the mission and Founding Principles of ICON Alliance; and
- (5) Regularly attend or participate in meetings or conference calls convened by the RLC to which that person is elected to membership.

### **Section 3.06 Sub-Regional Leadership Councils.**

ICON may periodically authorize the formation of one or more Sub-Regional Leadership Councils (“**SRLCs**”) to operate within a Sub-Region, on the same conditions as are identified in Section 3.05 concerning the formation, membership and operation of RLCs.

### **Section 3.07 Medical Advisory Committee.**

**(a) Purpose.** The purpose of the Medical Advisory Committee is to conduct an ongoing review of the ICON Medical Handbook and make recommendations to ICON concerning amendments to the ICON Medical Handbook proposed by the Committee and/or by Affiliated Entities.

**(b) Composition.** The Medical Advisory Committee shall consist of members who are medical experts, physicians, allied health professionals, Executive/National Directors of Affiliated Entities or members of ICON's Board. Committee members shall be drawn from Affiliated Entities throughout the world and shall be as geographically diverse and international in scope as is reasonably practicable. ICON's Board shall determine the size of the Medical Advisory Committee.

**(c) Selection and Terms of Members.** ICON's President, or his/her designee, shall appoint and may remove all members of the Medical Advisory Committee. In making these appointments, ICON may consider recommendations from Affiliated Entities or from other persons who participate in or are affiliated with ICON Alliance. Each member of the Medical Advisory Committee shall serve for a term of four (4) years. ICON's President will appoint a replacement for any Committee member who is unable or unwilling to complete his/her four-year term.

**(d) Subcommittees.** The Medical Advisory Committee shall form and maintain standing subcommittees for reviewing the rules concerning Tele-consultations and Medical Missions. The members of each subcommittee shall serve for terms of (4) four years, unless otherwise determined by ICON's President. Affiliated Entities and other participants, including members of Advisory Committees, may nominate proposed members of the subcommittees at any time, in order to ensure that all positions are filled to the greatest extent possible with qualified members.

**(e) Requirements of ICON Medical Handbook.** The ICON Medical Handbook contains additional provisions concerning the Medical Advisory Committee and its subcommittees, which address, among other things, the Committee's functional responsibilities, the procedures for adopting and modifying the ICON Medical Handbook, and the timetable for reviewing and adopting proposed amendments to the ICON Medical Handbook. The Medical Advisory Committee shall comply with these additional procedural provisions in conducting its affairs.

### **Section 3.08 Other Advisory Committees.**

ICON may periodically authorize the creation of other Advisory Committees (including, but not limited to, other Leadership Councils) in addition to or in lieu of those expressly provided for in these General Rules, if ICON determines that their formation would be in the best interests of ICON Alliance. If ICON chooses to authorize the formation of any additional Advisory Committees (which may be organized according to functional responsibilities or other non-geographic lines), then at that time, ICON will determine how that new Advisory Committee will be required to handle the procedural and operational matters addressed in Section 3.04.

### **Section 3.09 Regional and World Conferences.**

ICON shall be exclusively responsible for authorizing the conduct of Regional Conferences and World Conferences. In making decisions concerning Regional Conferences, ICON shall consider the recommendations of any Regional Leadership Council for the Region in which the Regional Conference would be held. ICON shall be solely responsible for reviewing and approving proposals

from prospective COCs for hosting World Conferences. ICON shall also determine all conditions under which Regional Conference and World Conference will be planned, financed and conducted. In the case of Regional Conferences, ICON will make these decisions with input from the relevant Regional Leadership Council.

### **Section 3.10 Medical Missions and Trainings.**

ICON shall be exclusively responsible for organizing and conducting, or for authorizing COCs or Affiliated Entities to organize and conduct, Medical Missions and trainings involving ICON Alliance professionals, held on a multi-jurisdictional, regional, or international basis. If ICON authorizes any COC or Affiliated Entity (or group of Affiliated Entities) to conduct any such Medical Missions or trainings, ICON will, at that time, specify in writing all terms and conditions for conducting that Medical Mission or training.

### **Section 3.11 Approval of Affiliated Entity Activities.**

All activities conducted by Affiliated Entities as part of ICON Alliance are subject to review by ICON. ICON reserves the right to disaffiliate any Affiliate Entity or impose other sanctions as set forth in these General Rules, shall be subject to ICON's ongoing approval. ICON shall normally exercise this ongoing right of approval through the affiliation processes and policies provided for in Article 6. However, ICON reserves the right to exercise its approval powers in specific cases at any time, and outside of the routine schedule and system for granting or renewing affiliation, in order to process the various requests for ICON's approval which Affiliated Entities must obtain under these General Rules, and in order to respond to situations which are not addressed specifically in these General Rules, but which fall under ICON's overall authority over ICON Alliance, as provided in Sections 2.02 and 2.03.

### **Section 3.12 Broadcasting and Recording Matters.**

**(a) ICON's Authority.** ICON shall be the sole and exclusive owner of all copyright and other intellectual property rights in all Conference and online activities and as such, ICON has the sole and exclusive right to license others to film, record and broadcast, whether on a live or pre-recorded basis, any audio, or visual, or digital signals (collectively, "**ICON Recordings**") of the Conference or of any ICON Alliance events associated with the Conferences or Medical Missions, such as official opening or closing ceremonies.

**(b) Effect on Affiliated Entities and COCs.** No Affiliated Entity or COC may grant, or purport to grant to any party (including without limit, any producer, director, radio broadcaster, over-the-air or cable television broadcaster, radio or television Alliance, or any Internet provider) any right of any kind to film, record, broadcast or otherwise disseminate any ICON Recordings without ICON's prior written consent, or to otherwise publish, display, or transmit ICON Recordings on or through computers, digital or analog modem signals or fiber optic signals, Internet sites, World Wide Web communications, Alliances or any other form of online or off-line communications or downloads without ICON's prior written consent.

**(c) Recording Rights.** No Affiliated Entity or COC shall, without ICON's prior written permission, either itself or by license to any other party, produce, promote, and/or sell any medical content of any kind, including without limit any CD, record, tape, Internet broadcast, digital video disk, or any other electronic media, whether now in existence or created in the future, for the benefit of ICON, ICON Alliance, any Affiliated Entity, or any COC.

### **Section 3.13 Registration and Protection of ICON Marks.**

**(a) ICON's Responsibilities.** As the owner of the ICON Marks, ICON is responsible for registering, protecting and enforcing all of ICON's ownership and related rights to the use of the ICON Marks and the goodwill and value associated with them. ICON is therefore exclusively responsible for registering or recording all trademarks, service marks, copyrights, and all other recordable interests in any intellectual property comprising the ICON Marks with the appropriate legal or governmental entities throughout the world, and for filing and prosecuting all actions against third parties for misappropriation, infringement or other misuse of the ICON Marks or other intellectual property associated with ICON Alliance.

**(b) Effect on U.S. Organizations.** No U.S. Entity (or Sub-Entity registered by a U.S. Entity as permitted by these General Rules), Sub-Region or U.S.-based Advisory Committee may register any

ICON Mark or any copyright which is owned by ICON or which is related to or to be used in connection with ICON Alliance with any non-government entity, with any state or local governmental authority or with the United States Patent and Trademark Office without ICON's prior written consent. In addition, no U.S. Organization, Sub-Entity within a U.S. Region, Sub-Region or U.S.-based Advisory Committee may file or prosecute any claim for misappropriation, infringement or other misuse of the ICON Marks or other intellectual property associated with ICON Alliance without ICON's prior written consent.

**(c) Effect on Other Organizations and Related Parties.** No National Organization, Regional Organization, Sub-Entity, Region or Sub-Region Regional Leadership Council, International Advisory Committee or any other committee established by Affiliated Entities, Regions or ICON or by authority of these General Rules may register any ICON Mark or any copyright which is owned by ICON or which is related to or to be used in connection with ICON Alliance, with any non-government entity, with any national or local governmental authority or with any multi-national or international tribunal responsible for the recordation, cataloging or enforcement of trademarks or copyrights without ICON's prior written consent. In addition, no National Organization, Regional Organization, Sub-Entity, Region or Sub-Region, nor any of the other councils or committees described in the preceding sentence may file or prosecute any claim for misappropriation, infringement or other misuse of the ICON Marks or other intellectual property associated with ICON Alliance without ICON's prior written consent. ICON will, however, consider requests from specific National Organizations and Regional Organizations for authorization to proceed with such registration or enforcement activities in the name of and on behalf of ICON, if ICON determines that granting such authorization is a more efficient and expedient method, in a particular instance, of protecting the ICON Marks and other intellectual property associated with ICON Alliance in areas outside of the United States.

### **Section 3.14 Official Languages.**

ICON shall from time to time establish official languages to be used throughout ICON Alliance. The official language to be used in all communications between and among ICON and all COCs and all Affiliated Entities shall be English (the "**Official Business Language**"). Affiliated Entities shall be responsible for translating and distributing printed materials concerning that Affiliated Entity's conduct of the ICONs in Medicine Program (collectively, "**Program Materials**") into the most predominant language(s) spoken in that Affiliated Entity's country (or region), in order to facilitate efforts at public education and at increasing the number of general Members, Volunteers and Requestors who participate in ICON Alliance. ICON reserves the right, however, to inspect such translations and/or to require an Affiliated Entity to provide ICON with an English version of some or all of that Affiliated Entity's Program Materials, in order to enable ICON to confirm that such Program Materials conform to the English version issued by ICON. If there is any conflict between the non- English translation of any Uniform Standards or Program Materials and the English version, the English version shall control and take precedence.

## **ARTICLE 4**

### *Membership*

#### **Section 4.01 Requirements for Members 14**

- (a) General Members 14
- (b) Membership for Volunteers 14
- (c) Required Affirmation for Volunteers 14
- (d) Membership for Requestors 14
- (e) Required Disclaimer for Requestors 14

#### **Section 4.01 Requirements for Members.**

**(a) General Membership.** General Membership is available to the public through the Icons in Medicine website <http://www.iconsinmed.org>. All individuals in the iCons in Medicine program must become general members and agree to the ICON Service Agreement.

**(b) Membership for Volunteers.** An ICON Volunteer should be licensed to practice medicine in the jurisdiction in which they reside and agree to respond to a minimum of three consult requests per year. ICON Volunteers must enroll under the auspices of a Chapter (Section 5.01 (e)). ICON chapters represent that their members are duly licensed health care professionals.



**(c) Required Affirmation for Volunteers**

Each Volunteer must agree to the following Affirmation:

"I represent and warrant that I am a physician or health care practitioner, licensed to practice medicine in my local jurisdiction and possess the licensure, skills and other qualifications necessary in my locale to render the professional care about which I am providing advice. I understand that I am being contacted as an ICON Alliance volunteer to act as a consultant only, and to provide knowledge and expertise to the requesting health care provider in order to assist that individual in rendering improved patient care. I acknowledge and agree that as an ICON Alliance volunteer I will have no contact with any patients and that any advice I render shall not be construed to establish a physician-patient relationship with the requesting health care provider's patient."

**(d) Membership for Requestors.** An ICON Requestor should be licensed to practice medicine in the jurisdiction in which they work and should provide services to underserved or remote populations. A Requestor must be enrolled in the iCons in Medicine program through the organization for which they work. This ICON Member Organization (Section 5.01 (d)) may be an NGO, clinic, Ministry of Health or other non-profit organization whose mission is compatible with ICON. Member Organizations represents that Requestors are authorized providers for an underserved community.

**(e) Required Disclaimer for Requestors**

Each Requestor must agree to the following Disclaimer:

"I represent and warrant that I am a physician licensed to practice medicine in my local jurisdiction and possess the licensure, skills and other qualifications necessary in my locale to render the professional care about which I am seeking advice. I understand that I am contacting an ICON physician to act as a consultant only, and to provide his or her knowledge and expertise to me such that I am better able to render patient care. I acknowledge and agree that the ICON physician is limited in his or her ability to provide accurate advice based on the information I provide, and in providing any advice shall incur no liability for the outcome of any care I provide. I further acknowledge and agree that the ICON physician will have no contact with my patient and any advice rendered by such physician shall not be construed to establish a physician-patient relationship between the ICON physician and my patient."

**ARTICLE 5***Governance and Operation of Affiliated Entities***Section 5.01 Structural Requirements of Affiliated Entities 15**

(a) Generally 15

(b) National and Regional Organizations 15

(c) U.S. Organizations 16

(d) Member Organizations (Requestors) 17

(e) Chapters (Volunteers) 17

(1) Chapters within U.S. Member Organizations 17

(2) Chapters within National Organizations and Regional Organizations 17

**Section 5.02 General Requirements Concerning the iCons in Medicine Program 17****Section 5.03 Growth Requirements for ICON Alliance 17**

(a) Required Scope of the iCons in Medicine Program 17

(b) Program Development System 17

(c) Approved Methodologies for Measuring Growth 18

**Section 5.04 Use of ICON Name and Other ICON Marks 18**

(a) Compliance with Graphics Standards Guide 18

(b) Use of the ICON Logo 18

(c) Acknowledgment of ICON's Trademark Registrations 18

(d) Approval Requirements 19

(e) Required Use of ICON Logo 19

(f) Use of Official Credit Line 19

(g) Compliance with Other Policies 19

(h) Displays of Commercial Messages at Conferences 19

(i) Prohibition and Display of National Flags 19

**Section 5.05 Alcohol and Tobacco Policy 19**

(a) Use of Alcoholic Beverages and Tobacco Products 19

(b) Prohibitions Concerning Affiliations of ICON Name or ICON Marks with Alcoholic Beverages and Tobacco Products 19

(c) Permitted Activities 19

(d) Obtaining Required Guidance from ICON 20

**Section 5.06 Compliance with Laws 20**

**Section 5.07 Contracts with Third Parties 20**

**Section 5.08 Avoiding Conflicts of Interest 20**

**Section 5.09 Financial and Insurance Requirements 21**

**Section 5.10 Guidelines and Policies 21**

### **Section 5.01 Structural Requirements of Affiliated Entities.**

**(a) Generally.** Each Affiliated Entity shall have and maintain, as a condition for obtaining and maintaining its affiliation under Article 6, an organizational form and structure that is sufficient and appropriate, in ICON's judgment, to enable that Affiliated Entity to meet its affiliation obligations and the requirements of these General Rules and other Uniform Standards.

**(b) National and Regional Organizations.** National and Regional Organizations are responsible for enrolling Chapters and Member Organizations within their geographic jurisdictions. Unless otherwise authorized by ICON, each National/Regional Organization shall be organized as an independent charitable entity, in accordance with the laws of its country's jurisdiction. Wherever possible and permissible under applicable law, a National/Regional Organization shall be established and operated as a separate and identifiable non-profit corporation or association, or other legally independent non-profit entity, which is managed and operated by a Board of Directors/National Organization; and obtain and maintain all available exemptions from taxation to the greatest extent permitted by the laws of that National/Regional Organization's jurisdiction.

*(1) Program Oversight.* Each National/Regional Organization shall establish a subcommittee of the Board of Directors, or an Advisory Committee, and appoint a staff member, or Executive/National Director, to oversee ICON program activities. ICON may, at its discretion, approve a different oversight structure for a particular National/Regional Organization at the time that ICON grants or renews that National/Regional Organization's affiliation, depending on its stage of development. If the role of a National/Regional Organization is to be conducted by a governmental agency or medical federation, ICON will normally require, as a condition of obtaining and maintaining affiliation, that the governmental entity or medical federation establish an Advisory Committee and appoint a Executive/National/Regional Director that focus specifically on the conduct of the Icons in Medicine Program in accordance with Section 5.01(b)4.

*(2) Composition and Membership of the ICON Oversight Committee.* The oversight Committee of a National/Regional Organization shall have at least five (5) members including a Chair, Medical Director and Secretary.

*(3) Rotation of Members of Oversight Committee.* The National/Regional Organization shall require systematic rotation in the membership of the Oversight Committee consistent with the total length of service of any one member of its Oversight Committee to a maximum of ten (10) consecutive years. A National/Regional Organization may request an exception to the ten-year maximum service for an Oversight Committee member who has an exemplary record of service. To obtain such an exception, an National/Regional Organization shall submit a written request (specifying the person for whom the exception is requested, describing that person's service to its Oversight Committee, the justification for the extension, and the length of the requested extension, provided that in no event may any person serve on its Oversight Committee for more than eighteen (18) consecutive years) to the ICON Managing Director for the National/Regional Organization's Region, who shall forward the request together with the Managing Director's recommendation to ICON's President, who shall consider the request and if the President believes that the request should be granted. No more than twenty percent of the members of any National/Regional Organization's Oversight Committee shall be granted such exceptions.

*(4) Delegation of Authority to Executive/National Director and Medical Director.* The day-to-day operations of each National/Regional Organization with respect to the iCons in Medicine program shall be managed by an Executive/National/Regional Director, who shall be a qualified person appointed by the National/Regional Organization's Board of Directors. This Executive/National

Director must have the authority and responsibility to manage the day-to-day affairs of the ICON program as required by these General Rules and the other Uniform Standards. The Executive/National Director must be subject to the supervision and control of the National Organization's Board of Directors, and must meet the requirements specified in the Affiliation Standards. The Executive/National Director may be part-time or full-time, volunteer or paid, but cannot be the same person as the Chair of the Oversight Committee or the same person as the Medical Director. The Medical Director may be part-time or full-time, volunteer or paid but cannot be the same person as its Chair of the Oversight Committee. ICON may assist Affiliated Entities in selecting respective Chairs, Executive/National Directors and Medical Directors by providing information concerning desirable qualifications for the position, and if known to ICON, information concerning potentially suitable candidates.

*(5) Oversight Committee Meetings.* The Oversight Committee of each National/Regional Organization shall meet and conduct its business as required by the Affiliation Standards. Meetings are to be held at least twice each calendar year.

*(6) Other Committees.* The Board of Directors of each National/Regional Organization shall establish other subcommittees or advisory committees to create and work with Chapters and Member Organizations, as its Board of Directors deems appropriate.

*(7) Flexibility in Specific Instances.* ICON may, in its discretion, allow an entity seeking to obtain or renew its affiliation greater flexibility concerning its structure and governance and permit that entity to vary from particular requirements of this Section 5.01, if ICON determines that such flexibility is warranted in view of the specific conditions confronting the entity, and if ICON is satisfied that the structure and governance arrangements being proposed for the entity offer sufficient assurance that it can fulfill its obligations to ICON under the Affiliation Standards, the obligations being undertaken by the entity in its Affiliation License, and these General Rules.

**(c) U.S. Organizations.** ICON may affiliate with U.S. National or State Organizations which are separately incorporated as a non-profit corporation under the laws of a state, and qualify for and obtain tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of the United States. The requirements are the same as those for National/Regional Organizations, Chapters, or Member Organizations depending on the role.

**(d) Member Organizations (Requestors).** Member organizations first affiliate with ICON Medicine program and then, through a designated contact, enroll staff to receive services. Member Organizations have their own profile section on the ICON website. Unless otherwise authorized by ICON, each Member Organization shall be registered by a National Organization, Regional Organization or U.S. Organization in its jurisdiction, taking into account the legal requirements of its jurisdiction, and the role, if any, to be played by the national government in that jurisdiction. Unless otherwise authorized by ICON, the Member Organizations shall be an established independent charitable entity, in accordance with applicable law. Wherever possible and permissible under applicable law, a Member Organization shall: (1) be an established and operating separate and identifiable non-profit corporation or association, or other legally independent non-profit entity, which is managed and operated by a Board of Directors/Member Organization; and (2) have and maintain all available exemptions from taxation to the greatest extent permitted by the laws of that Member Organization's jurisdiction.

**(e) Chapters (Volunteers).** A Chapter consists of three (3) or more professionally licensed physicians or health care professionals, who form a group to facilitate their volunteer efforts under the leadership of a Medical Director selected by the group. Chapters are responsible for recruiting and ensuring that their members meet enrollment criteria.

*(1) Chapters within U.S. Organization.* Chapters registered to operate within the U.S. may not be separate legal entities. Rather, each Chapter shall be operated as a division or branch of the registering U.S. Organization, in order to ensure that the registering U.S. Organization maintains full control over the assets and operations of its Chapters.

*(2) Chapters within National Organization or Regional Organization.* Chapters registered to operate within the jurisdictions of National Organizations or Regional Organization may not be separately incorporated or otherwise organized into unincorporated associations or other entities having a separate and distinct legal status or identity from that of the registering National Organization or Regional Organization without ICON's prior written approval. Rather, each Chapter shall be operated as a division or branch of the registering National Organization or Regional Organization, in order to

ensure that the registering Affiliated Entity maintains full control over the assets and operations of its Chapters.

#### **Section 5.02 General Requirements Concerning the iCons in Medicine Program.**

Each Affiliated Entity shall comply with the requirements set forth in Articles 6 and 7 concerning the conduct of the iCons in Medicine Program (e.g., Tele-consultations and Medical Missions), and with the other Uniform Standards which pertain to the iCons in Medicine Program. These obligations include, but are not limited to, compliance with all required procedures applicable to that Affiliated Entity concerning the registration of Volunteers and the proper use of those Volunteers.

#### **Section 5.03 Growth Requirements for ICON Alliance.**

**(a) Required Scope of the iCons in Medicine Program.** Each Affiliated Entity shall offer tele-consultations within its jurisdiction as well as other ICONs in Medicine Program initiatives such as medical missions, tele-consultation training, training programs, volunteer leadership programs and other programs as may be determined to be appropriate.

**(b) Program Development System.** The Program Development System is a management tool created to support ICON's global vision of a comprehensive, quality ICON Alliance development. The goal is to enable ICON Alliance leadership to bring longer term focus to key development areas and to ensure continuing success in delivering quality Tele-consultation training and Medical Missions to ICON Alliance. The Program Development System provides a systematic approach to quality development through a 3-step process: collection of essential program data and metrics; assessment of the current state of the program's development across a set of components; and creation of an Action Plan with targeted performance metrics and identification of resources to support future program growth. It is the policy of ICON that each Affiliated Entity shall increase the number of ICON Alliance Members participating in the ICONs in Medicine Program, particularly in its Tele-consultation activities and shall keep ICON regularly informed of its progress concerning growth. Through the Program Development System, each Affiliated Entity shall establish at least annual specific development targets including the number of new Chapters and Member Organizations it anticipates recruiting and how it proposes to reach the established goal.

**(c) Approved Methodologies for Measuring Growth.** In counting and reporting to ICON on the numbers of Chapters and Member Organizations who participate in an Affiliated Entity's activities, each Affiliated Entity shall use a standardized methodology developed and approved by ICON, unless ICON authorizes a particular Affiliated Entity to depart from that standardized methodology. Such methodology shall include provisions for measuring attrition of incumbent Chapters and Member Organizations. In addition, the data used by each Affiliated Entity to calculate and report to ICON on the total population of patients eligible in its jurisdiction to receive services from ICON Alliance shall be subject to ICON's review and approval. ICON shall provide definitions, clarification and directions as it deems appropriate concerning the counting and reporting and may revise such definitions from time to time. Such revisions shall not be considered an amendment to the General Rules.

#### **Section 5.04 Use of ICON Name and Other ICON Marks.**

Each Affiliated Entity shall comply with the requirements of these General Rules and the other Uniform Standards in its use of the **ICON** Logo and any other ICON Marks which ICON licenses that Affiliated Entity to use. Affiliated Entities shall also comply with the limitations imposed by these General Rules and the other Uniform Standards when authorizing third parties to use any ICON Marks in connection with activities undertaken for the support or benefit of that Affiliated Entity. Without limiting the intended generality of the preceding sentences, Accredited Entities must comply with the following requirements concerning the name "ICON", the **ICON** Logo, and any other ICON Marks which ICON licenses an Affiliated Entity to use:

**(a) Compliance with Graphics Standards Guide.** Affiliated Entities shall comply with the specifications in the Graphics Standards Guide concerning the authorized methods for using, printing, displaying and reproducing the **ICON** Logo, and various other ICON Marks.

**(b) Use of the ICON Logo.** Each Affiliated Entity shall have the right to use the **ICON** Logo only when the **ICON** Logo is used or displayed in conjunction with, or juxtaposed with, the Credit Line (i.e., the **ICON** Logo is used immediately above or next to the Credit Line, in the manner depicted in and required by the Graphics Standards Guide). No Affiliated Entity shall have any right to use or display

the **ICON** Logo standing alone, without the required juxtaposition with the Credit Line, nor may any Affiliated Entity authorize any Sub-Entity or other third party to make any such “stand-alone” use of the **ICON** Logo. Affiliated Entities shall use the **ICON** Logo in conjunction with the Credit Line, and use all other ICON Marks which ICON licenses Affiliated Entities to use from time to time, only in accordance with the Graphics Standards Guide, these General Rules, and the other Uniform Standards. No logo, trademark, service mark, design, insignia, seal or symbol other than the **ICON** Logo or the Credit Line may be used by an Affiliated Entity without ICON's prior written consent.

**(c) Acknowledgment of ICON's Trademark Registrations.** Affiliated Entity must identify the **ICON** Logo and any other ICON Mark which has been registered or otherwise recorded by ICON with the appropriate trademark authorities as the registered trademark or service mark of ICON, by always displaying that ICON Mark in conjunction with the registered trademark symbol (®) in the manner required by the Graphics Standards Guide, if that ICON Mark is a registered trademark of ICON. Alternatively, if the ICON Mark in question is a common law or other unregistered trademark or common law service mark of ICON, as indicated by ICON in the Graphics Standards Guide or through other written notice to Affiliated Entities, then Affiliated Entities shall always display that ICON Mark in conjunction with the common law trademark notice (TM) or, if applicable, the common law service mark notice (SM), in the manner required by the Graphics Standards Guide or ICON's other written notice to Affiliated Entity concerning the authorized use and display of that ICON Mark. The ICON Mark is defined, individually and collectively, as: (1) the mark and name “ICON” regardless of how that name is used or displayed, and specifically, whether or not it is used by itself or with ICON's name, the name of an Affiliated Entity, the name or logo of a COC, or the name of an ICON Alliance event; (2) the ICON Logo; (3) any Conference or COC logo, slogan or theme used by ICON, a COC or an Affiliated Entity; (4) The Law, (5) any figures or logos used by ICON or any COC as symbols for medical specialty consultations; and (6) any other mark, name, logo, emblem, slogan, motto, depiction or other expression which ICON has approved for use in connection with ICON Alliance, for which ICON has filed ownership registration(s) with the U.S. Patent and Trademark Office and/or any other trademark registration entity or governmental authority, or which ICON determines has become identified and associated with ICON Alliance through repeated usage in connection with the ICON Alliance programs or events.

**(d) Approval Requirements.** An Affiliated Entity must approve, in advance and in writing, the form, content and appearance of all designs, uses, displays and reproductions of ICON Alliance name, the **ICON** Logo, or any other ICON Mark which is to be used by its Sub-Entities or by any other third party under authorization from the Affiliated Entity. All such uses or reproductions by Sub-Entities or by third parties shall comply with the Graphics Standards Guide and the other Uniform Standards.

**(e) Required Use of ICON Logo.** Each Affiliated Entity shall use the **ICON** Logo in conjunction with the name of the Affiliated Entity on all official materials pertaining to ICON Alliance, including, without limitation, on its stationery, business cards, news release letterhead, Conference collateral, posters, brochures, and all informational and promotional material distributed to participants in ICON Alliance, to sponsors, or to the general public.

**(f) Use of Official Credit Line.** The official credit line to be used by all Affiliated Entities (the “**Official Credit Line**”) consists of the phrase Affiliated with International Consultants in Medicine. The Official Credit Line shall be displayed prominently on all stationery, brochures, annual reports, news releases, and other printed materials, on Web sites and in films, slides or video presentations, which are produced or distributed by Affiliated Entities pertaining to ICON Alliance. When feasible, the Official Credit Line should also be included in television credits displayed in connection with any programming which is filmed and broadcast by a local station within an Affiliated Entity's jurisdiction.

**(g) Compliance with Other Policies.** All uses of ICON Marks by an Affiliated Entity shall comply with all other requirements of these General Rules and the other Uniform Standards, including, but not limited to, the policies set forth in Section 5.05 concerning the prohibited association of ICON Marks or the **ICON** Program with alcoholic beverages or tobacco products.

**(h) Displays of Commercial Messages at Conferences.** ICON, a COC, or an Affiliated Entity may display, or permit others to display, signage recognizing the support of commercial sponsors at Conferences pertaining to ICON Alliance in appropriately designed locations, so long as such displays otherwise comply with the General Rules and the other Uniform Standards.

**(i) Prohibition and Display of National Flags.** No national flags shall be displayed at any Conferences.

#### **Section 5.05 Alcohol and Tobacco Policy.**

**(a) Use of Alcoholic Beverages and Tobacco Products.** No Affiliated Entity shall knowingly permit the use of any alcohol or tobacco products at any Conference venue.

**(b) Prohibitions Concerning Affiliations of ICON Name or ICON Marks with Alcoholic Beverages and Tobacco Products.** No Affiliated Entity shall permit the name "ICON", "ICON Alliance," the **ICON** Logo or any other ICON Mark to be publicly or visibly connected or associated with the name or trademark of any of the following companies or products:

(1) any tobacco product, or the manufacturer or distributor of a tobacco product; or

(2) any alcoholic beverage, or the manufacturer or distributor of an alcoholic beverage.

**(c) Permitted Activities.** The prohibition set forth in Section 5.05(b) shall not prevent an Affiliated Entity from engaging in or authorizing any of the following:

(1) Accepting a so-called "blind" contribution which is not publicized, promoted or publicly acknowledged by the Affiliated Entity in any way (except to the extent that the source of the contribution must be reported on tax returns or other filings made with governmental authorities, which are then available for public inspection);

(2) Allowing the name "ICON," the **ICON** Logo, and/or other ICON Marks to be publicly associated with the names of products which are not tobacco products or alcoholic beverages, even if they are manufactured or distributed by companies which also manufacture or distribute tobacco or alcoholic beverages;

(3) Allowing the name "ICON," the **ICON** Logo, and/or other ICON Marks to be publicly associated with the names of manufacturers or distributors of alcoholic beverages or tobacco products, as distinguished from the products or the product names themselves, if those company names do not contain the brand name or generic title of an alcoholic beverage or tobacco product.

**(d) Obtaining Required Guidance from ICON.** An Affiliated Entity shall contact ICON for guidance and further authorization in any instance where it is uncertain whether an Affiliated Entity may accept funds or other support from a company associated with tobacco products or alcoholic beverages. ICON's decision on such matters will be final and binding on the Affiliated Entity.

#### **Section 5.06 Compliance with Laws.**

Each Affiliated Entity shall conduct its affairs and operate the ICONs in Medicine Program within its jurisdiction in accordance with all laws and regulations which may govern or apply to its activities, including, but not limited to, all laws and regulations concerning: (a) non-profit corporate or other organizational status or governance; (b) obligations concerning income, payroll and other types of taxes, and requirements for obtaining and maintaining exemption from income taxation; (c) revenue and expenditure reporting; (d) fundraising activities, including laws and regulations which govern charitable solicitation and/or cause-related marketing promotion activities; (e) auditing, preparing and/or filing financial statements and other required financial reporting to government authorities; (f) disclosure of information to members of the public; (g) occupational health and safety requirements; (h) the hiring, firing and selection of employees; (i) prohibitions against discrimination and requirements concerning equal opportunity in the hiring of employees and the conduct of the Affiliated Entity's affairs; and (j) procedures and policies concerning the use of volunteers.

#### **Section 5.07 Contracts with Third Parties.**

Affiliated Entities shall comply with the requirements in Article 8 concerning fundraising activities and the standards and conditions to be met or included in all agreements with corporate sponsors or other third parties that provide financial support or services for the Affiliated Entity for ICON Alliance Programs. No Affiliated Entity shall enter into any contract with any third party pertaining to ICON Alliance which has a term or duration which extends beyond its then-current Affiliation Period without ICON's prior written consent, as further provided in Section 8.04(k), except that any contract may have a term or duration beyond a its then-current Affiliation Period if the contract provides that it shall terminate without penalty or other cost to Affiliated Entity or ICON effective upon the third party's receipt of written notice from the Affiliated Entity or ICON if the Affiliated Entity's Affiliation is revoked, denied, not renewed, or suspended for any reason by ICON.

#### **Section 5.08 Avoiding Conflicts of Interest.**

In order to preserve the integrity and reputation of ICON Alliance and the ICONs in Medicine Program, it is imperative that ICON and all Affiliated Entities including their respective Board of Directors, officers Executive/National Directors, committee members and employees, shall scrupulously avoid conflicts of interest pertaining to ICON Alliance, whether real or potential, between their own personal and financial interests, or the interests of companies or businesses in which they have an interest, and the interests of the Affiliated Entity in which they are an officer, Executive/National Director, member of the Board of Directors, or employee. The preceding sentence obligates all Affiliated Entities to avoid not only actual conflicts in situations in which there is a true conflict between competing interests, but also to avoid conflicts which are “potential,” in that they may create an appearance of impropriety, and thus risk public embarrassment to ICON or damage to its reputation, even if there is no actual impropriety or conflict. To meet this requirement, all potential conflicts pertaining to ICON Alliance shall be disclosed fully and promptly to the Board of Directors of the affected Affiliated Entity for resolution by that Board of Directors (or, where applicable, by ICON’s Board) at the earliest opportunity. If any Affiliated Entity, Sub-Entity, or ICON official or employee has a doubt about whether a particular situation creates a potential conflict of interest, that doubt shall be resolved, in all instances, in favor of disclosing the potential conflict as required by this Section.

#### **Section 5.09 Financial and Insurance Requirements.**

All Affiliated Entities shall comply with the Affiliation Fee and insurance requirements of Article 9.

#### **Section 5.10 Guidelines and Policies.**

ICON may from time to time issue written guidelines or policies on matters related to the operation or management of Affiliated Entities with respect to ICON Alliance. ICON may require that Affiliated Entities comply with such policies and guidelines as a condition of obtaining and maintaining their affiliation.

### **ARTICLE 6**

#### *Affiliation and Registration of Affiliated Entities and Sub-Entities*

##### **Section 6.01 Purpose of Affiliation and Registration 23**

##### **Section 6.02 Rights 23**

##### **Section 6.03 Authority to Grant Affiliation and Registration 23**

##### **Section 6.04 Documentation of Affiliation 23**

##### **Section 6.05 Affiliation Standards 23**

##### **Section 6.06 Changes to the Affiliation Standards 23**

##### **Section 6.07 Period or Duration of Affiliation 23**

(a) Calendar Year Basis 23

(b) Duration of Affiliation 24

(c) Conditional Affiliation 24

(d) Duration of Registration for Sub-Entities 24

##### **Section 6.08 Application for Initial or Renewed Affiliation 24**

(a) Requirements for Written Application 24

(b) Timeline for Renewal Application 24

(c) Failure to Submit Renewal Application 24

##### **Section 6.09 Affiliation License 24**

(a) Requirement of Completion 24

(b) Changes to Affiliation License 24

##### **Section 6.10 Review by ICON of New Affiliation Applications 24**

(a) Review of New Applications 24

(b) Granting Affiliation 25

##### **Section 6.11 Affiliation Boundaries 25**

##### **Section 6.12 Obligations of an Affiliated Entity 25**

##### **Section 6.13 Rights of an Affiliated Entity 25**

(a) License to Use ICON Marks 25

(b) Authority to Operate iCons in Medicine Program 25

##### **Section 6.14 ICON’s Power to Impose Sanctions for Violations of an Affiliated Entity’s Obligations 26**

**Section 6.15 Grounds for Imposing Sanctions or Revoking/Denying Affiliation 26**

- (a) Grounds for Sanction 26
- (b) Grounds for Revocation or Denial of an Affiliated Entity's Affiliation 26

**Section 6.16 Procedures for Imposing Sanctions/Revocation 26**

- (a) Notice of Intent to Impose Sanctions/Revocation 26
- (b) Effect of an Affiliated Entity's Failure to Respond 26
- (c) Required Contents of Affiliated Entity's Response 27
- (d) ICON's Review of Affiliated Entity's Response 27
- (e) Final Notice of Sanction 27
- (f) Final Notice of Revocation 27

**Section 6.17 Appeal Procedures for Sanctions/Revocation 27**

- (a) Submitting an Appeal 27
- (b) Size and Composition of the Appeal Committee 28
- (c) Review by Appeal Committee 28
- (d) Decision of Appeal Committee 28

**Section 6.18 Emergency Suspension of Affiliation 28****Section 6.19 Effect of Termination or Expiration of Affiliation 28**

- (a) Termination of License to Use ICON Marks 28
- (b) Termination of Authority to Conduct the iCons in Medicine Program and Activities 29
- (c) Cooperation with ICON 29
- (d) ICON's Enforcement Options 29

**Section 6.20 Sanctions Available to ICON 29**

- (a) ICON's Power to Devise and Impose Sanctions 29
- (b) Types of Sanctions Available to ICON 29

**Section 6.21 Registration of Sub-Entities 30**

- (a) Responsibilities of Affiliated Entities 30
- (b) Registration Standards and Procedures 30
- (c) Review of Sub-Entity's Registration 30
- (d) Revocation, Denial or Suspension of Revocation 30

**Section 6.22 Waivers of Non-Compliance with General Rules 30****Section 6.01 Purpose of Affiliation and Registration.**

ICON licenses National Organizations, Regional Organizations and U.S. Organizations or others as necessary under the General Rules to grow ICON Alliance. ICON National Organizations, Regional Organizations and U.S. Organizations register Chapters (Volunteers) and Member Organizations (Requestors). Affiliation and registration are used to promote worldwide quality, and ultimately the growth, of ICON Alliance. Affiliation assures that every Affiliated Entity agrees to participate in ICON Alliance in a manner consistent with ICON Alliance's mission, is willing and able to oversee registration of Chapters and Member Organizations within its jurisdiction, and has met certain minimum management and financial requirements.

**Section 6.02 Rights.**

Only those organizations and entities which have been granted the status of Affiliated Entities as provided in this Article 6 may: (a) hold themselves out to the public as ICON Affiliated Entities; (b) raise, receive or spend funds in for ICON Alliance; or (c) use, or authorize others to use in conducting their programs or activities, the name "ICON" as part of their name or any other ICON Marks that ICON licenses Affiliated Entities to use in conducting the ICONs in Medicine Program or activities.

**Section 6.03 Authority to Grant Affiliation and Registration.**

Only ICON may grant or withhold affiliation to a Founding Committee or to a requesting national or regional organization. ICON has sole authority to suspend or revoke the affiliation of an Affiliated Entity. Affiliated Entities may grant or withhold registration to a Chapter or Member Organization (Sub-Entity) within its jurisdiction. ICON may also suspend or revoke the registration of any Sub-Entity under Sections 6.21(d). Subject to ICON's right to suspend or revoke a Sub-Entity's registration, Affiliated Entities are responsible for deciding, consistent with the requirements of this



Article 6, whether to grant initial or renewal registration to their Sub-Entities.

#### **Section 6.04 Documentation of Affiliation.**

Whenever ICON grants an affiliation license, ICON shall issue an Affiliation License to that entity. Affiliation by ICON shall be in writing, and shall be made in accordance with the requirements of these General Rules.

#### **Section 6.05 Affiliation Standards.**

ICON shall establish, and may amend, from time to time the Affiliation Standards.

#### **Section 6.06 Changes to the Affiliation Standards.**

ICON may revise the Affiliation Standards from time to time. Except in unusual cases, ICON will provide Affiliated Entities with advance written notice of any revisions to the Affiliation Standards, in order to give Affiliated Entities affected by the changes a reasonable opportunity to take any action necessary to satisfy the revised Affiliation Standards. In unusual cases, however, when ICON determines that it is in ICON Alliance's best interest to rapidly implement the revised Affiliation Standard(s), ICON will notify all Affiliated Entities, specifying in that notice the date by which they will be required to satisfy the revised Affiliation Standard(s). The specified date may, if deemed appropriate by ICON, and specified in that notice, apply to all Affiliated Entities regardless of the length of their Affiliation Period.

#### **Section 6.07 Period or Duration of Affiliation.**

**(a) Calendar Year Basis.** ICON shall normally grant affiliation to an Affiliated Entity on a calendar year basis. Affiliation may take effect at any time during a calendar year, but will expire at the end of a calendar year. An Affiliated Entity, subject to Section 6.07(d), may grant registration to a Sub-Entity only on a calendar year basis.

**(b) Duration of Affiliation.** ICON may grant or renew affiliation (subject to ICON's right to suspend or revoke affiliation) for periods ranging from one year, or a portion thereof, to two years. Duration of affiliation (the "**Affiliation Period**") shall be specified by ICON in writing at the time of new or renewed affiliation.

**(c) Conditional Affiliation.** ICON may grant affiliation on a conditional basis ("**Conditional Affiliation**"), which shall include a specific date by which the conditions must be satisfied. If an Affiliated Entity fails to fulfill a required condition by the specified date, its affiliation shall automatically terminate as of that date, with no right of appeal, unless otherwise agreed by ICON.

**(d) Duration of Registration for Sub-Entities.** Absent prior written approval from ICON in specific cases, the Registration Period for any Sub-Entity, whether constituting an initial or renewal Registration Period, may not extend beyond the then-scheduled expiration of the Registration Period of its registering Affiliated Entity.

#### **Section 6.08 Application for Initial or Renewed Affiliation.**

**(a) Requirements for Written Application.** A Founding Committee or an Affiliated Entity seeking initial or renewed affiliation, respectively, shall file a written application using standardized application materials provided by ICON (the "**Affiliation Application**"), which must include a completed Affiliation License. Every Affiliation Application must be signed on behalf of the Founding Committee or the Affiliated Entity's Board of Directors. Affiliation Applications from Founding Committees shall include the Organizational Documents that the Founding Committee has adopted or proposes to adopt if affiliation is granted by ICON. Renewal Applications from Affiliated Entities shall include written confirmation on behalf of its Board of Directors that the organization remains committed to ICON Alliance mission and principles, including these General Rules

**(b) Timeline for Renewal Application.** Unless otherwise permitted by ICON, each Affiliated Entity that seeks to renew its affiliation shall submit its completed Affiliation Application to ICON no later than the date established from time to time by ICON during the calendar year in which that Affiliated Entity's existing affiliation expires, in order to gain affiliation effective January 1 of the following calendar year. Any Affiliated Entity unable to comply with this deadline must submit a written extension request to ICON at least thirty (30) days prior to the date that Affiliated Entity's affiliation expires. Upon good cause, ICON may then establish an alternative deadline.

**(c) Failure to Submit Renewal Application.** If an Affiliated Entity fails to submit a complete Affiliation Application in accordance with this Section 6.08, such Affiliated Entity's affiliation shall automatically expire at the end of the latter of its current Affiliation Period or any extension granted by ICON in accordance with Section 6.08(b), without the right to appeal, unless otherwise authorized by ICON. An Affiliated Entity shall not have the right to appeal a notice from ICON stating that its affiliation has expired.

#### **Section 6.09 Affiliation License.**

**(a) Requirement of Completion.** Each Affiliation Application, whether for initial or renewed affiliation, shall be accompanied by an Affiliation License by which the applicant certifies the applicant's acceptance of and compliance with the General Rules. Each applicant's Affiliation License shall be signed by an authorized representative. ICON will not grant or renew affiliation to any applicant that has not properly completed and signed an Affiliation License.

**(b) Changes to Affiliation License.** ICON may revise the Affiliation License at any time and shall provide Affiliated Entities with prompt written notice of all such changes. Except for exceptional cases, ICON will not require an Affiliated Entity that is otherwise in compliance with its Affiliation License to make changes to its structure, operations or programs during its then-current Affiliation Period in order to meet the requirements of a revised Affiliation License. Rather, ICON will normally require Affiliated Entities to sign and submit the revised Affiliation License as part of their next Affiliation Application following ICON's adoption of the revised Affiliation License.

#### **Section 6.10 Review by ICON of New Affiliation Applications.**

**(a) Review of New Applications.** ICON will review all Affiliation Applications from Founding Committees and either grant or deny such applications by written or electronic notice to the applicant. ICON's decisions on all requests for such affiliation shall be final and non-appealable. A Founding Committee that has been denied affiliation may, with ICON's prior written authorization, resubmit a revised Affiliation Application at a later date to provide ICON with new or additional information.

**(b) Granting Affiliation.** ICON may, at its sole discretion, grant conditional affiliation in accordance with Section 6.07(c). ICON shall grant affiliation for a specified period in accordance with Section 6.07(b), or waivers in accordance with Section 6.22.

#### **Section 6.11 Affiliation Boundaries.**

ICON shall determine the territorial jurisdiction of each Affiliated Entity for activities pertaining to ICON Alliance. In most cases, the jurisdictional boundaries of an Affiliated Entity will be geographic and political, and will mirror existing geopolitical boundaries, such as the boundaries defining a nation or province, or a state within the United States. ICON will identify the jurisdiction of each Affiliated Entity in writing at the time that ICON grants or renews its affiliation. In appropriate cases, ICON reserves the right to designate more than one Affiliated Entity within a particular geographic or political territory, such as more than one Affiliated Entity for a single nation or for a single state within the United States.

#### **Section 6.12 Obligations of an Affiliated Entity.**

By applying for and accepting affiliation, and by signing the Affiliation License, an Affiliated Entity and its Board of Directors agree to recognize ICON as the final legal and binding authority on all ICONs in Medicine Program matters and accept full responsibility for conducting the operations of the Affiliated Entity in accordance with its Affiliation License, these General Rules and the other Uniform Standards.

#### **Section 6.13 Rights of an Affiliated Entity.**

An Affiliated Entity has the following rights and privileges during its Affiliation Period, subject to these General Rules:

**(a) License to Use ICON Marks.** Each Affiliated Entity is granted a license to use the **ICON** Logo, the Credit Line and other ICON Marks as set forth in Section 5.04 or as above specified from time to time by ICON, in organizing, financing and conducting the ICONs in Medicine Program within its jurisdiction.

**b) Authority to Operate the ICONs in Medicine Program.** ICON authorizes each Affiliated Entity to

hold itself out as the authorized ICON Alliance member within its jurisdiction (subject to any jurisdictional rights that the Affiliated Entity may have granted to a Sub-Entity). This authority grants each Affiliated Entity the following rights and authority within its jurisdiction, to be exercised in accordance with the General Rules:

- (1) A license to authorize others to use the ICON Logo and Credit Line.
- (2) To organize, conduct and promote the iCons in Medicine Program Tele-consultations, including organizing and registering Sub-Entities (Chapters and Member Organizations) located entirely within its jurisdiction;
- (3) To organize, conduct and promote Medical Missions and Conferences
- (4) To carry out related program activities authorized by ICON, including volunteer leadership initiatives and Tele-consultation training programs;
- (5) To raise funds for these purposes in the name of the Affiliated Entity;
- (6) Eligibility to receive a quota to send a delegation to World Conferences and to certain Regional Conferences;
- (7) To permit license for local radio and television broadcasters and other third parties to film and otherwise record the Conference held by the Affiliated Entity within its jurisdiction, and to broadcast such Conference Recordings (as defined in Section 3.12) on local radio within the Affiliated Entity's jurisdiction;
- (8) To select an Executive/National Director, to hire employees and to establish a personnel system for ICONs in Medicine Program within its jurisdiction as supported by its operating budget;
- (9) To receive assistance from ICON in the form of advice and training regarding the development and conduct of the ICONs in Medicine Program, access to official ICON publications and materials, opportunities to attend Conferences, and eligibility to request financial assistance from ICON; and
- (10) The opportunity to comment on and participate in the development of the Uniform Standards through representational participation on Leadership Councils and other Advisory Committees established through these General Rules.

#### **Section 6.14 ICON's Power to Impose Sanctions for Violations of an Affiliated Entity's Obligations.**

ICON has the right and the authority to impose sanctions or other corrective measures deemed appropriate by ICON on any Affiliated Entity, or against any other party to the extent permitted by law, for violations of the General Rules or the other Uniform Standards. ICON's authority to enforce the General Rules and other Uniform Standards includes, without limitation, the authority to suspend, revoke or deny the affiliation of any Affiliated Entity and to impose any of the other sanctions provided in Article 6 (or elsewhere in these General Rules).

#### **Section 6.15 Grounds for Imposing Sanctions or Revoking/Denying Affiliation.**

**(a) Grounds for Sanction.** Except as otherwise provided in subsection (b), ICON may impose any or all of the sanctions identified in Section 6.20 if ICON determines that an Affiliated Entity is not in compliance with the requirements of these General Rules or other Uniform Standards (“**Ground(s) for Sanction**”). Any affiliation that lapses or expires automatically under this Article 6 is not a sanction and shall not be subject to appeal under Section 6.15 through 6.17.

##### **(b) Grounds for Revocation or Denial of an Affiliated Entity's Affiliation.**

Notwithstanding ICON's general power to sanction an Affiliated Entity as provided in this Article 6, ICON shall not revoke an Affiliated Entity's affiliation unless ICON makes one or more of the following determinations (the “**Ground(s) for Revocation**”):

- (1) That the Affiliated Entity has failed to comply with its material obligations as an Affiliated Entity, which are set forth in these General Rules, the Affiliation Standards and Affiliation License of the affected Affiliated Entity, or the other Uniform Standards;
- (2) That circumstances exist wherein (i) the health or safety of individuals involved in ICON Alliance is jeopardized; (ii) there are indications that the Affiliated Entity has engaged in any illegal activity; or (iii) the Affiliated Entity has acted in a manner that may jeopardize the financial integrity or reputation of the Affiliated Entity, of the ICONs in Medicine Program or ICON, and that these circumstances may lead to substantial harm to ICON, to ICON Alliance, to the ICONs in Medicine Program, or to any of ICON's affiliates if not eliminated or rectified as soon as possible; or
- (3) That the Affiliated Entity does not meet the Affiliation Standards.

#### **Section 6.16 Procedures for Imposing Sanctions/Revocation.**

**(a) Notice of Intent to Impose Sanctions/Revocation.** If ICON determines there are Grounds for Sanction and/or Grounds for Revocation, ICON shall notify the affected Affiliated Entity through a “**Notice of Intent to Impose Sanctions**” or “**Notice of Intent to Revoke**”, respectively. The relevant Notice shall be addressed and sent to the Affiliated Entity. It shall summarize the Affiliated Entity’s operating deficiencies, failures of performance, or other violations of the Uniform Standards which constitute the Grounds for Sanction and/or Grounds for Revocation. ICON may also, at its option, inform the Affiliated Entity of the specific sanction(s) that ICON may impose. The Notice of Intent to Revoke will specifically state, however, whether ICON has determined that there are Grounds for Revocation and intends to suspend, deny or revoke the Affiliated Entity’s affiliation.

**(b) Effect of an Affiliated Entity’s Failure to Respond.** The Notice of Intent in 5.16(a) shall include a notice that the Affiliated Entity may respond to the allegations within 30 calendar days following the Affiliated Entity’s receipt of said Notice (“**Response**”) and that failure to respond may result in the immediate imposition of sanctions/revocation. If an Affiliated Entity fails to submit a Program Response within the thirty days following its receipt of the Notice of Intent to Impose Sanction, then such Notice shall automatically become a final notice and the decision to impose the proposed sanction(s) (“**Final Sanction Notice**”) upon expiration of that thirty-day response period. If the Notice of Intent to Impose Sanction did not specify the sanctions, ICON shall have the right, upon the expiration of the thirty-day response period, to issue an unappealable Final Sanction Notice to the affected Affiliated Entity identifying the sanction(s) which ICON has determined to impose. In a similar manner, if the Affiliated Entity fails to provide a Program Response to a Notice of Intent to Revoke that cited Grounds for Revocation and specifically notified the affected Affiliated Entity that ICON was considering a suspension, revocation or denial of its affiliation, then upon the expiration of the thirty-day response period and the lack of a Response from the Affiliated Entity, that Notice of Intent to Revoke shall automatically become a Final Notice of Revocation, with the consequences provided for in Section 6.18.

**(c) Required Contents of Affiliated Entity’s Response.** Any Affiliated Entity’s Response to either of the Notice(s) of Intent in 6.16(a) shall be in writing and prepared in English or translated into English before its submission to ICON. The Response shall be submitted to ICON within the 30-day response period described in Section 6.16(b) and shall set forth the specific reasons why the Affiliated Entity either (1) denies the alleged Grounds for Sanction or Grounds for Revocation, and/or (2) believes that any conceded Grounds for Sanction or Grounds for Revocation have either been corrected or eliminated, can be corrected or eliminated in the near future within a reasonable period of time or should not, for other reasons explained by the Affiliated Entity, result in the imposition of sanctions by ICON. If the Affiliated Entity proposes corrective measures, its Response shall include a detailed plan for that correction and an estimate of the amount of time reasonably necessary to accomplish it. A Response may also challenge the existence of the alleged Grounds for Sanction/Revocation, challenge the appropriateness of any proposed sanction(s)/revocation, or challenge both the violation and the proposed sanction(s)/revocation.

**(d) ICON’s Review of the Affiliated Entity’s Response.** Within 30 days following ICON’s receipt of a Response, ICON shall review the Response and provide a written reply to the Affiliated Entity. ICON’s reply may either: (1) withdraw the Notice of Intent in Section 6.16(a); (2) defer a final decision on the Notice of Intent to Impose Sanction to permit the Affiliated Entity to take specific future corrective action, in which case ICON shall specify in writing the nature and completion date of such corrective action; or (3) issue a Final Notice of Sanction under Section 6.16(e) below, or if applicable, a Final Notice of Revocation under Section 6.16(f) below. ICON shall determine, in its sole discretion, whether to accept any corrective action taken or proposed by an Affiliated Entity.

**(e) Final Notice of Sanction.** If ICON, after review and consideration of the Affiliated Entity’s Response (and, where applicable, after evaluation of any corrective measures taken by the Affiliated Entity with ICON’s authorization under Section 6.16(d) above), determines that Grounds for Sanction continue to exist, ICON shall send the Affiliated Entity a Final Notice of Sanction. It shall be addressed and sent to the chairperson of the Board of Directors of the affected Affiliated Entity and copied to its Executive/National Director. It shall describe the nature of, and reasons for, the imposed sanctions and take effect 30 days after the date on which it is issued by ICON, unless within that same thirty-day period, the affected Affiliated Entity submits a written appeal of the Final Notice of

Sanction to ICON in accordance with Section 6.17(a).

**(f) Final Notice of Revocation.** In a case in which ICON has found Grounds for Revocation, if ICON determines, after review and consideration of the Affiliated Entity's Response (and, where applicable, after evaluating the impact of any corrective measures taken by the Affiliated Entity with ICON's authorization under Section 6.16(d) above), that Grounds for Revocation continue to exist, ICON shall send the Affiliated Entity's Executive/National Director and the chairperson of its Board of Directors a Final Notice of Revocation. It shall set forth ICON's reasons for revoking or denying affiliation, and the reasons why any Response and, where applicable, any corrective measures taken by the Affiliated Entity following issuance of the Notice of Intent to Revoke, were insufficient in ICON's judgment to warrant maintaining or renewing the Affiliated Entity's affiliation. ICON's Final Notice of Revocation shall take effect thirty (30) days after the date on which ICON issues the Final Notice of Revocation, unless within that same thirty-day period, the affected Affiliated Entity submits a written appeal in accordance with Section 6.17(a).

#### **Section 6.17 Appeal Procedures for Sanctions/Revocation.**

An Affiliated Entity which is the subject of a Final Notice of Sanction or Final Notice of Revocation may pursue an appeal of ICON's decision by following the procedures in this Section 6.17.

**(a) Submitting an Appeal.** Only one (1) appeal may be filed by an Affiliated Entity in connection with any Sanction or Revocation process ("**Appeal**"). The Appeal may not be filed until after ICON has issued a Final Notice of Sanction or a Final Notice of Revocation. The Appeal shall be submitted in writing (in English) and shall have been approved by a majority of the members of the Affiliated Entity's Board of Directors, and shall be submitted to ICON's President and to the ICON Chair. An Appeal may challenge i) the existence of the violations or other factors described in the Grounds for Sanction or Grounds for Revocation, ii) the appropriateness of the sanctions identified in ICON's Final Notice of Sanction or Final Notice of Revocation, or iii) both i) and ii).

**(b) Size and Composition of the Appeal Committee.** Each Appeal shall be considered by a committee of five (5) persons, consisting of the ICON Chair and four other persons appointed by ICON's President ("**Appeal Committee**"). Alliance ICON shall determine in its sole discretion, through its President, whether to appoint a standing Appeal Committee for purposes of this Section 6.17, or whether to appoint different Appeal Committees to handle particular Appeals.

**(c) Review by Appeal Committee.** Each Appeal shall be decided by a simple majority of the five members of the Appeal Committee. Before making its decision, the Appeal Committee shall give the Board of Directors of the affected Affiliated Entity a reasonable opportunity to discuss the Appeal in person with the Appeal Committee, if the Affiliated Entity requests such an opportunity in its written Appeal, but the Affiliated Entity shall be responsible for any travel or other expenses incurred by its representative(s) in attending such a meeting. The Appeal Committee may, in its discretion, request the Affiliated Entity to provide supplementary information in support of the Appeal, or to respond to specific questions of significance to the Appeal Committee in preparing its decision. The affected Affiliated Entity shall cooperate with such requests as a condition of pursuing its Appeal.

**(d) Decision of Appeal Committee.** The Appeal Committee shall issue its decision in writing and include a brief statement of the reasons for its decision, and shall promptly communicate that decision both to ICON's President and to the Board of Directors of the affected Affiliated Entity. The decision of the Appeal Committee shall be final.

#### **Section 6.18 Emergency Suspension of Affiliation.**

Notwithstanding any other provision of this Article 6, ICON may issue a written emergency temporary suspension of affiliation if ICON determines that such action is reasonably necessary in order to prevent immediate and substantial harm to ICON or any of its Affiliated Entities, or to the conduct of the ICONs in Medicine Program within the affected Affiliated Entity's jurisdiction ("**Emergency Suspension Notice**"). The decision whether to suspend affiliation on an emergency basis shall be made by ICON's President or Chair. Suspension of online activities shall be immediate and suspension of all other activities shall be effective upon receipt by the Executive/National Director and the chairperson of the Board of Directors of the affected Affiliated Entity. The Emergency Suspension Notice shall specify the specific reasons for the emergency suspension. Upon receipt of an Emergency Suspension Notice, the affected Affiliated Entity shall immediately comply with Section 6.18. Emergency Suspension Notices shall remain in effect until withdrawn by ICON or until a Final

Notice of Revocation is issued by ICON as provided in Section 6.16. An affected Affiliated Entity may appeal an Emergency Suspension Notice through the process outlined in Section 6.17 only after the affected Affiliated Entity receives a Final Notice of Revocation. An affected Affiliated Entity shall not regain valid affiliation unless and until ICON withdraws the emergency suspension by written notice to the affected Affiliated Entity.

#### **Section 6.19 Effect of Termination or Expiration of Affiliation.**

If an Affiliated Entity's affiliation is revoked, denied or suspended on an emergency basis, or if an Affiliated Entity ceases, for any reason, to be affiliated in accordance with these General Rules (individually and collectively, a "**Termination of Affiliation**"), then ICON and the affected Affiliated Entity shall observe the following:

**(a) Termination of License to Use ICON Marks.** Upon the effective date of Termination of Affiliation, the affected Affiliated Entity's Affiliation License, including its rights and authority to use the name "ICON," the **ICON** Logo, any ICON Marks, and all other copyrighted materials or other intellectual property owned by ICON, shall immediately terminate, without any further notice or action by ICON. The termination of the rights and authority granted pursuant to the Affiliation License, shall not release the Affiliated Entity from fulfilling any lawful and outstanding contractual obligations to third parties which were entered into by the Affiliated Entity in accordance with the General Rules.

**(b) Termination of Authority to Conduct ICONs in Medicine Program and Activities.** Upon the effective date of Termination of Affiliation, the affected Affiliated Entity shall immediately cease all ICONs of Medicine Program and fundraising activities in the name of or for the benefit of ICON Alliance, and shall conduct only those limited activities and operations which ICON determines to be necessary and appropriate, with the supervision and approval of ICON.

**(c) Cooperation with ICON.** Upon the effective date of Termination of Affiliation, the affected Affiliated Entity shall promptly take whatever steps may be reasonably required by ICON to facilitate ICON's affiliation of a new Affiliated Entity in its jurisdiction. Such steps shall include measures reasonably designed to ensure that all funds, in-kind donations, personal property, intellectual and other intangible property, and all other assets of any type which were acquired by the affected Affiliated Entity through its affiliation with ICON Alliance, are made available, within that jurisdiction, in accordance with ICON's directives for the organization and conduct of ICON Alliance.

**(d) ICON's Enforcement Options.** ICON shall have the right, either before or after a Termination of Affiliation, to obtain specific performance, by court order if necessary, of an affected Affiliated Entity's obligations under these General Rules and other Uniform Standards, or to seek comparable equitable or legal relief which may be available to ICON under applicable law. In addition, ICON shall have the right to enforce restrictions on the use of the name "ICON," the **ICON** Logo any other ICON Mark, or any copyrights or other intellectual property owned by ICON, by pursuing whatever remedies may be available to ICON under applicable law. ICON's decision not to suspend, revoke or deny affiliation of an Affiliated Entity or to impose other sanctions shall not preclude ICON from suspending, revoking or denying affiliation or imposing such sanctions at a later date. Further, ICON's decision under circumstances that would justify such action to not impose any specific sanctions shall not constitute a waiver by ICON of any right ICON may have to pursue or prevent ICON from pursuing, at any time, other legal or equitable remedies available to ICON under applicable law.

#### **Section 6.20 Sanctions Available to ICON.**

**(a) ICON's Power to Devise and Impose Sanctions.** ICON shall have broad discretion, limited only by these General Rules and applicable law, to determine the nature and duration of sanctions ICON may elect to impose on an Affiliated Entity pursuant to this Article 6 if ICON determines that Grounds for Sanction exist. ICON shall be entitled to consider, in addition to any other factors which it deems relevant, the following: (1) the severity and duration of the Program's acts or omissions; (2) the degree of cooperation (or lack of cooperation) provided by the Affiliated Entity; (3) the extent to which the Grounds for Sanction have created risks for the health or well-being of patients or jeopardized the legitimate interests of other Affiliated Entities; (4) the extent to which the Grounds for Sanction are in part the product of circumstances which are or may be beyond the reasonable control of the Affiliated Entity; (5) the progress, if any, being made by the Affiliated Entity in its good-faith efforts to remedy the cited violations, and the likely effect of the proposed sanction on the operations of the Affiliated Entity; (6) the need for a strong response to deter the Affiliated Entity from future violations; and (7)

the need for a strong response in order to deter other Affiliated Entities from similar future violations.

**(b) Types of Sanctions Available to ICON.** ICON may in its sole discretion impose, but is not limited to, any or all of the following sanctions for an Affiliated Entity as to which ICON determines that Grounds for Sanction exist (**not** in a particular order of severity or priority):

(1) Place an Affiliated Entity on probation for a specified period of time and require the Affiliated Entity to correct during that probationary period the violations cited in ICON's Notice of Intent to Impose Sanction or be subject to further sanction(s);

(2) Suspend the Affiliated Entity's eligibility to receive grants from ICON for defined periods of time, or until the Grounds for Sanction are corrected or eliminated;

(3) Reduce or eliminate any funds the Affiliated Entity would receive from ICON, until such time as the affected Affiliated Entity corrects or eliminates the Grounds for Sanction;

(4) Conduct, at the expense of the affected Affiliated Entity, a comprehensive independent financial audit of the Affiliated Entity's operations;

(5) Assemble and deploy an **"Emergency Review Panel,"** to conduct a comprehensive on-site evaluation of the Affiliated Entity's operations, and to report regularly to ICON concerning those operations until the Grounds for Sanction are corrected or eliminated;

(6) Require the Executive/National Director of the affected Affiliated Entity and/or other staff of the Affiliated Entity to attend specific training programs conducted by other Affiliated Entities which ICON determines to be relevant and useful for avoiding future violations by the affected Affiliated Entity; and/or

(7) Deny or revoke the affiliation of the affected Affiliated Entity in accordance with this Article 6.

#### **Section 6.21 Registration of Sub-Entities.**

**(a) Responsibilities of Affiliated Entities.** Affiliated Entities must maintain proper and ongoing supervision and control over the operations of Sub-Entities. All registered Sub-Entities shall be structured, managed and operated in accordance with these General Rules and the other Uniform Standards. An Affiliated Entity's failure to ensure its respective Sub-Entity(s) compliance with the General Rules and the other Uniform Standards may constitute Grounds for Sanction or Revocation, Denial or Termination of Affiliation of the Affiliated Entity by ICON.

**(b) Registration Standards and Procedures.** Unless otherwise approved by ICON in writing in a specific instance, all Sub-Entities shall be registered and re-registered in accordance with the same standards and procedures. As provided in Section 6.07, however, a Sub-Entity's registration period cannot extend beyond the expiration of the Affiliated Entity's Affiliation Period. Affiliated Entities that have or plan to have Sub-Entities shall translate and adapt standardized registration applications and licenses for the use of their Sub-Entities which conform substantially to ICON's standard Registration Application and Registration License.

#### **(c) Review of Sub-Entity Registration.**

**1) Chapters.** Each Affiliated Entity that has registered one or more Chapters in its jurisdiction shall establish an effective system for conducting annual reviews of all aspects of the Chapter's operations, including its organization, governance, programs, progress in recruitment of Volunteers, fundraising activities, accountability, public relations and public education efforts, adherence to the Uniform Standards, and other criteria not inconsistent with the Uniform Standards which the registering Affiliated Entity considers essential for the proper operation of its Chapter(s).

**2) Member Organizations.** Each Affiliated Entity that has registered one or more Member Organizations in its jurisdiction to receive ICONs in Medicine Program services shall establish an effective system for conducting annual outreach including newsletters, annual reports, and online surveys in order to establish the needs of Member Organizations and the efficacy of ICON Alliance outreach efforts.

**(d) Revocation, Denial or Suspension of Revocation.** Affiliated Entities are responsible in the first instance for taking steps to revoke, deny or suspend the registration of any of its Sub-Entities whenever there are Grounds for Revocation as provided in Section 6.15. Every Affiliated Entity shall exercise this oversight and control in a diligent and effective manner, as a condition of maintaining its own affiliation. If, however, ICON determines that there are Grounds for Revocation with respect to a particular Sub-Entity, ICON shall have the right to suspend or revoke the registration of that Sub-Entity in accordance with these General Rules, whether or not it's registering Affiliated Entity has or is willing to take such action. In any case, all actions and procedures for suspending, revoking or

denying the registration of a Sub-Entity, whether taken by ICON or by the Affiliated Entity which originally registered the Sub-Entity, shall conform to the requirements of this Article 6.

#### **Section 6.22 Waivers of Non-Compliance with General Rules.**

ICON may, upon receipt of a written request from an Affiliated Entity, grant that Affiliated Entity a written waiver for its non-compliance with one or more specific provisions of these General Rules or with one or more specific Affiliation Standards (a “**Compliance Waiver**”) if ICON determines, in its sole discretion, that a Compliance Waiver is appropriate because: (a) the Affiliated Entity cannot comply with the cited General Rules provision or particular Affiliation Standard without violating specific national laws which apply to that Affiliated Entity’s operations; (b) compliance with the cited General Rules provision or particular Affiliation Standard would cause significant hardship for the Affiliated Entity; and/or (c) the Affiliated Entity, although unable to comply for justifiable reasons with the literal requirements of the cited General Rules provision or Affiliation Standard, is nevertheless in compliance with the intent of the relevant provision, or is able and willing to achieve that compliance in an alternative manner acceptable to ICON. Any Compliance Waiver issued by ICON shall be in writing and valid only for a stated period of time to be determined by ICON. The process described in this Section 6.22 for obtaining Compliance Waivers is not intended as a means for avoiding the imposition of sanctions under this Article 6, or as a means for seeking exceptions from provisions of the General Rules or other Uniform Standards with which an Affiliated Entity may disagree. Rather, the Compliance Waiver process shall be used by ICON solely as a vehicle for granting narrow exceptions to Affiliated Entities in rare and isolated cases when the strict application or enforcement of these General Rules or the Affiliation Standard would unduly burden an Affiliated Entity or produce other results unintended by ICON, or require an Affiliated Entity to choose between complying with the Uniform Standards or complying with applicable national or local law.

### **ARTICLE 7**

*ICONs in Medicine Program Activities: Tele-consultations, Medical Missions, Conferences and ICON Online Resource Center*

#### **Section 7.01 Founding Objectives of iCons in Medicine Program Activities 33**

#### **Section 7.02 Prohibition on Charging Fees 33**

#### **Section 7.03 iCons in Medicine Program Activities: Tele-consultations, Medical Missions and Conferences 33**

(a) Authority 33

(b) Standards 33

(c) Range of Programming Offered to Members 33

(d) Public Education and Promotion 34

(e) Medical and Safety Requirements - Generally 34

#### **Section 7.04 Requirements Concerning Registering as a Chapter 34**

(a) Minimum Requirements for Chapters 34

(b) Minimum Requirements for Enrolling as a Volunteer 34

(c) Enrolling as a Volunteer through a Registered Chapter 34

(d) Enrollment Ceremonies 34

(e) De-Registration of Chapters 34

(f) De-Enrollment of Volunteers 34

#### **Section 7.05 Requirements Concerning Registration as a Member Organization 34**

(a) Minimum Requirements for Member Organizations 34

(b) Minimum Requirements for Enrolling as a General Member 35

(c) Enrolling as a Requestor through a Registered Member Organization 35

(d) De-Registration of Member Organizations 35

(e) De-Enrollment of Requestors 35

#### **Section 7.06 Classification of iCons in Medicine Tele-consultations 35**

(a) Recognized Medical Specialties 35

(b) Changes in Classification of Specialties 36

(c) Offered Specialties 36

(d) Prohibited Cases 36

#### **Section 7.07 General Rules for the iCons in Medicine Program 36**



(a) Rules Set by ICON	36
(b) Tele-consultations and Medical Missions to be Offered by Affiliated Entity to Members	36
(c) Medical Missions and Other Events	36
(d) Integration with Other Telemedicine and Medical Programs	36
<b>Section 7.08 General Requirements Concerning Medical Missions</b>	<b>37</b>
<b>Section 7.09 Requirements Concerning Conferences</b>	<b>37</b>
(a) Conference Focus	37
(b) Opportunities to Participate	37
(c) Scope and Frequency of Affiliated Entity Conferences	37
<b>Section 7.10 Conduct of ICON-Lead World Conferences</b>	<b>37</b>
(a) Frequency	37
(b) Location	37
(c) Governing Rules	37
<b>Section 7.11 Conduct of ICON-Sanctioned Conferences</b>	<b>37</b>
(a) Frequency	37
(b) Location	37
(c) Governing Rules	37
<b>Section 7.12 Invitational Conferences</b>	<b>38</b>
(a) Affiliated Entities' Authority to Conduct	38
(b) Sub-Entities' Authority	38
(c) Purpose of Invitational Conferences	38
(d) Rules for Extending and Accepting Invitations	38
(e) Cost of Invitational Conference	38
(f) Procedures for Obtaining ICON Approval	38
<b>Section 7.13 Invitational Medical Missions</b>	<b>39</b>

#### **Section 7.01 Founding Objectives of iCons in Medicine Program Activities.**

The ICONs in Medicine Program activities includes four key subcomponents: Tele-consultations using iConsult software, Medical Missions, Conferences and ICON Online Resource Center as well as other activities such as related training and fundraising as established and administered for ICON Alliance with a view toward achieving the following objectives:

- (1)** Promoting ICON Alliance as a voluntary consultant-centered Alliance, in which Members can serve as Volunteers or request tele-consultations as Requestors are at the center of each of the core activities of the iCons in Medicine Program as described above and in which Volunteers and Requestors are provided meaningful opportunities to participate in additional activities that address health disparities and support ICON Alliance programming;
- (2)** Helping to develop the social, professional, and intellectual awareness and capabilities of each Member;
- (3)** Promoting the spirit of healing and a love of participation in medicine for its own sake, by stressing and celebrating the importance of, and the personal achievement associated with, each Volunteer's participation and personal effort in ICON Alliance;
- (4)** Encouraging all Volunteers to address health disparities and provide assistance to Member Organizations while building national and international bridges in medicine, by providing opportunities to do so and the necessary structure, support and appreciation;
- (5)** Increasing public awareness of the impact of health disparities and the needs of Member Organizations, and public support for ICON Alliance, by encouraging participation in ICON Alliance by physicians, allied health professionals, health care providers, civic organizations, corporations, and other civic, governmental, social or medically-oriented constituencies within the community at large; and
- (6)** Promoting and reflecting the values, standards and traditions embodied in ancient and modern traditions of healing in all ICON Alliance activities, while broadening and enriching these traditions to incorporate appropriate telecommunications and information technologies so as to enhance the dignity, self-esteem and health of patients.

#### **Section 7.02 Prohibition on Charging Fees.**

No Affiliated Entity, Chapter or Member Organization may require patients or their families to pay or promise to pay any type of fee, or charge of any type, as a condition for receiving services from ICON Alliance (collectively, “**Prohibited Fees**”). The preceding sentence does not prohibit an Affiliated Entity from charging registration fees to its Sub-Entities to help defray the cost of administering those Sub-Entities in accordance with these General Rules, so long as the amount of any such registration fee is reasonable and is approved by ICON, and so long as the Sub-Entity required to pay that fee does not charge or accept any Prohibited Fees from patients or their families.

### **Section 7.03 iCons in Medicine Program Activities: Tele-consultations, Medical Missions, Conferences and the iCon On-line Resource Center.**

**(a) Authority.** The ICONs in Medicine Program’s Tele-consultations, Medical Missions and Conferences may be conducted only by or under the auspices and direct supervision of ICON or an Affiliated Entity. No Affiliated Entity may permit or engage any third party to conduct or organize any Tele-consultations, Medical Missions or Conferences, for or on behalf of that Affiliated Entity.

**(b) Standards.** All ICONs in Medicine Program Tele-consultations, Medical Missions and Conferences activities and events shall be conducted in accordance with these General Rules, the ICON Medical Handbook, and the other Uniform Standards. Each Affiliated Entity shall offer Tele-consultations, Medical Missions and Conferences which meet the highest possible standards. Each of these ICONs in Medicine Program activities must be held in a manner which protects the health and safety of its participating Members as well as the recipients of services.

**(c) Range of Programming Offered.** Each Affiliated Entity shall endeavor to offer a variety of activities pertaining to the ICONs in Medicine Program, including one or more Conferences. The scope of the programs offered by each Affiliated Entity shall be consistent with the ICON Medical Handbook and should foster participation by all eligible Volunteers and Requestors and should address identified health disparities. These programs should include, to the extent possible, the traditional components of the ICONs in Medicine Program, e.g., Tele-consultations, Medical Missions, and Conferences (which are described throughout this Section).

**(d) Public Education and Promotion.** Each Affiliated Entity and COC shall use its best efforts to generate coverage by local news media, in order to increase public awareness of health disparities and support for ICON Alliance.

**(e) Medical and Safety Requirements - Generally.** Affiliated Entities and COCs shall take all reasonable steps to protect the health and safety of its Members and staff in all activities pertaining to the ICONs in Medicine Program. Affiliated Entities and COCs shall also adhere to the medical and safety requirements set forth in the ICON Medical Handbook in all activities pertaining to the ICONs in Medicine Program. In addition, Affiliated Entities and COCs must comply with the following minimum standards (in addition to the tele-consultation-specific requirements of the ICON Medical Handbook), unless ICON grants written authorization to a particular Affiliated Entity or COC to depart from one or more of these requirements in a specific instance.

### **Section 7.04 Requirements Concerning Registering as a Chapter.**

**(a) Minimum Requirements for Chapters.** Each group of health care professionals volunteering to provide tele-consultations within ICON Alliance must be registered as a Chapter by the appropriate Affiliated Entity within its jurisdiction. This registration shall be completed through the online registration process of the ICONs in Medicine Program. No health care professional can be enrolled to receive tele-consultants or other services until the Chapter is registered and subsequently approves of the enrollment of those health care professionals.

**(b) Minimum Requirements for Enrolling as a Volunteer.** In order to volunteer services for Tele-consultations or Medical missions within ICON Alliance, Volunteers must first enroll through a general Member and then enroll in a Chapter which has been registered with an Affiliated Entity. Health care professionals are eligible to enroll with a Chapter under the following conditions:

(1) Volunteers must be trained, licensed health care professionals.

(2) Volunteers must commit to responding to three (3) requests for consultations each year in their area of specialty.

(3) Volunteers must agree to communicate directly online through the iConsult program to communicate with the Members seeking consultations.

(4) Volunteers agree to being approached to consider participation in Medical Missions.

(5)Volunteers agree to the use of their images and likeness for matters related to ICON Alliance.

(6)Volunteers must affirm that they are licensed as health care professionals in their jurisdiction and that they will not enter a physician/patient relationship per the following statement on the enrollment form (see Section 4.01(c)).

**(c) Enrolling as a Volunteer through a Registered Chapter.** ICON and Affiliated Entities shall create an online enrollment process for new Volunteers as outlined in the ICON Medical Handbook.

**(d) Enrollment Ceremonies.** ICON, Affiliated Entities and Chapters may hold enrollment ceremonies either in person or online.

**(e) De-Registration of Chapters.** ICON and Affiliated Entities may de-register Chapters for violating rules established in the ICON Medical Handbook. All de-enrolled Chapters should be de-enrolled by their Affiliated Entity through the online process in the manner outlined in the ICON Medical Handbook. Volunteers are automatically de-enrolled if their Chapter is de-registered.

**(f) De-Enrollment of Volunteers.** ICON, Affiliated Entities and Chapter Medical Directors may de-enroll Volunteers for violating rules established in the ICON Medical Handbook. All de-enrolled Volunteers should be de-enrolled by their Chapter through the online process in the manner outlined in the ICON Medical Handbook. However, they can apply for re-enrollment through another Chapter if eligible.

#### **Section 7.05 Requirements Concerning Registration as a Member Organization.**

**(a) Minimum Requirements for Member Organizations.** Each organization seeking services from ICON Alliance must be registered by the appropriate Affiliated Entity within its jurisdiction to become a Member Organization. This registration shall be completed through the online registration process of the ICONs in Medicine Program. No health care professional can be enrolled to receive Tele-consultants or other services until the Member Organization is registered and subsequently approves of the enrollment of that health care professional.

**(b) Minimum Requirements for Enrolling as a General Member.** Once registered, each Member Organization that seeks ICONs in Medicine Program services for its trained, licensed health care professionals shall require that each individual health care professional first enroll as a general Member through the ICONs in Medicine Program's online registration process prior to participation in the Tele-consultations.

#### **(c) Enrolling as a Requestor through a Registered Member Organization.**

Once enrolled as a general Member, an individual may enroll as a Requestor of Tele-consultation services through his/her Member Organization. Once approved, this will allow access to the list of Volunteers available through ICON Alliance. The required procedure for completing that enrollment through the ICONs in Medicine Program's online process is as follows:

(1) Health care professionals may enroll online on the same day they request a consult (but before they request a consult), by providing ICON or the appropriate the Affiliated Entity with their full name, Member Organization ID, complete address, and telephone number.

(2) Members agree to the use of their images and likeness for matters related to ICON Alliance.

(3) All Requestors seeking tele-consultation support through the iCons in Medicine Program shall be required to review and agree to, before the start of their participation, a disclaimer concerning their general role and responsibilities as well as the role of ICON Alliance Volunteer (see Section 4.01(e)).

**(d) De-Registration of Member Organizations.** ICON and Affiliated Entities' Medical Directors may de-register Member Organizations for violating rules established in the ICON medical handbook. All de-registered Member Organizations should be de-registered by the registering body online in the manner outlined in the ICON Medical Handbook. Members are automatically de-enrolled if their Member Organization is de-registered. However, they can apply for re-enrollment through another Member Organization if eligible.

**(e) De-enrollment of Requestors.** ICON, Affiliated Entities, and Member Organizations may de-enroll Requestors for violating rules established in the ICON medical handbook. All de-enrolled Requestors should be de-enrolled by the enrolling body online in the manner outlined in the ICON Medical Handbook. Requestors are automatically de-enrolled if their Member Organization is de-registered. However, they can apply for re-enrollment through another Member Organization if eligible.

#### **Section 7.06 Classification of iCons in Medicine Tele-consultations.**

The Medical Specialties in which ICON Alliance Volunteers are given the opportunity to consult in are

divided into two general classes, consisting of the Recognized Specialties and the Offered Specialties as defined below. In general, when a requisite number of Volunteers, as determined by ICON, has signed up to participate as consultants in a Recognized Specialty, ICON will make it available as an Offered Specialty to Member Organizations. ICON has the ultimate authority to determine how and when to classify medical, or health specialty areas, as either Recognized Specialties or Offered Specialties.

**(a) Recognized Specialties.** Recognized specialties are medical or health related specialties which ICON has recognized as being part of the iCons in Medicine Program's Tele-consultations. ICON's classifications of recognized Medical Specialties are binding on all Affiliated Entities and Sub-Entities. Recognized Specialties include:

(1) **"Medical Specialties,"** which are presently classified by ICON as consisting of:

- Allergy and Immunology
- Anesthesiology
- Colon & Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry & Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology

**(b) Changes in Classification of Specialties.** ICON may change or add to the specialties classified as Recognized Specialties under Section 6.06(a), using the procedures set forth in the ICON Medical Handbook for classifying Recognized Specialties.

**(c) Offered Specialties.** **"Offered Specialties"** are Recognized Specialties in which a requisite number (as determined by ICON) of Volunteers have offered to voluntarily provide tele-consultations so that tele-consults in that specialty area may be offered to Member Organizations as a service of ICON Alliance. ICON may classify various Specialties as "Offered Specialties" based on criteria and procedures set forth in the ICON Medical Handbook.

**(d) Prohibited Cases.** **"Prohibited Cases"** means those types of cases which ICON has determined, in consultation with the Medical Advisory Committee, do not meet ICON's minimum standards or which would otherwise expose ICON Alliance Volunteers to unreasonable liability. No Volunteer may offer any tele-consultations on cases which are of a nature that ICON has classified as a Prohibited. ICON has presently classified no cases as Prohibited. However, ICON may change or add to these classifications of Prohibited Cases at any point in time using the procedures specified in the ICON Medical Handbook.

## **Section 7.07 General Rules for the iCons in Medicine Program.**

**(a) Rules Set by ICON.** ICON has the ultimate authority to determine what rules will govern the conduct of the iCons in Medicine Program cores, i.e., Tele-consultations, Medical Missions and Conferences in a particular Recognized Specialty. All such rules shall be published in the ICON Medical Handbook and disseminated to all Affiliated Entities.

**(b) Tele-consultations and Medical Missions to be offered by Affiliated Entities to Member Organizations.** Affiliated Entities shall identify and register organizations in their jurisdiction that are eligible to become Member Organizations in order for them to receive Tele-consultations and Medical Mission assistance from ICON Alliance. ICON may also identify and register organizations, in and across any and all jurisdictions, which meet the criteria for Member Organizations as set forth in these general rules, to receive assistance through ICON Alliance.

**(c) Medical Missions and Other Events.** ICON shall approve the Recognized Specialties to be featured during any Medical Missions held on a multi-jurisdictional, regional or international level. Medical Missions shall be conducted in accordance with the ICON Medical Handbook.

**(d) Integration with Other Telemedicine and Medical Programs.** Affiliated Entities should liaise with other telemedicine programs and encourage professionals in those programs to become ICON Alliance Members and to share their activities with other professionals through ICON Alliance. In addition, Affiliated Entities should work with other medical organizations to organize events at which ICON Alliance Members may share their activities and the activities of ICON Alliance with their colleagues.

#### **Section 7.08 General Requirements Concerning Medical Missions.**

Although largely a matter of emphasis, Medical Missions may be broadly divided into two categories: trainings and interventions. Training programs are predominantly designed to transfer skills and build local capacity while interventions place a greater emphasis on the one-time delivery of particular health services. Generally, intervention missions should focus on services that provide a definitive outcome, for example surgery or immunizations programs. Training missions, that often take place within the context of health care delivery, are usually more appropriate for addressing chronic or ongoing health concerns, like those surrounding disability or primary health care provision. Both training and intervention missions are best accomplished in the context of an ongoing relationship in which the mission is facilitated by telemedicine, tele-consultations or Internet based information exchange. Requirements for ICON Alliance Medical Missions are specified in the ICON Medical Handbook.

#### **Section 7.09 Requirements Concerning Conferences.**

All Conferences held or sponsored by ICON, an Affiliated Entity or a COC shall satisfy the following general requirements, except to the extent that an Affiliated Entity may be permitted to vary from one or more of these requirements by virtue of a waiver from ICON:

**(a) Conference Focus.** The focus for Conferences should be on the use of Appropriate Information Technology to address Health Disparities and build bridges in Medicine.

**(b) Opportunities to Participate.** Conferences and Medical Missions must offer opportunities for Members to present their experiences and needs.

**(c) Scope and Frequency of Affiliated Entity Conferences.** Each Affiliated Entity shall hold Conferences periodically and as frequently as practical, and with the greatest respect to the scope of the Conference opportunities offered as practical.

#### **Section 7.10 Conduct of ICON-Lead World Conferences.**

ICON shall determine all matters concerning the organization and conduct of World Conferences. Unless otherwise determined by ICON, the following general policies shall govern the conduct of World Conferences:

**(a) Frequency.** World Conferences shall be held every two years.

**(b) Location.** ICON shall determine the location of each World Conference, and shall select the site for each World Conference.

**(c) Governing Rules.** All World Conferences shall be conducted only with ICON's authorization, and in accordance with the ICON Medical Handbook, the World/Regional Conference Charter, and the other Uniform Standards.

### **Section 7.11 Conduct of ICON-Sanctioned Conferences.**

ICON shall determine all matters concerning the organization and conduct of Regional Conferences, Multi-National Conferences and U.S. Multi-State Conferences (which are referred to, individually and collectively, using the generic term “**Conferences**” in this Section 7.11). Unless otherwise determined by ICON, the following general policies shall govern the conduct of such Conferences:

**(a) Frequency.** Such Conferences may be held in accordance with whatever schedule ICON determines is in the best interests of ICON Alliance.

**(b) Location.** ICON shall determine the location of such Conferences. ICON shall also select and contract with any COC which is to be authorized by ICON to organize, finance and conduct such Conferences, or with any Affiliated Entity which is to have the responsibility for hosting or taking primary responsibility in planning such Conferences. ICON shall select the site for such Conference in accordance with the procedures and criteria specified in the World/Regional Conference Charter.

**(c) Governing Rules.** All such Conferences shall be conducted only with ICON's authorization, and in accordance with the ICON Medical Handbook, the World/Regional Conference Charter, and the other Uniform Standards.

### **Section 7.12 Invitational Conferences**

**(a) Affiliated Entities' Authority to Conduct.** Affiliated Entities may only conduct their State or National Conferences as Invitational Conference to which Affiliated Entities are invited to attend (“**Invitational Conferences**”) with ICON's prior written authorization or in accordance with such written policies as ICON may adopt from time to time. If ICON authorizes a specific Affiliated Entity to hold its conference as Invitational Conferences, the requirements of this Section 7.12 shall apply to, unless otherwise indicated by ICON in its written directives to the Affiliated Entity regarding its authority to hold such Invitational Conferences.

**(b) Sub-Entities' Authority.** Sub-Entities are not eligible to host Invitational Conference unless otherwise approved by ICON in a specific instance. Invitations to attend Invitational Conferences shall not be distributed to, or accepted by, any Sub-Entity without ICON's prior written authorization.

**(c) Purpose of Invitational Conferences.** Affiliated Entities may be permitted to hold their conference periodically as an Invitational Conference in order to foster greater cooperation and exchange of information between Affiliated Entities within a particular Region, and in order to give new or developing Affiliated Entities the opportunity to learn and benefit from participation in the Conference of a more developed Affiliated Entity, particularly until that new Affiliated Entity reaches a point where it can conduct its own conferences. Notwithstanding the preceding sentence, the opportunity to participate in another Affiliated Entity's Invitational Conference is not, and may not be viewed as, a substitute for the obligation of the guest Affiliated Entity to conduct its own Conferences.

**(d) Rules for Extending and Accepting Invitations.**

ICON shall determine whether an Affiliated Entity is eligible to host or send or accept invitations to participate in Invitational Conferences. Unless otherwise authorized by ICON:

*(1) Host Affiliated Entity.* An Affiliated Entity may not host an Invitational Conference in any year in which a Regional or World Conference is scheduled to take place in any location falling within that Affiliated Entity's Region. Invitations may be issued by the hosting Affiliated Entity to no more than five (5) other Affiliated Entities unless ICON approves the issuance of invitations to additional Affiliated Entities. Invitations shall be extended only to the Executive/National Directors of other invited Affiliated Entities, and only to Affiliated Entities which are located in the same Region as the hosting Affiliated Entity.

*(2) Guest Affiliated Entities.* Affiliated Entities may accept only one invitation each year to participate in an Invitational Conference held by another Affiliated Entity (as determined by the date(s) of the Invitational Conference in question) unless otherwise approved by ICON. If ICON authorizes an Affiliated Entity to attend more than one Invitational Conference in a given one-year period, that Affiliated Entity shall take different participants to each Invitational Conferences, in order to maximize the number of its participants benefiting from attendance at Invitational Conferences.

*(3) Special Invitations to Non-Affiliated Organizations.* Affiliated Entities may not extend invitations to participate to any Sub-Entities, or to any club, organization or entity which has not been registered with ICON Alliance without ICON's prior written approval. In certain cases, ICON may authorize an organization in a nation which has no Affiliated Entity to participate in an Affiliated Entity's Invitational Conference, as a means of working toward establishing an Affiliated Entity. In any case in which

ICON authorizes such participation, ICON will so notify the hosting Affiliated Entity in writing, and outline for the attending organization all terms and conditions for that organization's participation in the hosting Affiliated Entity's Invitational Conference.

**(e) Cost of Invitational Conferences.** The hosting Affiliated Entity shall be solely responsible for all costs associated with the conduct of Invitational Conferences. No such costs shall be imposed on any guest Affiliated Entity without ICON's approval or without the prior written consent of the guest Affiliated Entity. However, each guest Affiliated Entity shall be solely responsible for all travel costs for its delegation to and from the site of the Invitational Conferences. Affiliated Entities that desire to attend an Invitational Conference are strongly encouraged to pay for the costs associated with that participation using funds raised specifically for that purpose, rather than funds which are otherwise needed to support that Affiliated Entity's annual operating budget.

**(f) Procedures for Obtaining ICON Approval.** Host and guest Affiliated Entities shall comply with the following procedures in seeking authorization from ICON to host or attend Invitational Conferences:

*(1) Host Affiliated Entities.* An Affiliated Entity desiring to host an Invitational Conference shall submit a written request to the ICON Regional Office for authorization to conduct its conference as an Invitational Conference, setting forth the date and location of that conference, the number and identity of the other Affiliated Entities to be invited and the number of guest Affiliated Entities projected to attend. All such information shall be submitted to ICON using a standardized form approved by ICON (the "**Invitational Conference Authorization Form**"). The Invitational Conference Authorization Form shall be submitted to ICON at least six (6) months before the scheduled start of the Invitational Conference. The applying Affiliated Entity shall specifically indicate on its Invitational Conference Authorization Form whether it seeks authorization from ICON for a departure from any of the requirements for an Invitational Conference set forth in this Section 6.12, and if so, the Affiliated Entity's basis for seeking that departure. ICON shall act promptly on each such request and shall notify the applying Affiliated Entity in writing of ICON's decision.

*(2) Guest Affiliated Entities.* All Affiliated Entities which have received and which desire to accept invitations to attend an Invitational Conference shall request ICON's authorization to do so by completing the Invitational Conference Authorization Form and submitting it to ICON no later than three months before the scheduled start of the Invitational Conference. ICON shall act promptly on each such request and shall notify each prospective guest Affiliated Entity in writing of ICON's decision.

**Section 7.13 Invitational Medical Missions.** The provisions of Section 7.12 shall apply as well to proposed "**Invitational Medical Missions**," in which participants from other Affiliated Entities within a particular Region are invited to participate in the hosting Affiliated Entity's Medical Mission(s).

## **ARTICLE 8**

### *Fundraising and Development*

#### **Section 8.01 Division of Fundraising Responsibilities within ICON Alliance 41**

#### **Section 8.02 ICON's Exclusive Authority 41**

- (a) Worldwide and World Conference Sponsors 41
- (b) Licensing Use of "ICON" Name 41
- (c) Multi-Jurisdictional Activities 41
- (d) Regional Sponsors and Regional Conference Sponsors 41
- (e) Endowment Fundraising 42
- (f) Foundation Grants 42
- (g) Planned and Deferred Gifts 42
- (h) U.S. National and International Direct Marketing Activities; Centralized Direct Mail Program 42
- (i) Internet, Online and Similar Methods of Fundraising 42
- (j) Fundraising with Medical Associations or Corporations 43
- (k) Other ICON Fundraising 43

#### **Section 8.03 Authority of Affiliated Entities 43**

- (a) Corporate Sponsorships 43
- (b) Cause-Related Marketing Promotion 43
- (c) Special Events 43
- (d) Direct Marketing Activities 43
- (e) Support from Foundations 43
- (f) Workplace and Payroll Deduction Giving 43
- (g) Special Fundraising Accounts 43
- (h) Licensing Use of the Affiliated Entity's Name 44
- (i) Proposals for ICON's Approval 44
- (j) Sub-Entity Fundraising 44
- (k) Government Funding 44
- (l) Support from Hospitals or Medical Organizations 44

#### **Section 8.04 Fundraising Responsibilities of Affiliated Entities 44**

- (a) Compliance with Laws and Voluntary Standards 44
- (b) Compliance with ICON's Contract Policies 44
- (c) Cooperation with ICON's Fundraising Activities 44
- (d) Licensing Use of ICON Marks 44
- (e) Compliance with Uniform Standards 44
- (f) Names of Program and Fundraising Events; Identification of Sponsors 45
  - (1) *Identification of Sponsors* 45
  - (2) *Names of Conferences* 45
  - (3) *Names of Fundraising Events* 45
- (g) Compliance with Sponsorship Requirements 45
- (h) Participation in Direct Mail Programs 45
- (i) Contributions from Patients 45
- (j) Fundraising Activities by Sub-Entities 45
- (k) Limitation on Duration of Contract Terms 45
- (l) Prohibition on Formation of Separate Entities 46
- (m) Obtaining Prior ICON Approval of Specific Activities 46
- (n) Tax Exemption Considerations 46

#### **Section 8.05 ICON's Designation of Exclusive and Non-Exclusive Sponsors 46**

- (a) Definitions 46
- (b) ICON's Authority and Obligations of Affiliated Entities 46
- (c) Procedures for Designating Exclusive Sponsors 46
  - (1) *Notice to Affiliated Entities* 46
  - (2) *Standards for Selecting Exclusive Sponsors* 46

#### **Section 8.06 Sponsor Recognition Requirements 47**

- (a) Recognition of Exclusive Sponsors 47
- (b) Types of Recognition to be Accorded Exclusive Sponsors 47
  - (1) *Designations* 47



(2) *Banner Displays* 47

(3) *Other Recognition* 47

(c) Recognition of Non-Exclusive Sponsors 47

(d) Recognition for Multiple Industry Sponsors 48

**Section 8.07 ICON's Contract Policies** 48

(a) Approval of Third Party Use of ICON Marks 48

(b) Ownership of Affiliated Entity Assets 48

(c) Inspection of Financial Records 48

(d) Fees and Expenses 48

(e) Insurance Coverage 48

(f) Compliance with Laws and Voluntary Standards 49

(g) Indemnification 49

(h) Length and Termination of Contract 49

**Section 8.08 Fundraising Obligations of COCs** 49

**Section 8.09 Reporting Obligations of Affiliated Entities** 49

**Section 8.10 Fundraising Information to be Distributed by ICON** 49

**Section 8.11 Cooperation in Protecting ICON Marks and Other Intellectual Property Owned by ICON** 49

**Section 8.12 Avoiding Use of Marks Owned by Third Parties** 49

**Section 8.01 Division of Fundraising Responsibilities within ICON Alliance.**

Each Affiliated Entity is solely responsible for raising the funds needed to pay for its own program and administrative operations. ICON is responsible for raising the funds needed for ICON's programs and administrative operations, as well as the worldwide expansion of ICON Alliance. ICON has the exclusive authority within ICON Alliance to conduct, or to approve arrangements for, a broad range of fundraising activities, including (but not necessarily limited to), those which are conducted on a worldwide, regional, or continental basis, or on a multi-Program basis, as provided in Section 8.02. Subject to ICON's exclusive authority as provided in these General Rules, Affiliated Entities have the authority to engage in or authorize certain types of fundraising activities conducted entirely within their respective geographic jurisdictions, as set forth in this Article 8.

**Section 8.02 ICON's Exclusive Authority.**

ICON has the exclusive right and authority to conduct (or to authorize third parties to conduct) any or all of the following activities for the purpose of raising funds for the benefit of ICON and/or ICON Alliance:

**(a) Worldwide and World Conference Sponsors.** To enter into all agreements and arrangements for

support from corporate and other organizational sponsors (collectively, "**Corporate Sponsorships**") for ICON Alliance and for all World Conferences; ICON may authorize a COC to arrange for certain Corporate Sponsorships for World Conferences, on terms to be set forth in ICON's written contract with that COC concerning those World Conferences.

**(b) Licensing Use of "ICON" Name.** To enter into all agreements which contemplate or require that a corporate sponsor or any other third party be granted authorization to make any use of the name "ICON" either in marketing its own products or services (such as through a cause-related marketing promotion in which the public is informed that its purchase of a particular item will raise funds for ICON Alliance), in sponsoring a particular event, or in acknowledging its own support for ICON Alliance (such as where a sponsor publicizes that it is a supporter of "ICON").

**(c) Multi-Jurisdictional Activities.** To arrange for (or to approve in advance all agreements made by Affiliated Entities concerning) all fundraising activities, including but not limited to, Corporate Sponsorships, cause-related marketing promotions and/or fundraising or promotional events which will be conducted either: (i) on a worldwide basis; (ii) on a multinational basis through activities conducted in the jurisdictions of two or more National Programs; (iii) on a multi-state basis within the United States, through activities conducted in the jurisdictions of two or more U.S. Programs; or (iv) via the Internet or worldwide web.

**(d) Regional Sponsors and Regional Conference Sponsors.** To approve all Corporate

Sponsorships for Regional Conference and Regional U.S. Conferences, Corporate Sponsorships of a particular Region or continent within a Region, and/or Corporate Sponsorships of two or more National Organizations, or of two or more U.S. Programs, whether or not those Corporate Sponsorship arrangements involve the sponsorship or support of Conferences; in the case of Regional Conferences, Multi-National Conference or U.S. Multi-State Conferences, ICON may authorize a COC, a hosting National Organization or a hosting U.S. Program (if applicable) to arrange for certain Corporate Sponsorships for such Conferences, on terms to be set forth in ICON's written contract with that COC or that hosting Affiliated Entity concerning those Conferences.

**(e) Endowment Fundraising.** To conduct (or to authorize third parties to conduct) all fundraising activities which are dedicated to or directed at the development of an endowment fund for the benefit of ICON Alliance.

**(f) Foundation Grants.** To approach and seek grants or other forms of funding from foundations, wherever located, which offer grants or other types of financial support to nonprofit organizations, except that Affiliated Entities may also seek such funding in accordance with Section 8.03(e).

**(g) Planned and Deferred Gifts.** To develop uniform written guidelines for soliciting and administering planned or deferred gifts or bequests from members of the general public (the "**ICON Planned Giving Guidelines**") and to authorize the creation of any separate or discrete funds or trusts which seek to pool donations resulting from multi-state or multi-jurisdictional solicitations for ultimate redistribution among two or more Affiliated Entities, such as pooled income funds ("**Commingled Fund(s)**"); once ICON develops and issues the ICON Planned Giving Guidelines, any Affiliated Entity may solicit planned and deferred gifts and bequests within its jurisdiction, so long as such solicitations comply with the minimum requirements of the ICON Planned Giving Guidelines; in addition, ICON shall develop the ICON Planned Giving Guidelines, including guidelines concerning the permitted creation or use of Commingled Funds by Affiliated Entity, in collaboration with a Planned Giving Task Force to be appointed by ICON; the Planned Giving Task Force shall include representatives of Affiliated Entities with experience or interest in the solicitation of planned or deferred gifts or bequests.

**(h) U.S. National and International Direct Marketing Activities; Centralized Direct Mail Program.** To conduct, or to authorize third parties to conduct, all direct marketing fundraising projects for the benefit of ICON or ICON Alliance, including direct mail and telemarketing solicitations, on an international or regional basis, or nationally or on a multi-Program basis within the United States. Within the United States, ICON may conduct a national, centralized direct mail program (the "**CDMP**") for the joint benefit of ICON and participating U.S. Programs, which may voluntarily elect to participate in the CDMP in lieu of conducting their own direct mail solicitations. ICON may also develop similar direct mail or other direct marketing programs on a national, Regional or global level, for voluntary participation by Affiliated Entities on terms to be set forth in agreements between ICON and each participating Entity.

**(i) Internet, Online and Similar Methods of Fundraising.** To make all arrangements concerning any fundraising activities which are to be undertaken for the benefit of ICON, or any Affiliated Entity or COC using the Internet, the World Wide Web, or any other form of international or interstate computer-based or telecommunications technology other than mere telephone solicitation, whether presently known or developed in the future, which involves the solicitation or receipt of contributions through computer-based marketing of goods or services, electronic mail messages to or from donors, online communications to a central area (such as an online service or the "home page" of an Affiliated Entity or third-party fund-raiser) (collectively, "**Electronic Fundraising**"). In order to promote uniform standards for all Electronic Fundraising conducted in the name or for the benefit of ICON Alliance, ICON shall provide written guidelines for all Affiliated Entities concerning the circumstances under which any Affiliated Entity may engage in Electronic Fundraising, in collaboration with an Internet Fundraising Task Force to be appointed by ICON. No Affiliated Entity shall engage in any Electronic Fundraising, or take any steps to develop its own "home page" or Internet address on or through the World Wide Web related to ICON Alliance, without ICON's prior written consent, unless those activities are authorized by, and are conducted in accordance with, ICON's written guidelines, and any Affiliated Entity that already has a home page or Internet address on the date this subsection takes effect shall comply with such guidelines as soon as practical after they are promulgated.

**(j) Fundraising with Medical Associations or Corporations.** To conduct or authorize any fundraising activities or promotional events which are sponsored by, or held with the support or

participation of, medical or information technology associations, intergovernmental organizations or corporations such as the WMA, WHO, Pfizer, Merck, Google, Microsoft, etc. whenever such organizations or associations have operations or host events in more than one Affiliated Entity's jurisdiction, regardless of whether the proposed fundraising events or activities will be limited to a particular location or conducted on a multi-Program, regional or international basis. (As provided in Section 8.03, an individual Affiliated Entity is not prohibited by this subsection from soliciting or accepting sponsorship support or other types of financial support from any corporations, organizations or from associations which are based entirely in its jurisdiction.)

**(k) Other ICON Fundraising.** In addition to ICON's exclusive authority under this Section 8.02, ICON also has the authority to conduct or authorize all other fundraising activities not specifically enumerated in this Section 8.02, including but not limited to cause-related marketing promotion projects, Corporate Sponsorship arrangements, special events, and workplace and payroll-deduction giving, except that ICON's authority in these areas is nonexclusive to the extent that Affiliated Entities have the express authority under Section 8.03 to conduct certain types of fundraising within their respective geographic jurisdictions.

### **Section 8.03 Authority of Affiliated Entities.**

Each Affiliated Entity is authorized to engage in the types of fundraising activities described in this Section 8.03, but only if and to the extent that: (i) all programs, events, activities, and promotions associated with such fundraising activities are conducted entirely within the Affiliated Entity's jurisdiction; (ii) no agreements made by the Affiliated Entity with third parties concerning such activities shall extend beyond the scheduled expiration of that Affiliated Entity's Affiliation Period, except as further provided in Section 8.04(k); (iii) the activities are conducted only in the name of, or for the express support of, the Affiliated Entity, and not under the name "ICON" or "ICON Alliance"; and (iv) the activities described are conducted in accordance with the other requirements of these General Rules, including the Sponsorship Recognition Requirements in Section 8.06. Each Affiliated Entity may:

**(a) Corporate Sponsorships.** Arrange for Corporate Sponsorships with corporations or other organizations which have offices or operations in that Affiliated Entity's jurisdiction.

**(b) Cause-Related Marketing Promotion.** Authorize promotions through which contributions are made to the Affiliated Entity in connection with the marketing and sale of products or services to the general public in that Affiliated Entity's jurisdiction.

**(c) Special Events.** Authorize the conduct of fundraising events in that Affiliated Entity's jurisdiction in accordance with these General Rules and the other Uniform Standards, for the purpose of raising contributions to the Affiliated Entity from the public, such as through the sale of tickets for admission to the event, the sale of food or refreshments during the event, or any other methods permitted by applicable law and the Uniform Standards.

**(d) Direct Marketing Activities.** Conduct, or authorize reputable and experienced third-party fundraisers to conduct, mass direct mail solicitations and/or mass telephone solicitations of businesses or of the general public within that Affiliated Entity's jurisdiction (unless, in the United States, that Affiliated Entity has elected to participate exclusively in the CDMP by written agreement with ICON, or if applicable, an Affiliated Entity has a written contract with ICON through which that Affiliated Entity has agreed to participate exclusively in a national, regional or international direct mail program conducted by ICON).

**(e) Support from Foundations.** Approach and seek grants or other forms of funding from foundations headquartered in the Affiliated Entity's jurisdiction.

**(f) Workplace and Payroll Deduction Giving.** Participate in any workplace giving or payroll deduction programs operated by private or public employers within the jurisdiction of the Affiliated Entity, if the Affiliated Entity is eligible to participate based on the geographic and other eligibility requirements established by the employer-operators of the particular program.

**(g) Special Fundraising Accounts.** Establish one or more restricted bank accounts for depositing contributions which were dedicated by the donor to creating and preserving long term financial stability for the Affiliated Entity, so long as all funds in such accounts are recorded and handled by the Affiliated Entity as ICON Alliance assets, and are spent in accordance with the expressed wishes of the donor, the requirements of applicable law, and these General Rules.

**(h) Licensing Use of the Affiliated Entity's Name.** Raise funds by licensing appropriate third

parties, consistent with the requirements of these General Rules and other Uniform Standards, to use the name of the Affiliated Entity in marketing a third party's products or services, or in acknowledging a third party's support for the Affiliated Entity.

**(i) Proposals for ICON's Approval.** Propose, for ICON's review and prior written approval, specific Regional or other multi-jurisdictional fundraising projects involving more than one Affiliated Entity. Any such proposals shall be in writing, and shall be submitted to ICON at least three (3) months before the proposed starting date for the project.

**(j) Sub-Entity Fundraising.** Permit its respective Sub-Entities to conduct fundraising activities within that Sub-Entity's jurisdiction on the same basis as that Affiliated Entity may conduct such activities throughout its jurisdiction under this Article 8, subject to the Affiliated Entity's obligation to exercise proper supervision and control over such Sub-Entities' activities, as required by Sections 6.21 and 8.04(j).

**(k) Government Funding.** Seek funding from governmental authorities within its jurisdiction, so long as acceptance of public funds does not jeopardize the Affiliated Entity's ability to meet its obligations under these General Rules or other Uniform Standards.

**(l) Support from Hospitals or Medical Organizations.** Solicit and accept financial or in-kind support from, or enter into sponsorships or other supportive affiliations with, any hospital located in that Affiliated Entity's jurisdiction or any health care organization or association that is based entirely in and conducts all of its events in the Affiliated Entity's jurisdiction. (For example, "ICON Canada" may accept such support from the Canadian Medical Association, but not from the World Medical Association.)

#### **Section 8.04 Fundraising Responsibilities of Affiliated Entities.**

**(a) Compliance with Laws and Voluntary Standards.** Every Affiliated Entity and COC shall comply with all laws and regulations which govern its fundraising activities, including laws regulating charitable solicitation and cause-related marketing promotion arrangements with commercial co-venturers and all requirements concerning the filing or registration of contracts with appropriate governmental authorities.

**(b) Compliance with ICON's Contract Policies.** All fundraising agreements between Affiliated Entities or COCs and any third parties shall be in writing, and must comply with the contracting standards set forth in Section 8.06.

**(c) Cooperation with ICON's Fundraising Activities.** Each Affiliated Entity shall use its best efforts to cooperate with ICON in connection with all fundraising events and activities which ICON conducts pursuant to ICON's authority in Section 8.02, even if those activities occur, either entirely or in part, within an Affiliated Entity's geographic jurisdiction. For example, Affiliated Entities shall cooperate with, and use their best efforts to assist ICON in, cause-related marketing promotions or special events authorized by ICON which are being conducted in their jurisdictions. ICON will keep all Affiliated Entities apprised of all ICON authorized fundraising activities being conducted in their respective jurisdictions in order to facilitate compliance by Affiliated Entities with the requirements of this Section 8.04(c).

**(d) Licensing Use of ICON Marks.** An Affiliated Entity may grant licenses or authority within its jurisdiction to its corporate sponsors, or to other third parties involved in fundraising projects for the benefit of that Affiliated Entity, to use the Affiliated Entity's full program name, including geographic designation, such as "ICON South Africa," or "ICON Maine," either standing alone or contiguous with the **ICON** Logo in the manner required by the Graphics Standards Guide. All such licenses shall comply with all requirements of these General Rules and the other Uniform Standards. No Affiliated Entity may grant any license or authority to any third party to use ICON's name, the **ICON** Logo when not used with the name of the Affiliated Entity, or any other ICON Mark.

**(e) Compliance with Uniform Standards.** All fundraising activities engaged in or authorized by an Affiliated Entity shall comply with all other requirements of these General Rules and the other Uniform Standards, including, without limitation, the policies set forth in Section 5.05 concerning, the prohibited associations with alcoholic beverages and tobacco products. No Affiliated Entity shall engage in or permit any fundraising activities in its jurisdiction, even if that activity would otherwise be within the scope of the Affiliated Entity's authority under this Article 8, if that activity would be otherwise prohibited by any other provision of the Uniform Standards.

**(f) Names of Program and Fundraising Events; Identification of Sponsors.**

(1) *Identification of Sponsors.* Corporate sponsors or other organizations which support Affiliated Entities shall be recognized by Affiliated Entities only as “sponsors,” “providers,” or “supporters” of the Affiliated Entity, or other similar terminology. Affiliated Entities shall not permit such organizations to include the name “ICON,” the name of the Affiliated Entity, or any other ICON Mark in their own names or in the names of their products or services.

(2) *Names of Conferences.* Affiliated Entities shall not permit any corporate sponsor or other organizational supporter of the Affiliated Entity to add its organizational or product names to the name of any ICON Alliance Conferences, Medical Mission, Tele-consultations or other activities.

(3) *Names of Fundraising Events.* Corporate sponsors or other organizational supporters of an Affiliated Entity which conduct their own promotional or fundraising events for the benefit of the Affiliated Entity may identify their own events using their organizational or product names, and indicate that the events are “for the benefit of” the Affiliated Entity, but shall be required to use the name of the Affiliated Entity only in accordance with the Uniform Standards, and with any more specific requirements which may be imposed by the affected Affiliated Entity. ICON shall have an ongoing right to approve the ways in which any ICON Mark is used by such organizations, or by Affiliated Entities, in announcing and publicizing their support of ICON Alliance.

**(g) Compliance with Sponsorship Requirements.** All Affiliated Entities shall comply with the sponsorship designations in Section 8.05.

**(h) Participation in Direct Mail Programs.** If an Affiliated Entity elects to participate in any direct mail solicitation program conducted by ICON as described in Section 8.04(h), the terms for that participation will be governed by a standardized written agreement between ICON and that Affiliated Entity.

**(i) Contributions from Patients.** Affiliated Entities may accept unsolicited contributions from patients who have benefited from ICON Alliance services. However, Affiliated Entities must avoid soliciting or accepting such contributions under circumstances which suggest that the contribution is required or expected by the Affiliated Entity in order to ensure or facilitate services from ICON Alliance.

**(j) Fundraising Activities by Sub-Entities.** All authorizations granted to a Sub-Entity to conduct fundraising activities within its jurisdiction shall be in writing, and shall comply with the other requirements of these General Rules and the other Uniform Standards. Each Affiliated Entity shall be required, as a condition of obtaining and maintaining its affiliation to exercise sufficient supervision and control over the fundraising conducted directly by its Sub-Entities, in order to ensure that its Sub-Entities comply with the requirements of these General Rules. Every Affiliated Entity shall be responsible to ICON for the manner in which all fundraising activities are conducted by its Sub-Entities.

**(k) Limitation on Duration of Contract Terms.** Except as provided in this subsection, an Affiliated Entity shall not enter into any oral or written agreement with any third party concerning any type of fundraising activity if the duration of that agreement would extend beyond the scheduled expiration date of the Affiliated Entity’s then current Affiliation Period. For example, if an Affiliated Entity has been licensed through December 31, 2009, it may not enter into a corporate sponsorship that would have a term expiring on June 30, 2009. Notwithstanding the foregoing, an Affiliated Entity may enter into a written agreement with a third party that extends beyond that Program’s then-current Affiliation Period provided that such agreement includes an explicit provision that the agreement shall terminate without penalty or other cost to the Affiliated Entity: (i) effective upon the third party’s receipt of written notice from the Affiliated Entity or ICON if the Affiliated Entity’s affiliation expires, lapses, is revoked, denied, or suspended for any reason, or (ii) effective upon the third party’s receipt of sixty (60) days prior written notice from the Affiliated Entity or ICON if ICON shall have entered a conflicting worldwide, regional, continental, or (in the case of the United States) multi-State sponsorship agreement.

**(l) Prohibition on Formation of Separate Entities.** No Affiliated Entity may establish or affiliate with any other corporation, partnership, foundation, trust, supporting organization, endowment fund or endowment organization, or any other entity without ICON’s prior written approval.

**(m) Obtaining Prior ICON Approval of Specific Activities.** Affiliated Entities must obtain ICON’s prior written approval of all multi-jurisdictional fundraising activities as required by this Article 8, and of any other matter associated with a proposed fundraising project which otherwise requires ICON’s approval under these General Rules or the other Uniform Standards.

**(n) Tax Exemption Considerations.** Every Affiliated Entity shall conduct all fundraising activities in a

manner which complies with the requirements in its jurisdiction for maintaining its exemption from taxes.

#### **Section 8.05 ICON's Designation of Exclusive and Non-Exclusive Sponsors.**

**(a) Definitions.** For purposes of this Article 8, the terms listed below have the following meanings:

(1) **"Exclusive Sponsor"** means a sponsor of ICON, a sponsor of a COC, or a Multi-Jurisdictional Sponsor that ICON and/or a COC has agreed, consistent with the requirements of this Section 8.05, to recognize exclusively within a particular category of goods or services as a supporter of ICON, a COC, any Regional Conference or World Conference, or a worldwide, Regional, or Multi-Jurisdictional Sponsor of Affiliated Entities.

(2) **"Product Category"** means the particular category or categories of goods and/or services for which an Exclusive Sponsor designated by ICON or a COC has been granted exclusive recognition.

(3) **"Non-Exclusive Sponsor"** means a sponsor of ICON, a sponsor of a COC, or a worldwide, Regional, or Multi-Jurisdictional Sponsor to which ICON (or the relevant COC) has not made any exclusivity commitment in that sponsor's product or service category.

(4) **"Multi-Jurisdictional Sponsor"** means a potential or actual sponsor of two or more Affiliated Entities, and/or any potential or actual sponsor which offers or provides financial or in-kind support for the benefit of more than one Affiliated Entity, whether on a multi-State, multi-jurisdictional, continental, or Regional basis.

(5) **"Multiple Industry Sponsor"** means a sponsor which is involved in multiple and diverse lines of business, to the extent that it is not readily associated with or engaged in specific, identifiable, product or service categories.

**(b) ICON's Authority and Obligations of Affiliated Entities.** ICON has the sole authority to select and contract with Exclusive Sponsors (or to authorize a COC to select and contract with Exclusive Sponsors). ICON shall follow the procedures set forth in subsection (c) below in selecting and contracting with all Exclusive Sponsors. ICON also has the sole authority to select and contract with Multi-Jurisdictional Sponsors, and to designate those Multi-Jurisdictional Sponsors as either Exclusive Sponsors (subject to the procedural requirements of Section 8.05(c)) or as Non-Exclusive Sponsors. Once ICON has designated an Exclusive Sponsor, Affiliated Entities shall respect ICON's exclusivity commitments to that Exclusive Sponsor and otherwise recognize that Exclusive Sponsor's support of ICON Alliance, as provided in Section 7.06(a). Affiliated Entities shall also recognize the support provided by Non-Exclusive Sponsors designated by ICON, as provided in Section 8.06(c).

**(c) Procedures for Designating Exclusive Sponsors.** ICON shall comply with the following procedures when selecting and contracting with Exclusive Sponsors:

(1) *Notice to Affiliated Entities.* ICON shall identify all Exclusive Sponsors by written notice to all Affiliated Entities. ICON shall also provide Affiliated Entities with written notice of all Exclusive Sponsors designated by any COC in accordance with this Section 8.05. Exclusive Sponsors may be sponsors of ICON, sponsors of a COC, sponsors of World Conferences or Regional Conferences, Multi-Jurisdictional Sponsors, or Multiple Industry Sponsors. When designating Exclusive Sponsors, ICON (or, if applicable, a COC) shall notify Affiliated Entities of the Product Category for which that Exclusive Sponsor has been granted exclusive recognition (unless the sponsor in question is a Multiple Industry Sponsor, and therefore has no designated Product Category).

(2) *Standards for Selecting Exclusive Sponsors.* ICON has the sole discretion to determine the identity, number and Product Categories for all Exclusive Sponsors and the geographic scope of the exclusivity to be accorded to each Exclusive Sponsor. However, before granting worldwide exclusivity to any Exclusive Sponsor, ICON will solicit the views of Affiliated Entities and consult with the IAC and the Regional Leadership Councils, in order to obtain and consider the views of Affiliated Entities concerning proposed exclusivity arrangements with specific sponsors. ICON will also collaborate actively with the IAC and the Regional Leadership Councils to identify sponsorship arrangements with the greatest potential for benefiting ICON at as many levels as is possible. In general, and subject to ICON's final authority to determine whether and on what terms to designate Exclusive Sponsors, ICON will consider, before designating and granting worldwide exclusivity to any Exclusive Sponsor, the extent to which that sponsor is prepared to provide support for Affiliated Entities, whether regionally or worldwide, in addition to the support it offers to provide for ICON, a COC, or for World or Regional Conferences, and the extent to which an exclusivity arrangement with that sponsor would unduly restrict Affiliated Entities, by virtue of the requirements of Section 7.06(a), from making

sponsorship arrangements with competitors in the affected Product Category which would provide significant financial or in-kind support for that Affiliated Entity.

#### **Section 8.06 Sponsor Recognition Requirements.**

Affiliated Entities shall recognize the support of Exclusive Sponsors (and honor their exclusivity arrangements with ICON or a COC), and recognize the support of Non-Exclusive Sponsors as provided in this Section 8.06 (collectively, the “**Sponsor Recognition Requirements**”):

##### **(a) Recognition of Exclusive Sponsors.**

(1) Affiliated Entities shall recognize all Exclusive Sponsors designated by ICON or a COC, by: (i) providing such Exclusive Sponsors with the public recognition required by Section 8.06(b); and (ii) unless otherwise authorized in advance and in writing by ICON, by not entering into with any third party any sponsorship, cause-related marketing promotion, or other type of fundraising or promotional agreement which contemplates or requires any public acknowledgment of support for or affiliation with the Affiliated Entity by that third party (or any other third party) that is a competitor of an Exclusive Sponsor in its Product Category.

**(b) Types of Recognition to be Accorded Exclusive Sponsors.** All Affiliated Entities shall recognize, and assist ICON in publicizing, the support provided to ICON Alliance by Exclusive Sponsors, by providing the following types of public recognition to Exclusive Sponsors:

(1) *Designations.* Affiliated Entities shall publicly refer to Exclusive Sponsors by using the sponsorship designations of “Worldwide Sponsor,” “Worldwide Partner,” “Regional Sponsor,” or any other designations which ICON identifies in writing for its Affiliated Entities as the approved method for identifying and recognizing a particular Exclusive Sponsor.

(2) *Banner Displays.* Affiliated Entities shall also publicly recognize Exclusive Sponsors through the display of banners, which shall be provided by ICON at ICON’s expense or at the expense of the relevant Exclusive Sponsor. Such banners shall be displayed, at a minimum, at the sites of all Affiliated Entity Conferences and events. The preceding sentence requires Affiliated Entities to display (or cause others to display) the required sponsor-recognition banners at as many Conferences and events sites as is practicable, but at a minimum, at the venues for the closing ceremonies of the relevant Conference. To the greatest extent practicable, Affiliated Entities shall also require their respective Sub-Entities to display such banners at the venues of Sub-Entities Conferences and events.

(3) *Other Recognition.* In addition to the banners described in this Section 8.06(b), Affiliated Entities shall also publicly recognize Exclusive Sponsors in their respective public relations materials, news releases, and other Program Materials, using design layouts and standardized wording to be provided and approved by ICON in advance for each Exclusive Sponsor. Affiliated Entities shall also recognize such Exclusive Sponsors by inviting them to attend or participate in Affiliated Entity Conferences or other events, and by extending to their employees and officials the opportunity to participate as volunteers, as appropriate, of the Affiliated Entity.

**(c) Recognition of Non-Exclusive Sponsors.** Affiliated Entities which do not have pre-existing conflicting arrangements with sponsors in the product or service categories of Non-Exclusive Sponsors shall offer such Non-Exclusive Sponsors (whether they be sponsors of ICON or of a COC) a reasonable first option to provide sponsorship or cause-related marketing promotion support to the Affiliated Entity before the Affiliated Entity enters into a sponsorship or cause-related marketing promotion arrangement with a competitor of that Non-Exclusive Sponsor. Any such first option shall be extended to the Non-Exclusive sponsor by giving that Sponsor: (1) reasonable advance written notice of the existence of a sponsorship or cause-related marketing promotion opportunity for the support of the Affiliated Entity, with a copy of that notice to be provided to ICON (and, if applicable, the COC) at least twenty-one (21) days before it is submitted to the Sponsor; and (2) fair acceptable terms for providing that support. Affiliated Entities must document their compliance with these requirements in all dealings with existing and potential sponsors and other organizational supporters. In addition, Affiliated Entities which do not have pre-existing conflicting arrangements shall publicly recognize, in their own jurisdictions, the support being provided for ICON Alliance by the Non-Exclusive Sponsor, to the same extent provided for in Section 8.06(b), whether or not those Affiliated Entities enter into their own sponsorship arrangements with that Non-Exclusive Sponsor. The requirements of this Section 8.06(c) shall not apply to Affiliated Entities which, at the time that ICON provides written notice of the identity of any Non-Exclusive Sponsor of ICON or a COC, already have

pre-existing and conflicting arrangements with their own sponsors in the product or service category which is common to the Non-Exclusive Sponsor, except to the extent otherwise provided below in Section 8.06(d) concerning “**Multiple Industry Sponsors.**”

**(d) Recognition for Multiple Industry Sponsors.** ICON and/or a COC shall be entitled to enter into sponsorship arrangements with Multiple Industry Sponsors, on either an exclusive or a non-exclusive basis (subject to the required procedures in Section 8.05 for designating Exclusive Sponsors). If ICON notifies the Affiliated Entities that ICON or a COC has designated a Multiple Industry Sponsor, Affiliated Entities shall recognize that Multiple Industry Sponsor within their own jurisdictions as supporters of ICON, whether or not that Affiliated Entity has its own sponsorship affiliation with other Multiple Industry Sponsors involved in the same product or service categories as the Multiple Industry Sponsor designated by ICON or a COC. ICON will encourage its Multiple Industry Sponsors to provide support for Affiliated Entities in the jurisdictions where such Multiple Industry Sponsors have offices or operations.

#### **Section 8.07 ICON’s Contract Policies.**

All fundraising agreements entered into by Affiliated Entities pertaining to ICON Alliance shall be in writing, and must include the following minimum contract protections, unless otherwise approved in advance and in writing by ICON:

**(a) Approval of Third Party Use of ICON Marks.** The Affiliated Entity shall have, and must actually exercise in each instance, a right of advance written approval of all materials (such as promotional literature or merchandise) to be developed or distributed by any third party which will bear the name of the Affiliated Entity, the **ICON** Logo (which may be used only in conjunction with the name of the Affiliated Entity and the phrase Affiliated with Internal Consultants in Medicine.), or any other ICON Mark which ICON has licensed that Affiliated Entity to use. Through such approval process, the Affiliated Entity shall ensure that such third party fully complies with all ICON ownership rights to the ICON Marks, with the Graphics Standards Guide, and with other applicable provisions of the Uniform Standards.

**(b) Ownership of Affiliated Entity Assets.** The Affiliated Entity shall retain, and be recognized explicitly by all third parties as retaining, exclusive ownership of all Affiliated Entity assets which will be used or developed by a third party through the use or exploitation of any ICON Marks, such as ownership of all donor lists and records containing the Affiliated Entity’s list of active or lapsed donors.

**(c) Inspection of Financial Records.** The Affiliated Entity shall have the right to inspect and audit, with reasonable notice, all books and records and other financial documentation of a third party which relate to the third party’s performance under the agreement, and a right to receive properly documented financial reports from the third party concerning the revenues raised from the project for the Affiliated Entity.

**(d) Fees and Expenses.** The agreement must clearly identify whether the Affiliated Entity will be responsible for paying any fees or expenses in connection with the project, including those incurred by subcontractors or other parties who will perform services for the third party which is contracting directly with the Affiliated Entity, and must explicitly protect ICON from any liability or responsibility to any third party for payment of such fees or expenses.

**(e) Insurance Coverage.** The agreement must require that the third party contracting with the Affiliated Entity obtain adequate insurance coverage for its activities in connection with the project, in amounts acceptable to the Affiliated Entity, including, but not limited to, coverage protecting the Affiliated Entity’s interests in relation to the third party’s access to donor lists, cash contributions to the Affiliated Entity, or other tangible or intangible assets of the Affiliated Entity.

**(f) Compliance with Laws and Voluntary Standards.** The agreement must explicitly require the third party to comply with all laws and regulations which apply to its activities under the agreement with the Affiliated Entity, including, if applicable, the laws of the Affiliated Entity’s jurisdiction governing charitable solicitations and cause-related marketing contracts, as well as all Voluntary Standards (as defined in Section 4.10), if any, which may apply in that Affiliated Entity’s jurisdiction.

**(g) Indemnification.** The agreement must require that the Affiliated Entity be indemnified by the third party from damages, costs, expenses and attorneys’ fees arising out of any claims that might be made against the Affiliated Entity by any party stemming from the third party’s failure to perform its obligations under the contract, or its unauthorized use of any ICON Mark.

**(h) Length and Termination of Contract.** The agreement must specify the length or term of the



agreement with the third party, the timing and circumstances under which the Affiliated Entity may terminate the agreement by providing written notice to the third party and must permit the Affiliated Entity to terminate the arrangement promptly if the third party defaults in performing its obligations under the agreement, and must comply with Section 8.04(k).

#### **Section 8.08 Fundraising Obligations of COCs.**

The authority and responsibilities of a COC concerning fundraising activities shall be specified in ICON's written agreement with each COC. Unless otherwise provided in a written agreement, each COC shall be obligated to comply with all of the Sponsorship Recognition Requirements in Section 8.06 in its efforts to raise funds for the support of any Regional Conference, World Conference or any other conference sanctioned by ICON.

#### **Section 8.09 Reporting Obligations of Affiliated Entities.**

Affiliated Entities shall retain all fundraising contracts for a period of at least three (3) years after their expiration or termination, or for any longer period required by the laws of their respective jurisdictions. If requested in writing by ICON, an Affiliated Entity shall provide ICON with copies of sponsorship, cause-related marketing promotion, direct marketing, or other types of fundraising contracts entered into by that Affiliated Entity. ICON shall have the right to inspect at any time any fundraising contract entered into by an Affiliated Entity for the purpose of ensuring the Affiliated Entity's compliance with this Article 8 and the other Uniform Standards.

#### **Section 8.10 Fundraising Information to be Distributed by ICON.**

ICON shall keep all Affiliated Entities and COCs regularly informed of ICON's corporate sponsorships, cause-related marketing promotion projects and other on-going efforts, in order to enable Affiliated Entities and COCs to comply with their Sponsorship Recognition Requirements under Section 8.06, and provide the cooperation required from Affiliated Entities under Section 8.04(c).

#### **Section 8.11 Cooperation in Protecting ICON Marks and Other Intellectual Property Owned by ICON.**

In planning and executing all fundraising activities permitted by this Article 8, all Affiliated Entities and COCs must use their respective best efforts to identify and prevent the unauthorized use by third parties of any ICON Marks, ensure that the ICON Marks are used in connection with only those fundraising activities which are consistent with the public image and reputation of ICON Alliance, and protect the value and ownership of all copyrights, trademarks and service marks and other forms of intellectual property owned by ICON.

#### **Section 8.12 Avoiding Use of Marks Owned by Third Parties.**

Affiliated Entities shall be responsible for ensuring that they do not use or misappropriate, or knowingly permit any sponsor or other third party to use or misappropriate, any name, logo, trademark, service mark, design or other form of intellectual property (individually and collectively, "mark(s)") which is/are owned by another party, unless the Affiliated Entity has obtained the express prior written consent of the owner of each such mark.

### **ARTICLE 9**

*Financial Arrangements; Fiscal Accountability; Insurance*

#### **Section 9.01 Licensing Fees 51**

#### **Section 9.02 Insurance Requirements 51**

(a) General Insurance Requirements 51

(b) Insurance Arrangements for National Organizations and Regional Organizations 51

#### **Section 9.01 Licensing Fees.**

ICON may impose licensing fees on all Affiliated Entities ("**Licensing Fees**") and require each Affiliated Entity to pay such fees on a timely basis as a condition for obtaining or maintaining that

organization's Affiliation License. ICON shall calculate, invoice and collect Licensing Fees from Affiliated Entities, and otherwise administer and enforce all aspects of its Licensing Fee system, in accordance with uniform written standards which have been approved by ICON's Board of Directors and which shall be distributed to all Affiliated Entities.

#### **Section 9.02 Insurance Requirements.**

**(a) General Insurance Requirements.** Every Affiliated Entity and COC is required to obtain and maintain appropriate insurance to protect it from the risk of potential liability to third parties and to protect against loss or damage to the property of the Affiliated Entity or COC. All such insurance arrangements made by Affiliated Entities and COCs are subject to ICON's ongoing approval and to the requirements of this Section 9.02.

**(b) Insurance Arrangements for National Organizations and Regional Organizations.** Each National Organization and Regional Organization may be required, as a condition of obtaining and maintaining its affiliation, to obtain general liability insurance, malpractice insurance and insurance for the loss or damage of property owned by the Affiliated Entity, in amounts reasonably sufficient to protect icon and the National/Regional Organization from such liability or losses, subject to any restrictions imposed by applicable local laws and subject to the availability of such insurance coverage at commercially reasonable rates in its jurisdiction. ICON shall also have the right to develop and adopt, with adequate written notice to all National/Regional Organizations, a uniform program of required insurance coverage for either or both, on either a mandatory or a voluntary basis, as ICON deems to be in the best interest of ICON Alliance.

### **ARTICLE 10**

#### *Interpretation of General Rules*

#### **Section 10.01 Section Headings 52**

#### **Section 10.02 Rights of Third Parties 52**

#### **Section 10.03 No Waiver 52**

#### **Section 10.04 Translations 52**

#### **Section 10.01 Section Headings.**

Headings are included in these General Rules for each Article and Section, and for many subsections, for the purpose of clarity, organization and convenience of reference. These headings are not intended to change the meaning of the particular provision to which they relate.

#### **Section 10.02 Rights of Third Parties.**

ICON has promulgated these General Rules, and may amend them from time to time. These General Rules are not intended, however, to create or acknowledge any rights in any third parties, whether those rights are asserted against ICON, any Affiliated Entity, or any other authorized ICON Alliance organization or ICON Alliance employee or officer.

#### **Section 10.03 No Waiver.**

ICON shall determine, in its sole discretion, all questions concerning the application and enforcement of these General Rules in specific instances. The failure on ICON's part to insist on strict compliance by an Affiliated Entity in a particular situation, or to revoke affiliation or otherwise pursue remedies against an Affiliated Entity for violations of a particular provision of these General Rules, shall not constitute, or be interpreted by any party as constituting any type of waiver by ICON of any of ICON's rights under these General Rules, either generally or in that particular instance.

#### **Section 10.04 Translations.**

Affiliated Entities may, at their own expense, translate these General Rules into any languages other than English. However, if there is any conflict between the meaning or interpretation of any translation and the meaning or interpretation of the English version of these General Rules, the English version of the General Rules shall govern and take precedence.

## **Appendix H.4**

### **Privacy Policy Statement**

International Consults in Medicine (ICON) is committed to protecting your privacy. Please read the ICON Online Privacy Statement below for additional details about particular ICON sites and services that you may use.

This ICON Online Privacy Statement applies to data collected by ICON through the majority of its Web sites and services, as well as its offline product support services. It does not apply to those ICON sites, services and products that do not display or link to this statement or that have their own privacy statements.

At some ICON sites, we ask you to provide personal information, such as your e-mail address, name, home or work address or telephone number. We may also collect demographic information, such as your ZIP code, age, gender, preferences, interests and favorites.

#### **Collection of Your Personal Information**

For each visitor to our Web page, our Web server automatically recognizes the consumer's domain name and e-mail address (where possible).

We collect the domain name and e-mail address (where possible) of visitors to our Web page, the e-mail addresses of those who post messages to our bulletin board, the e-mail addresses of those who communicate with us via e-mail, the e-mail addresses of those who make postings to our chat areas, aggregate information on what pages consumers access or visit, user-specific information on what pages consumers access or visit, information volunteered by the consumer, such as survey information and/or site registrations.

#### **Use of Your Personal Information**

*The information we collect is used to improve the content of our Web page, used to customize the content and/or layout of our page for each individual visitor.*

#### **Use of Cookies**

With respect to cookies: We use cookies to record session information, such as items that consumers add to their shopping cart, customize Web page content based on visitors' browser type or other information that the visitor sends. If you do not wish us to collect cookies, you may set your browser to refuse cookies, or to alert you when cookies are being sent. If you do so, please note that some parts of the Web Site may then be inaccessible or not function properly.

## **Security of Your Personal Information**

***With respect to security: We have appropriate security measures in place in our physical facilities to protect against the loss, misuse or alteration of information that we have collected from you at our site.***

The safety and security of your information also depends on you. If you have access to password-protected features, never share your password with anyone else, notify us promptly if you believe your password security has been breached, and remember to log off of this site before you leave your computer. We further urge you to be careful about giving out personal information in public areas of this site like chat rooms or bulletin boards. When you provide information in these forums you do so at your own risk. The information you share may be viewed by any user of this site.

This site contains links to other Web sites operated by third parties that may be of interest to you. We cannot control these third party sites, which may collect personal information from you. When you follow a link and leave this site, you do so at your own risk.

## **Change / Delete Your Personal Information**

Upon request we offer visitors the ability to correct or delete their personal information. You may view and modify the personal information you have provided to us by logging in to the Web Site and clicking on "Your Account."

You may also send us an e-mail message at [jmiller@cirnetwork.org](mailto:jmiller@cirnetwork.org), to request access to, correct or delete any personal information that you have provided to us. Should you elect to have your information deleted, we will also delete your user account.

## **Not Intended for Use by Children**

The Web Site is not intended for children under the age of 13. We will not knowingly collect information from site visitors in this age group. We encourage parents to talk to their children about their use of the Internet and the information they disclose online. If a child has provided us with personally identifiable information, a parent or guardian of that child may contact us via e-mail at [jmiller@cirnetwork.org](mailto:jmiller@cirnetwork.org) if they would like this information deleted from our records. We will use reasonable efforts to delete the child's information from our databases.

## **Changes to This Privacy Statement**

We will occasionally update this privacy statement to reflect changes in our services and customer feedback. When we post changes to this Statement, we will revise the "last updated" date at the top of this statement. If there are material changes to this statement or in how ICON will use your personal information, we will notify you either by prominently posting a notice of such changes prior to implementing the change or by directly sending you a notification. We encourage you to periodically review this statement to be informed of how ICON is protecting your information.

## **Contacting Us**

ICON welcomes your questions or comments regarding this privacy statement and its enforcement. If you have questions about this statement or believe that we have not adhered to it, please contact us at:

Center for International Rehabilitation  
211 East Ontario Street, Suite 300  
312-280-4970x242  
[jmiller@cirnetwork.org](mailto:jmiller@cirnetwork.org)

---

## Appendix H.5



A guide for iCons in Medicine Members participating  
in iConsult, the Internet medical tele-consultations feature of  
the iCons in Medicine program



## **Table of Contents**

The Mission	3
What is iConsult?	3
Participants	4
Services Provided	4
Requirements and Limitations	5
The Medical Tele-Consultation Methodology	5
Liability and Insurance	6
Physician-to-Patient Relationship	7
Privacy and Security	8
Prohibitive Website Actions	9
Prohibition on Charging Fees	9
Cultural Perspectives	9
Languages	9
iCon Advisory Board	9



## **The Mission**

The mission of International Consultations in Medicine (ICON) is to improve health care in medically underserved and remote areas by building global partnerships between health care providers in those regions to an international network of volunteer specialty physicians.

To accomplish this mission, ICON governs and operates the iCons in Medicine Program and its tele-consultation feature iConsult.

## **What is iConsult?**

iConsult is an Internet-based medical tele-consultation service of the iCons in Medicine program. It combines a desktop software application with a website to enable health care professionals to collaborate on difficult medical cases at a distance.

### How it works

- A request for a medical tele-consultation is made through the iConsult desktop software—an easy to download and install program that is designed to work effectively with even limited or unreliable Internet connectivity.
- A clinical history of a case (that can include digital images) is uploaded to the software and stored until Internet connectivity is available. A medical specialty from which advice is sought must be selected.
- Once Internet connectivity is obtained, the case is automatically submitted via the website.
- It is then routed, by the software consultant manager, to all Volunteers in that specialty.
- The Volunteers are notified that a request for consultation has been received.
- Once a Volunteer accepts the case, the two health care professionals can engage in a one-to-one dialogue via the iCons in Medicine website.
- The Volunteer consulting on the case uses the website's built-in communication tools to offer recommendations.
- All communications are encrypted and transmitted securely to ensure the confidentiality of clinical information.
- iCons in Medicine acts only as the messenger of requests for consultation and related documentation between the requestor and the volunteer.
- iCons in Medicine provides no clinical services and accepts no liability for medical decision-making based on recommendations provided by its volunteers.



## Participants

Practitioner Members of iCons in Medicine may apply for participation in iConsult. There are two ways to participate in iConsult, as a Requestor or a Volunteer.

### Requestor

A Requestor is an iCons in Medicine member who is a health care professional in a remote and medically underserved area in need of clinical advice on difficult cases. This individual is licensed or authorized in accordance with local laws and regulations as a health care professional for the role in which he/she seeks a request for a medical tele-consultation. He/she works for or is associated with a non-profit organization (e.g., hospital, clinic, or NGO) whose mission and activities are compatible with those of iCons in Medicine.

### Volunteer

A Volunteer is an iCons in Medicine member who provides medical tele-consultations to health care providers in remote and underserved areas. This individual is licensed to practice medicine in a recognized iCons in Medicine health care specialty and is willing to provide at least three medical tele-consultations a year.

## Services Provided

### Health Care Offered Specialties

Health care specialties offered to Requestors for consultations are based upon a requisite number of Volunteers in a particular specialty.

The number required for each specialty may vary and is determined by ICON.

ICON recognizes the following as health care specialties based upon the American Board of Medical Specialties:

- Allergy and Immunology
- Nuclear Medicine
- Preventative Medicine
- Anesthesiology
- Obstetrics and Gynecology
- Psychiatry and Neurology
- Colon and Rectal Surgery
- Ophthalmology
- Radiology Dermatology
- Orthopaedic Surgery
- Emergency Medicine
- Otolaryngology

- Thoracic Surgery
- Family Medicine
- Pathology
- Urology
- Internal Medicine Pediatrics
- Medical Genetics
- Physical Medicine and Rehabilitation
- Neurological Surgery
- Plastic Surgery

ICON may change or add to the specialties classified as Recognized Specialties. Additional specialties may be nominated for recognition by writing [administrator@inconsinmed.org](mailto:administrator@inconsinmed.org).

## Requirements and Limitations

The following constitutes appropriate case requests:

1. Non-acute cases
2. Chronic disease that is not resolving, but not requiring immediate care

The following constitutes non-appropriate case requests:

1. Urgent/acute care situations
2. Cases with questionable ethics\*

\* Cases that may be construed as unethical will be reported to ICON.

## The Medical Tele-Consultation Methodology

### Initial Response Time for a Consult

*The iConsult system cannot adequately address or respond within the time frame required for the treatment of emergency or life threatening conditions.*

Once a request for a consult is submitted, it appears to Volunteers as a “Cases Awaiting Consult.”

A request will remain open for selection for a maximum of 48 hours after it is submitted by the Requestor. If at 48 hours the request has not been accepted, it is automatically removed from the “Cases Awaiting Consult” status and forwarded to a Coordinator who triages these requests. The Coordinator refers to a listserv of all Volunteers in the specialty being requested. These Volunteers are recontacted to accept the case. If no one accepts within 24 hours, the request is sent to two iCon Medical Directors within the specialty, one of whom will accept the case on the same

terms and conditions as would any volunteer. On a monthly basis, there is a rotation of two Medical Directors who are on call for such cases.

#### Accepted Consult Response Time

The Requestor receives an electronic notification that his/her request has been accepted by a Volunteer. This notification also includes the name of the Volunteer.

The Volunteer may take up to 48 hours after accepting the request, to provide an initial medical tele-consultation.

Continued correspondence and timing will depend on the complexity of the case and the availability of both the Requestor and the Volunteer.

#### Closing a Case

The Requestor is responsible for closing a case by marking it 'completed' from the cases menu.

#### Requesting a Second Opinion

Requestors can seek a second opinion from another Volunteer.

### **Liability and Insurance**

#### Liability

The Requestor, as the health care professional of record, is solely responsible for patient care and accepts full liability in accordance with the following disclaimer:

*"I represent and warrant that I am a physician or health care practitioner, licensed to practice medicine in my local jurisdiction and possess the licensure, skills and other qualifications necessary in my locale to render the professional care about which I am seeking advice. I understand that I am contacting an iCons in Medicine Volunteer to act as a consultant only, and to provide his or her knowledge and expertise to me such that I am better able to render patient care. I acknowledge and agree that the iCons in Medicine Volunteer is limited in his or her ability to provide accurate advice based on the information I provide, and in providing any advice shall incur no liability for the outcome of any care I provide. I further acknowledge and agree that the iCons in Medicine Volunteer will have no contact with my patient and any advice rendered by such physician/health care practitioner shall not be construed to establish a patient care relationship between the iCons in Medicine physician/health care provider and my patient."*

This disclaimer must be accepted as part of the enrollment process in becoming a Requestor.

There is no guarantee of the accuracy or timeliness of information available through the iCons in Medicine program or that it will be regularly available on a 24 hour, seven days a week basis or otherwise operate without interruption or error.

Any medical advice provided by a volunteer through the iCons in Medicine program and all content or tele-consultations received through it are not a substitute for the professional judgment of health care providers in diagnosing and treating patients.

### Insurance

If you are enrolling in the iConsult program via the organization in which you are employed/affiliated, you should obtain any leadership sign off as necessary regarding the membership agreement and its impact on your malpractice insurance prior to participating. This is recommended for both Requestors and Volunteers. Volunteers should make sure that their insurance carrier knows of their participation.

ICON does not provide insurance coverage to any participants.

### **Volunteer-to-Patient Relationship**

The Volunteer is serving as a source of knowledge, and therefore, the Volunteer's relationship is not with the patient. There is no implied or actual relationship established between the Volunteer and the patient who is obtaining advice through the Requestor. All volunteer interaction is to be maintained directly with the Requestor who is seeking advice on a particularly complex case on behalf of the patient. It is the decision of the Requestor as to how to assimilate any advice provided by a volunteer and to decide how it best serves the patient at the point of service. The Requestor will filter information accordingly and may even seek the opinion of a second volunteer or other specialist. There must be no contact and/or communication between Volunteer and the patient in accordance with the following disclaimer:

*"I represent and warrant that I am a physician or health care practitioner, licensed to practice medicine in my local jurisdiction and possess the licensure, skills and other qualifications necessary in my locale to render the professional care about which I am providing advice. I understand that I am being contacted as an iCons in Medicine Volunteer to act as a consultant only, and to provide knowledge and expertise to the requesting health care provider in order to assist that individual in rendering improved patient care. I acknowledge and agree that as an iCons in Medicine Volunteer I will have no contact with any patients associated with the Requestor and that any advice I render shall not be construed to establish a physician-patient relationship with the requesting health care provider's patient."*

This disclaimer must be accepted as part of the enrollment process in becoming a Volunteer.

### **Privacy and Security**

## Patient Privacy

*To the extent required by local laws, cases are to be entered without personally identifiable patient information and are to be transmitted through the iConsult secure website.*

Case information should be handled in the same manner as any other medical record, and participating Requestors should take care to protect patient privacy. We encourage Requestors to become familiar with local and national statutes that cover the communication of personal health information and to obtain any consent necessary from their patients, in the manner prescribed by local and national regulations, before sharing any information that may be privileged or protected by law.

In the event that such information should be sent or received, legal requirements covering the communication of patient information vary by jurisdiction. In the United States, the Privacy Requirements of the Health Insurance Portability and Accountability Act (HIPAA), the federal privacy law governing the use and disclosure of personal health information, generally permit the free exchange of health information among health care providers for treatment purposes. With respect to HIPAA, iConsult is acting only as a conduit for the transmission of such data and not as a business associate.

Please note HIPAA acts only as a "floor" with respect to privacy regulation. Thus, if a local jurisdiction has adopted a law governing the privacy of health care information that is more stringent than HIPAA, then that more stringent law will govern. Note that many jurisdictions have adopted more stringent privacy laws relating to what is commonly termed "sensitive personal information," which may include, for example, information pertaining to HIV status, mental health status or genetic testing information. You are responsible for complying with the privacy law requirements applicable to your jurisdiction, including obtaining any necessary consents or authorizations from patients, before communicating any health information that may be privileged or protected by law.

## Retention of Records

Images and related documentation will be retained by the iCons in Medicine Program for no more than 30 days after the close of an iConsult tele-consultation. If records will be needed beyond that point, it is the responsibility of the Volunteer or Requestor needing the documentation to download and maintain the files. iCons in Medicine assumes no responsibility for record retention or for making information available outside of the system.

## **Prohibited Website Actions**

Prohibited actions are listed and defined in the Acceptable Use Policy (AUP), which sets forth the principles that govern the use by Members of the Web-based products and services provided by iCons in Medicine. This AUP is designed to help protect Members and the Internet community from irresponsible, abusive or illegal activities.

All enrolling members must read and agree with the published AUP prior to membership authorization.

### **Prohibition on Charging Fees**

As a condition of participating in the iConsult program, no requestor or volunteer may require patients or their families to pay or promise to pay or charge any type of fee.

### **Cultural Perspectives**

There are numerous links on the Internet that open doors to be better understanding of cultures beyond one's own. It is highly recommended that Members of the iCons of Medicine take this opportunity to engage in informal interactions, networking and experiences to further develop cross culture skills.

All medical tele-consultations shall be conducted in a manner consistent with the ethical principles of the World Health Organization (WHO) and World Medical Association.

The iCons in Medicine program is based on a self-governed exchange of knowledge. The content of a response to a request for a medical tele-consultation shall not imply anything negative about another individual's culture or background.

### **Languages**

The official language of iCons in Medicine is English. Submitting a request in languages other than English may result in a smaller pool of responding Volunteers. Volunteers should respond to requests only in languages in which they are proficient.

### **iCon Advisory Board**

The iCon Advisory Board is responsible for addressing the procedures for adopting and modifying the ICON Medical Handbook and the timetable for reviewing and adopting proposed amendments to it.



**Appendix I**  
**Photos from the iCons in Medicine CME**



Slide 1

Appendix J  
iCons in Medicine Presentation



**A Volunteer Driven, Next Generation,  
Knowledge Network:**

*Toward a Paradigm Shift in Global Telehealth  
and Humanitarian Medicine*

William Kennedy Smith, MD

Slide 2

Recently, many leading medical centers have incorporated telemedicine into sponsored programs to reach out and provide services to underserved areas.

A few examples of such initiatives using telemedicine across borders include:

Slide 3

**U.S. – Cambodia**

- **Focus:** Remote lab services, primary care
- **Primary institutional involvement:** Partners Telemedicine Program (Massachusetts General and Brigham and Women's Hospitals), Boston, MA; Phnom Penh and 2 villages in Cambodia

**U.S. – Uganda**

- **Focus:** pediatric cardiology and HIV, health. professional training, technical support and public health
- **Primary institutional involvement:** Children's National Medical Center, Washington, DC; Mulago Hospital, Uganda; International Hospital



Slide 4

**Alaska - Russia**

Arctic Council, Telemedicine Cooperative Project

- **Focus:** Technical training, specialty medical services, distance learning
- **Primary institutional involvement:** Sakha Republic medical institutions; Alaska Federal Health Care Access Network participating

**U.S. – Russia**

- **Focus:** Primary and specialty care
- **Primary institutional involvement:** Medical College of Georgia, Augusta, GA; Sarov Medical Center, Russia institutions

Slide 5

**Norway – India**

- **Focus:** remote consultation, diagnosis
- **Primary institutional involvement:** Rikshospitalet University Hospital, Oslo, Norway; Methodist primary health care center, Mursan, India; Sakha Republic medical institutions; Alaska Federal Health Care Access Network participating

**U.S. – Ethiopia**

- **Focus:** Professional medical training, HIV/AIDS, Malaria
- **Primary institutional involvement:** Johns Hopkins International, Baltimore, MD; Addis Ababa University, Ethiopia

Slide 6

**The Practice of Telemedicine**

- Two-way communication
- Pretty Amazing New Stuff (PANS)
- High Cost of Entry
- Project Oriented
- Limited Access
- Professional Driven-Top Down
- Project Specific Outcomes
- Minimal Knowledge Capture

Slide 7



In *Powershift*, Toffler (1990) argues that success will accrue to the individual, group, community, society or nation that has the best access to information and the ability to process it.

Slide 8

### **Two Generations of Knowledge Management Strategies (Couros, 2003)**

1. Technical tools and systems (Hovland, 2003) data retrieval, dissemination and knowledge sharing (McElroy, 2000).
2. Organizational processes and knowledge creation, *“shifting from management based on compliance to management based on self-control and self-organization”* (Hovland, 2003).

Slide 9

### **Communities of Practice**

Second generation Knowledge Management strategies have focused on the development of Communities of Practice. Defined as *“groups whose members regularly engage in sharing and learning based on common interests”* (Lesser and Storck, 2001).

Slide 10

### **The Mission**

To create a volunteer community of knowledgeable and committed health professionals, enabled by appropriate information and communication technology, that can build bridges and forge connections across geographic, social, cultural and ideological boundaries in order to make high quality medical knowledge available wherever medicine is practiced.

Slide 11

### **The Goal**

To address health disparities by increasing the quality and availability of health services in remote and medically underserved areas worldwide.

Slide 12

**The iCon program is built around four program elements:**

- 1**  **iConsult**
- 2**  **iCon Resource Center**
- 3**  **iConnect**
- 4**  **iConferences**




Slide 13



A volunteer network of medical professionals who provide teleconsultations to primary care doctors in remote and medically underserved areas of the world.



Slide 14



-  1. Patient with a difficult case requiring a specialty consultation visits physician.
-  2. The physician submits a consultation form using the iCon computer program.
-  3. All available volunteer specialists with the appropriate medical background receive an email notification that assistance is needed on a case.

Slide 15



-  4. A specialist visits the iCon website to review the consultation form and accept the case.
-  5. The specialist replies to the requesting physician within 48 hours. The two physicians continue to collaborate on the case as needed.

Slide 16

### **Website**

The iConsult website allows both “requestors” and consultants to post profiles of themselves, their organizations and their practice areas online.

A global registry of members Members with relevant knowledge or capability that interact in a vibrant “community of practice” (CoP)

Slide 17

### **Program**

#### **Volunteer Chapters**

Volunteer consultants join chapters. It takes three physicians to form a chapter (Chair, Medical Director and Secretary). Chapters must accredit their members and each member must agree to provide a minimum of three consults per year.

Slide 18

### **Program cont.**

#### **Member Organizations**

Healthcare organization that work in medically underserved areas may apply to receive assistance through the iCon Network. They must be non-profits and have a mission and activities that are compatible with the iCon Network. They enroll their staff.

Slide 19

# 2

## iCon Resource Center

- Developed with the American Telemedicine Association.
- Access to tools, resources and people: discussion forums, chats and document sharing
- Members can collaborate on ongoing projects or start their own. Examples may include:

Slide 20

iCon Resource Center cont.

### **Medical Service Database**

A searchable database of organizations and corporations with a commitment to medical volunteer service.

### **Open Content Curriculum Project**

A Core Tele-health Curriculum developed under the leadership of the American Telemedicine Association (ATA).

Slide 21

iCon Resource Center cont.

### **Telemedicine Best Practices Repository**

A space, developed in collaboration with the ATA, for sharing evidence and information about telemedicine in remote and underserved areas.

### **Technical Solutions Center**

Featuring proven, evidence-based technical solutions that encourage innovation, cross fertilization and boundary crossing.

Slide 22

iCon Resource Center cont.

### **RADAR International Community**

RADAR (Research on Adverse Drug events And Reports) an independent drug safety project, lead by Charles Bennett MD, Ph.D which proactively seeks out data on suspected adverse events, and disseminate alerts to guide physician response.

### **Marketplace Exchange**

Where volunteers can locate low or no cost donated materials, resources, medicines, computers, etc. Supported by businesses throughout the world.

Slide 23



iConnect is the next step.  
People-to-People medical  
missions facilitated by  
telemedicine, teleconsultation  
and Internet-based information  
exchange.

Slide 24



Focus on the use of “appropriate”  
information and communication  
technologies to address health  
disparities in remote and medically  
underserved areas.

Exchange of information and best  
practices on the effective use of  
technology in pursuit of the iCon  
mission.

Slide 25

### **The iCon Paradigm Shift- From/To**

- Two Way Communications/ Networked Interactions
- Pretty Amazing New Stuff (PANS)/
- Commercial Off-The-Shelf (COTS)
- High Cost of Entry/Reduced Cost of Entry

Slide 26

### **The iCon Paradigm Shift - From/To**

- Project Oriented/Solutions Oriented
- Minimal Knowledge Capture/Captured Best Practices
- Professionally Driven (Top Down)/ Professional/Amateur (Pro Am) Bottom Up

Slide 27

### **Expected Outcomes for Volunteers**

- Instill new perspectives of global citizenship, medical diplomacy, cross-cultural sensitivity.
- Increase the impact of volunteerism through collaboration.
- Deliver better health services at a lower cost.



Slide 28

### **Expected Outcomes for Volunteers *cont.***

- Build capacity and expand the pool of new and returning health care volunteers.
- Encourage volunteers to become a “social network,” and create a global community of practice within and across sectors.

Slide 29

### **Expected Societal Benefits**

- Increase the awareness of the role and value of global health service.
- Heighten cultural understanding and religious tolerance.
- Empower a "global medical workforce" with new resources to address complex problems with targeted efficiency.

Slide 30

### **Expected Societal Benefits *cont.***

- Utilize new technologies that will help bridge the “digital divide” in underserved areas.
- Advance innovation in the field of telemedicine.
- Foster a deeper understanding of health disparities, while nurturing insights that can lead to political, social and economic change.

Slide 31

### **Expected Societal Benefits *cont.***

- Enhance the standing of the United States of America through Medical Diplomacy.
- Improve the quality and availability of health services in remote and medically underserved areas.

Slide 32

*“If access to health care is considered a human right, who is considered human enough to have that right?”*

**--- Dr. Paul Farmer**

Slide 33



**“Three for the World”**

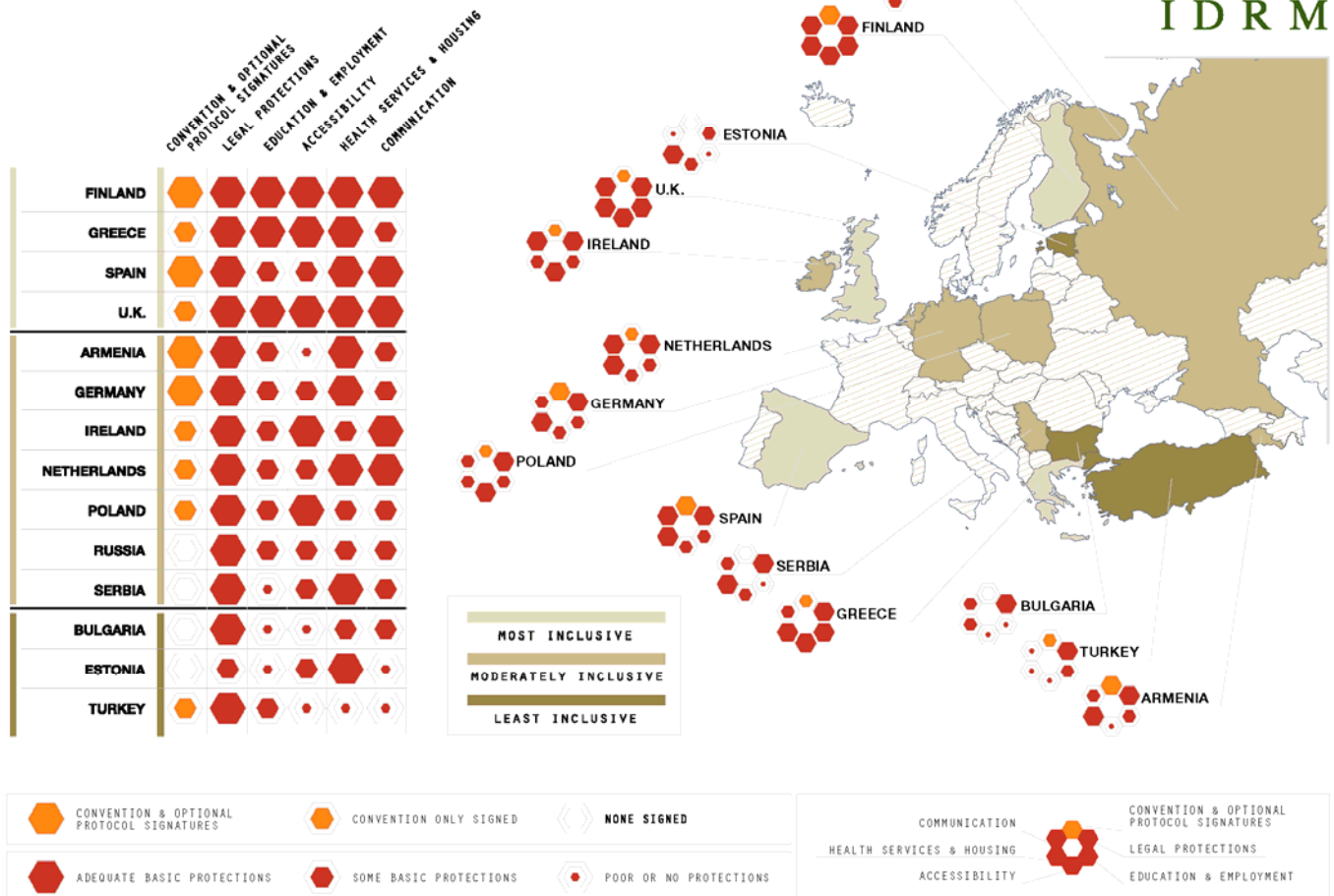
Sign up today to participate.  
Please visit [www.iconsinmed.org](http://www.iconsinmed.org)

## Appendix K

### *IDRM: Regional Report of Europe*

### Report Card

International Disability Rights Monitor: Europe  
2007 Report Card



**Appendix L**  
***IDRM: Regional Report of Europe***  
**Researchers' Biographies**

**Armenia, Armen Alaverdyan**

Armen Alaverdyan is the Executive Director of the Unison NGO for Support of People with Special Needs, and the Director of the Paros Chamber Choir – most of whose members are wheelchair users. A survivor of Myelitis at the age of 22, Mr. Alaverdyan dedicated subsequent years of his professional career to advocating for the rights of people with disabilities in Armenia. In 1994, he received a Master of Arts degree in music.

He holds a Raoul Wallenberg Institute Diploma of Human Rights. Mr. Alaverdyan has initiated a nationwide campaign aimed at the creation of accessible environments for people with limited mobility. He has been responsible for numerous projects promoting equal opportunities for people with disabilities, as well as non-disabled residents of Armenia.

**Bulgaria, Kapka Panayotova**

Kapka Panayotova is one of the CIL founders and longstanding disability leader. In her professional capacity as a macroeconomist she has been involved in advocacy-oriented research commissioned by the World Bank, international donors, and advocacy NGOs. Accessibility, education, and personal assistance policies – considered the key preconditions for successful employment – are in the focus of her attention. Ms. Panayotova led a team of disability experts who developed three Annual Disability Rights Review reports for Bulgaria. These were widely distributed and used in further analysis performed for policy purpose.

Ms. Panayotova's firm ideas about human rights and her outspokenness have brought to light a lot of discrimination cases in Bulgaria, which resulted in the denouncement of key legal provisions in Bulgaria and the development of an entirely new disability act. Ms. Panayotova is also well known as a disability advocate in the Balkans, as well as across Europe.

**Estonia, Agne Raudmees**

Agne Raudmees has served as the president of the Estonian Mentally Disabled People Support Organization since 2002. She has also been a board member of Inclusion Europe and the European Association of Societies of Persons with Intellectual Disability and their Families since 2003.

Ms. Raudmees has been instrumental in establishing a day care center for people with intellectual disabilities, which has been in existence since 2003. Ms. Raudmees' future plans include developing her research and project evaluation skills.

**Finland, Pirkko Mahlamäki**

Pirkko Mahlamäki is the secretary general of the Finnish Disability Forum. She has worked as a disability expert and trainer in a number of projects focused on combating discrimination. She is currently preparing her thesis for a law degree on the UN Convention on the Rights of Persons with Disabilities, and she is looking forward to learning more about how to best fight discrimination as a woman with a mobility disability.

Ms. Mahlamäki holds a Master's degree in translation and in comparative literature. She is also an authorized translator.

### **Germany, Sabine Haefner**

Sabine Haefner works as a Social Policy Officer and advocate for a German NGO called Sozialverband Deutschland e.V. (SoVD), where she specializes in helping to provide legal assistance to people with disabilities and the elderly. She was also actively involved in the negotiation of the UN Convention on the Rights of Persons with Disabilities, and drafted several position papers for the Women's Caucus of the International Disability Caucus.

Ms. Haefner has studied law at both the University of Regensburg and Higher Regional Court (Oberlandesgericht) in Brandenburg, Germany.

### **Greece, Eirini-Maria Gounari**

Eirini-Maria Gounari is an international lawyer with a Master's degree in EU Law, specializing in human rights protection, access to justice, and election legislation. She has worked in various legal capacities in Greece and Belgium with the European Commission, international human rights NGOs, and the Aristotle University. Ms. Gounari has also worked on a broad range of projects related to anti-fraud issues, civil society development, and protection of marginalized groups, especially people with disabilities and immigrants. She has also worked as an election expert with the OSCE/ODIHR in international election observation missions.

### **Ireland, Mary Keogh**

Mary Keogh graduated with a Master's Degree in Development Studies in 2005. She also holds a Bachelor's Degree in Economics and a Postgraduate Diploma in Social and Vocational Rehabilitation. She has been active in the Irish disability movement for more than 10 years and has worked in many different capacities.

Ms. Keogh has also worked as a trainer and facilitator, both nationally and internationally, on disability and social inclusion. She currently works with the Center for International Rehabilitation as the IDRM International Coordinator.

### **Netherlands, Annette Plooy**

Annette Plooy is a political scientist with extensive experience in mental health services. She works at the Center of Expertise on Rehabilitation at Utrecht, Netherlands, where she coordinates a program on recovery and participation. Her expertise is focused on: the recovery of people with long-term psychiatric problems through self-help and mutual support; the meaning and use of experiential knowledge in mental health services; and the stigma of, and discrimination against people with psychiatric problems.

Ms. Plooy has been involved in a European-wide study of discrimination against people diagnosed with schizophrenia, and participates in further European stigma-related research. She has written many publications on the topics of recovery, experiential knowledge, and stigma

### **Poland, Anna Rozborska**

Anna Rozborska has been a member of staff at the Polish Association of the Blind since 1997, and her main responsibilities include international relations with various international projects, and some national projects and activities. At present, she also cooperates with several other disability organizations. Since 2003, she has been actively involved in the creation of Polish Disability Forum, which became a full member of the European Disability Forum in 2004. She has been the secretary general of the Polish Disability Forum Board since its first election in 2004. In 2005 she was elected as a board member of European Disability Forum.

Ms. Rozborska is involved in international and national disability rights advocacy in cooperation with various NGOs, and also in consultation with national authorities.

### **Russia, Roman Zhavoronkov**

Mr. Zhavoronkov works primarily on supporting access to education for people with disabilities. He researches laws and legal practices; drafts, and lobbies for anti-discrimination legislation; provides expertise to the State Duma (Russian Parliament); supports legal education and training; and prepares reports on relevant legislation.

Mr. Zhavoronkov also serves as a lawyer for an independent not-for-profit organization (Lawyers of Constitutional Rights and Freedoms), which pleads strategic cases in protecting the rights of people with disabilities in court. Mr. Zhavoronkov has published reports in both Russian and English on the rights of people with disabilities. He has also been a visiting fellow at Columbia University, New York, U.S.

### **Serbia, Damjan Tatic**

Damjan Tatic is currently a consultant at the UN Development Program office in Belgrade where he is providing proposals for implementing the UN Convention on the Rights of Persons with Disabilities in Serbia. He is also a researcher with Handicap International

where he is analyzing legislation guaranteeing the rights of people with disabilities in the former Yugoslavia and Serbia. In 2005, he conducted research on behalf of the International Labor Organization on the employment of people with disabilities in Serbia

Mr. Tatic is National Rapporteur for the European Disability Forum for Serbia. He has many years of experience volunteering with a variety of organizations such as the Yugoslav Muscular Dystrophy Association, MDA Serbia, and the Center for Independent Living Serbia, of which he is one of the founding members. In 2003, Mr. Tatic served as an expert on the Serbia and Montenegro state delegation to the UN Ad Hoc Committee for drafting a Convention on Promotion and Protection of Rights and Dignities of People with Disabilities. Mr. Tatic has a master's degree in international public law from the University of Belgrade, and is currently completing a Ph.D. on the protection of human rights of persons with disabilities at the Faculty of Political Sciences, Department for International Affairs at the University of Belgrade.

### **Spain, Leonor Lidón Heras**

Leonor Lidón currently works with Fundación ONCE, Spain's largest foundation dedicated to people with disabilities, where she works on issues related to employment. She is also involved with a project about the European media and disability, and is currently a member of a working group that is studying Spanish legislation from the perspective of the UN Convention on the Rights of Persons with Disabilities.

Ms. Lidón has a Bachelor of Law degree from Universidad Pontificia de Comillas, and has two master's degrees from ESIC (Business and Marketing School) and Fundosa Social Consulting in Direction and Organization of Human Resources and Management of SMES (Small and Medium Enterprises). In 1999 and 2000 she was Spanish sub champion in swimming for people with mobility disabilities. She enjoys almost everything related with people, culture, traveling and photography.

### **Turkey, Dr. Idil Isil Gul**

Dr. Idil Isil Gul is a lecturer on public international law and human rights at Istanbul Bilgi University Law Faculty. She also works as a project coordinator at the Human Rights Law Research Center at the same university, where she is managing a project on the human rights standards related to people with disabilities in Turkey. The project has both research and advocacy components. Dr. Gul gained her Ph.D. in Law with a thesis entitled "The Incorporation of Disability and Human Rights Related International Standards Into Turkish Law."

In addition, Dr. Gul has participated in several international seminars and conferences concerning the human rights of people with disabilities. She is serving as a consultant to many disability NGOs in Turkey.

### **United Kingdom, Gillian Quinn**

Gillian Quinn graduated from the University of Leeds, England in 2006 where she obtained a degree in English Law and European Law. During her time at the University of Leeds, she

was granted an ERASMUS scholarship to study German law at the University of Heidelberg, Germany. In addition to her work for the IDRM, Ms. Quinn has been involved in supporting and mentoring young people with disabilities at a high school in West Yorkshire, England.

Ms. Quinn has a particular interest in the autism spectrum and is currently working for the UK charity MENCAP as an advocate for adults with Autistic Spectrum Conditions.

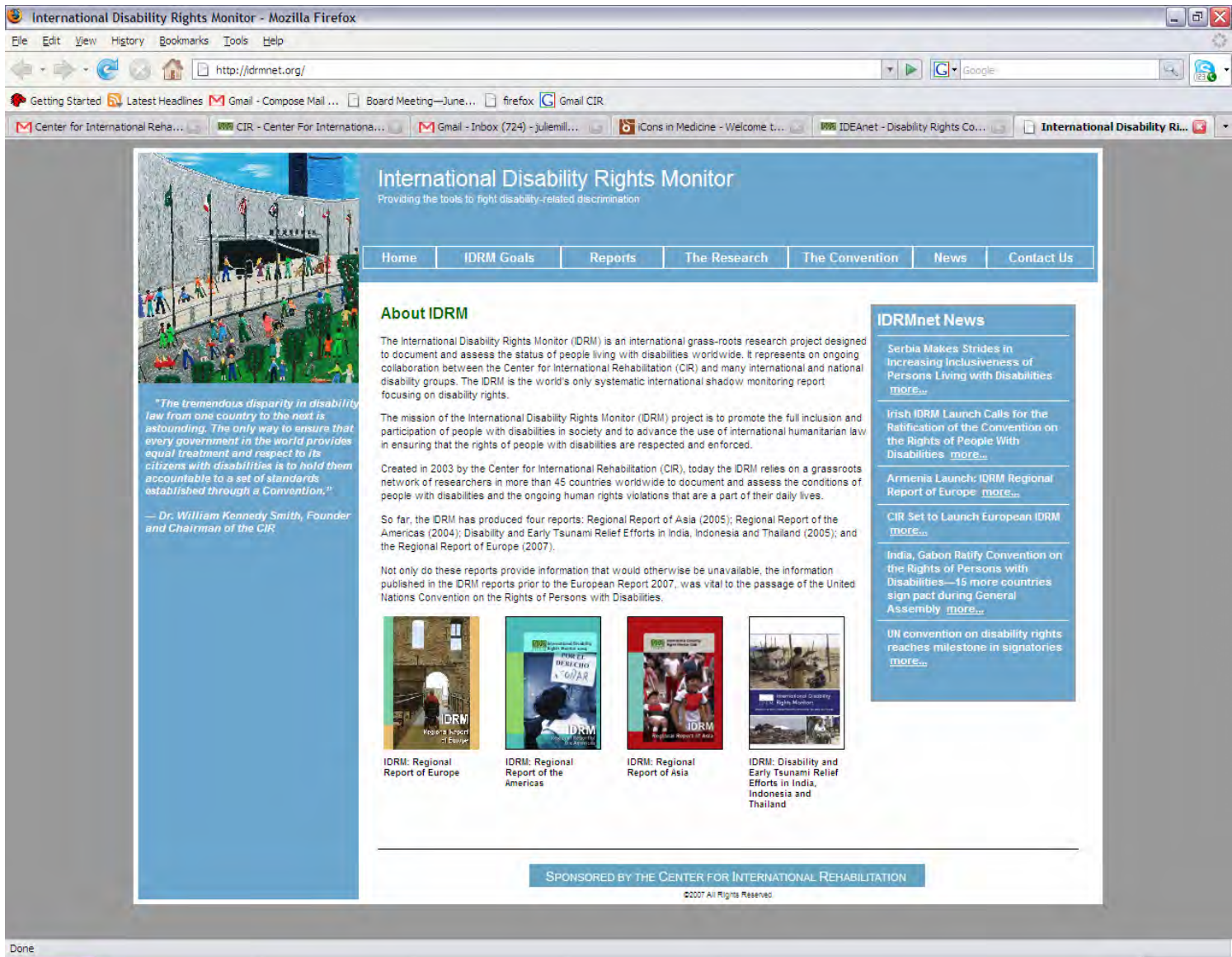


## Appendix M

### Representative Screenshots of www.idrmnet.org

The idrmnet.org website is separated by 7 sections: Home, IDRM Goals, Reports, The Research, The Convention, News and Contact Us.

- 1) **Home:** The home page of idrmnet.org informs users about the IDRM project, including the history and future goals of the IDRM work.



- 2) **IDRM Goals:** This section of the Web site outlines the “Primary Goals of the IDRM” and includes information about how the IDRM has been used as a tool to fight disability-related discrimination.

International Disability Rights Monitor - IDRM Goals - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://idrmnet.org/goals.cfm

Getting Started Latest Headlines Gmail - Compose Mail ... Board Meeting—June... firefox Gmail CIR

Center for International Reha... CIR - Center For International... Gmail - Inbox (724) - juliemill... Cons in Medicine - Welcome t... IDEAnet - Disability Rights Co... International Disability RL...

# International Disability Rights Monitor

Providing the tools to fight disability-related discrimination

Home IDRM Goals Reports The Research The Convention News Contact Us

## Primary Goals of the IDRM

- Provide an overview of the history of people with disabilities in each country researched. This helps to give an idea of the country's background of how people with disabilities have been treated. For example, some countries might show that historically people with disabilities were institutionalized. Learning about the history gives us an insight into past government actions.
- Identify in a comprehensive and in-depth fashion, what a country has done or is currently doing to achieve equal treatment for people with disabilities.
- Serve as a possible baseline for future monitoring efforts associated with the UN Convention for the Rights and Dignity of People with Disabilities. The IDRM could provide a reference that would be useful for both governments and NGOs to see where countries started prior to the signature and ratification of the Convention.
- Aim to highlight key areas of development in each country researched. The countries are at different stages of providing equal opportunities for people with disabilities. For example, lack of legislation protecting people with disabilities may be an issue in many developing countries, while it is less of a concern for countries that have legislation in place.
- Show a comparison of the situation of people with disabilities in countries within the region.

The IDRM publications have been used by many audiences throughout the world. Some examples of the people and organizations that use the reports for information include:

**The media.**  
Media throughout Europe and the US receive the IDRM, with special focus within each country researched;

**National policy makers.**  
National policy makers use the IDRM so they can compare country best practices within the region;

**Disability organizations.**  
National and international disability organizations use the IDRM reports as an advocacy tool;

**Intergovernmental organizations.**  
NGOs such as the United Nations, World Health Organization, and the International Labor Organization use the IDRM as a reference;

**The general public.**  
The IDRM is distributed to libraries and learning institutions serving members of the public who want to learn more about domestic or global disability issues.

**Examples of where the IDRM has been used in the past**

- Documents of the World Bank;
- United Nations Education Science and Cultural Organization (UNESCO) website on the Flagship for Inclusive Education;
- The official website of the government of Colombia;
- Background material provided to the United States Embassy personnel working in the area of human rights; and,
- Monitoring committee members of other Conventions through the office for the UN Office of the High Commissioner for Human Rights.

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

Done



- 3) **Reports:** This part of the Web site allows users to actually view all four of the published IDRM reports. Each report is formatted as a PDF and can be viewed in full by clicking the corresponding cover image.


International Disability Rights Monitor - IDRM Reports - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://idrmnet.org/reports.cfm

Getting Started Latest Headlines Gmail - Compose Mail ... Board Meeting—June... firefox Gmail CIR

Center for International Reha... CIR - Center For Internationa... Gmail - Inbox (724) - juliemill... iCons in Medicine - Welcome t... IDEAnet - Disability Rights Co... International Disability Ri...



## International Disability Rights Monitor

Providing the tools to fight disability-related discrimination

Home IDRM Goals Reports The Research The Convention News Contact Us

### Regional reports

The primary focus of the International Disability Rights Monitor (IDRM) project is a series of regional reports. From time to time, the IDRM will also produce reports with a specific theme, for example, after the natural disaster of the tsunami in December 2005, the IDRM produced a report that documented Disability and Early Tsunami Relief Efforts. To date, the project has completed regional reports on the Americas, Asia, and its latest report on Europe. The IDRM regional reports are compiled by local IDRM researchers in each of the countries included in the report.

The IDRM country reports focus on several key areas such as legal protections, education, employment, accessibility and health and housing services for people with disabilities. IDRM regional reports include a collection of country reports and also a report card which allows comparison of progress made by countries across the region.

IDRM reports can be downloaded from this website, if you would like a printed copy you can order them from [here](#).

### IDRM Regional & Themed Reports

**The IDRM reports are important because they achieve awareness-raising through the research...and they support disability advocates in their work by improving the quality of available information. The disability advocates can use the report as a very effective tool of advocacy, in order to demonstrate how the state is either complying or not with the International Human Rights Law, what kind of policies and practices related to people with disabilities have been adopted and to lobby for changes in laws and policies."**

**— Eirini-Maria Gouneri, Researcher and Writer, IDRM Greece Regional Report**

#### IDRM: Regional Report of Europe

Completed in 2007, the *IDRM: Regional Report of Europe* is the first report of its kind to be published following the passage of the International Convention on the Rights of People with Disabilities. Researchers from 14 European countries contributed to this report that outlines the level of inclusiveness of people living with disabilities from across a wide geographical region. The findings from this report will play a key role to upcoming discussions during the United Nation's 2008 Human Right's calendar.

[Download: Regional Report of Europe 2007](#)  
(English, PDF, 5.79MB)

#### IDRM: Regional Report of Asia

The second IDRM regional report was released in August 2005. *IDRM: Regional Report of Asia* was presented to the United Nations in August 2005 during the 6th meeting of the Ad Hoc Committee that debated the proposed international convention on the rights of people with disabilities. The report was produced in partnership with Disabled Peoples International and included country reports on Cambodia, China, India, Japan, the Philippines, Thailand and Vietnam.

[Download: Regional Report of Asia 2005](#)  
(English, PDF, 4.72MB)

#### IDRM: Regional Report of the Americas

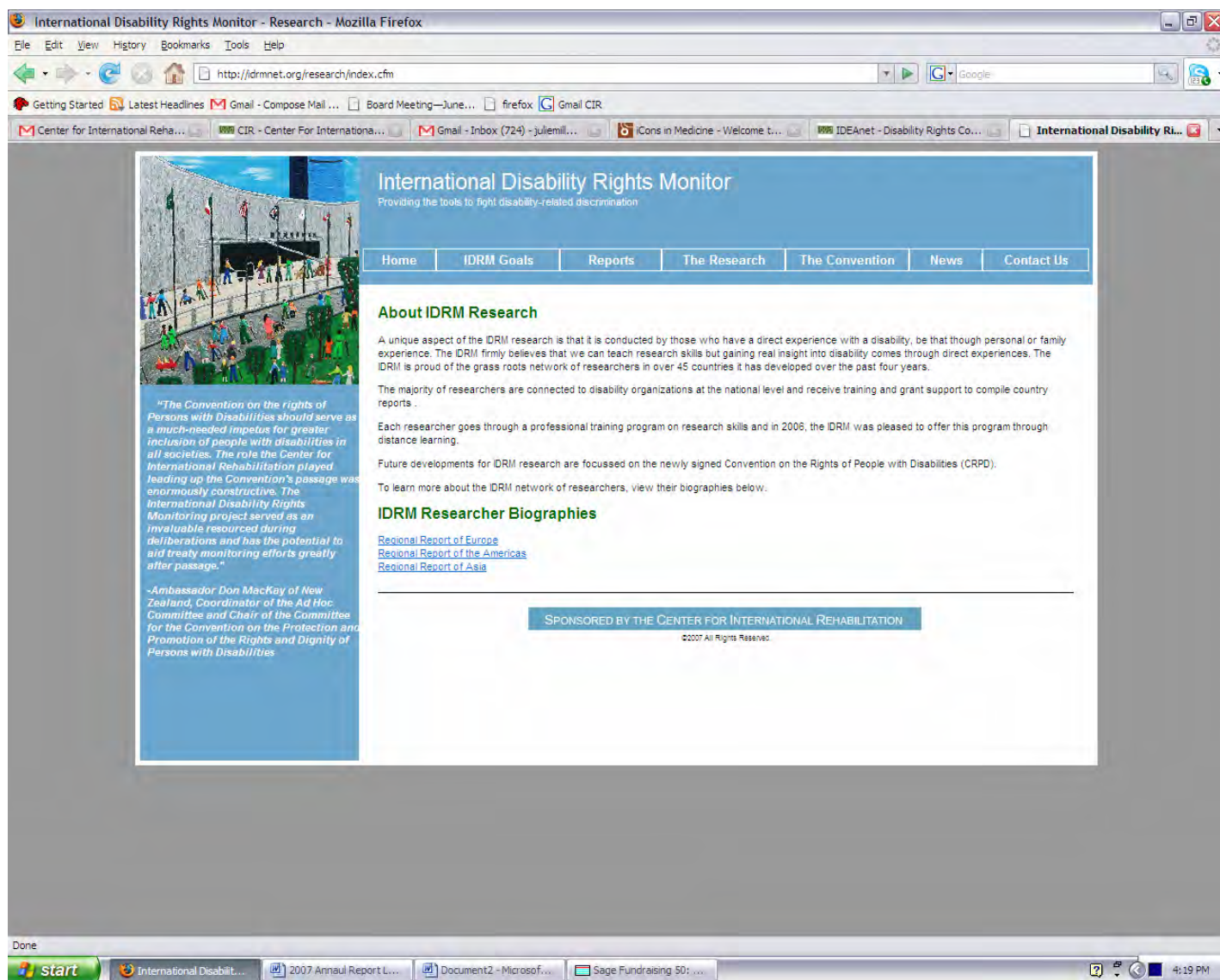
The CIR published the first regional report, *IDRM: Regional Report of the Americas*, in August of 2004. This report was formally presented to the UN during the 4th Ad Hoc Committee meeting. The situation of people with disabilities is comprehensively described and documented for 24 countries in the region. The IDRM research network in the Americas is now in the process of updating that report.

[Download: Regional Report of the Americas](#)  
(English, PDF, 9.8MB)

[Download: Regional Report of the Americas 2005](#)  
(Spanish, PDF, 9.8MB)

Done

- 4) **The Research:** This section informs readers about how the research on the project is conducted. By selecting the “IDRM Researcher Biographies” tab, users can learn about individual authors of the report.





**4-A “IDRM Researcher Biographies,”** Once this option is selected, users can reach more detailed information about individual researchers, here is an example of what you would see if you wanted to learn more about the [Regional Report of Europe](#)

International Disability Rights Monitor - Research - Armenia - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://idrmnet.org/research/armenia.cfm

Getting Started Latest Headlines Gmail - Compose Mail ... Board Meeting—June... firefox Gmail CIR

Center for International Reha... CIR - Center For Internationa... Gmail - Inbox (724) - juliemil... iCons in Medicine - Welcome t... IDEAnet - Disability Rights Co... International Disability Ri...

## International Disability Rights Monitor

Providing the tools to fight disability-related discrimination

Home IDRM Goals Reports The Research The Convention News Contact Us

### Armen Alaverdyan, Armenia

Armen Alaverdyan is the Executive Director of the Unison NGO for Support of People with Special Needs, and the Director of the Paros Chamber Choir – most of whose members are wheelchair users. A survivor of Myelitis at the age of 22, Mr. Alaverdyan dedicated subsequent years of his professional career to advocating for the rights of people with disabilities in Armenia. In 1994, he received a Master of Arts degree in music.

He holds a Raoul Wallenberg Institute Diploma of Human Rights. Mr. Alaverdyan has initiated a nationwide campaign aimed at the creation of accessible environments for people with limited mobility. He has been responsible for numerous projects promoting equal opportunities for people with disabilities, as well as non-disabled residents of Armenia.

[Back to Researchers](#)

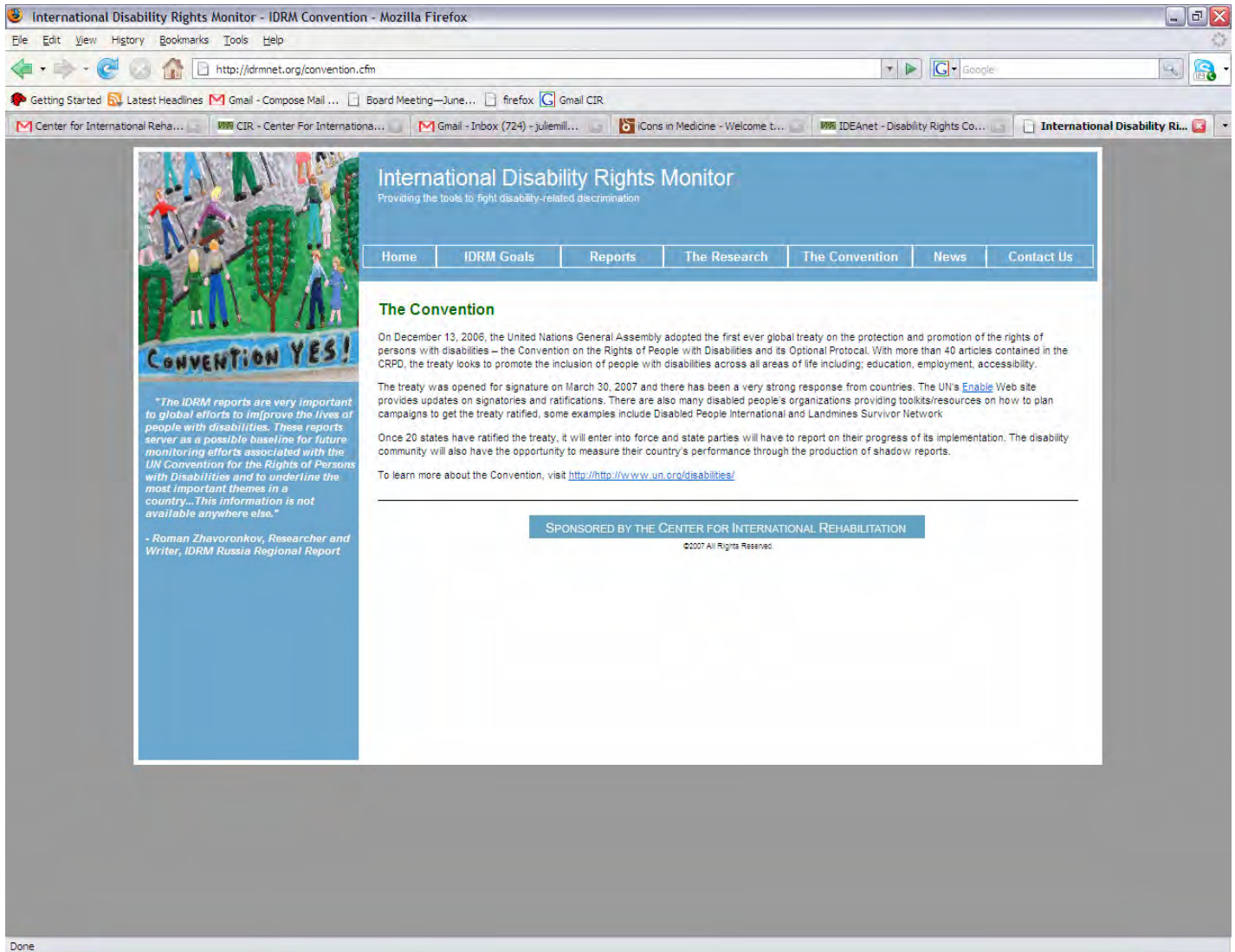
“The Convention on the rights of Persons with Disabilities should serve as a much-needed impetus for greater inclusion of people with disabilities in all societies. The role the Center for International Rehabilitation played leading up the Convention’s passage was enormously constructive. The International Disability Rights Monitoring project served as an invaluable resource during deliberations and has the potential to aid treaty monitoring efforts greatly after passage.”

-Ambassador Don MacKay of New Zealand, Coordinator of the Ad Hoc Committee and Chair of the Committee for the Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

©2007 All Rights Reserved

- 5) **The Convention:** This page displays information about the Convention on the Rights of People with Disabilities. This page also includes a link for users to learn more about the Convention.



6) **News:** This section displays news items related to the IDRM


International Disability Rights Monitor - News - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://idrmnet.org/news.cfm

Getting Started Latest Headlines Gmail - Compose Mail ... Board Meeting—June... firefox Gmail CIR

Center for International Reha... CIR - Center For Internationa... Gmail - Inbox (724) - juliemill... Cons in Medicine - Welcome t... IDEAnet - Disability Rights Co... International Disability RI...



## International Disability Rights Monitor

Providing the tools to fight disability-related discrimination

Home IDRM Goals Reports The Research The Convention News Contact Us

### IDRMnet News

December 5, 2007  
*Serbia Makes Strides in Increasing Inclusiveness of Persons Living with Disabilities* [more...](#)

December 4, 2007  
*Irish IDRM Launch Calls for the Ratification of the Convention on the Rights of People With Disabilities* [more...](#)

December 3, 2007  
*Armenia Launch: IDRM Regional Report of Europe* [more...](#)

October 15, 2007  
*CIR Set to Launch European IDRM* [more...](#)

October 2, 2007  
*India, Gabon Ratify Convention on the Rights of Persons with Disabilities—15 more countries sign pact during General Assembly* [more...](#)

July 11, 2007  
*UN convention on disability rights reaches milestone in signatories* [more...](#)

*"The Center for International Rehabilitation was an invaluable ally to states parties during the three years leading up to the passage of the International Convention on the Rights of People with Disabilities. The information provided to the Ad Hoc Committee through the International Disability Rights Monitoring project and the support provided to civil society during the convention process were instrumental to the successful conclusion of the negotiations."*

*- Ambassador Luis Gallagos of Ecuador, former Chair of the Ad Hoc Committee on a Comprehensive and Integral International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities.*

SPONSORED BY THE CENTER FOR INTERNATIONAL REHABILITATION

©2007 All Rights Reserved



**6-A: Example of a news story:** The following page is an example of a news story posted on the idrmnet.org site.


International Disability Rights Monitor - Armenia Launch: IDRM Regional Report of Europe - Mozilla Firefox

File Edit View History Bookmarks Tools Help

http://idrmnet.org/press5.cfm

Getting Started Latest Headlines Gmail - Compose Mail ... Board Meeting--June... firefox Gmail CIR

Center for International Reha... CIR - Center For Internationa... Gmail - Inbox (724) - juliemil... iCons in Medicine - Welcome t... IDEAnet - Disability Rights Co... International Disability Ri...



**International Disability Rights Monitor**  
Providing the tools to fight disability-related discrimination

Home IDRM Goals Reports The Research The Convention News Contact Us

### Armenia Launch: IDRM Regional Report of Europe


YEREVAN, ARMENIA (December 3, 2007) Today the IDRM Regional Report of Europe was launched in Armenia. The event, sponsored by the British Embassy Yerevan, was held at the Tekeyan Centre.

The country launch was held by:

- Mr. Armen Alaverdyan, IDRM Armenia researcher, Unison NGO Executive Director
- Mr. Armen Harutyunyan, Human Rights Defender (Ombudsman) of Armenia
- Ms. Naira Sultanyan, Project Manager, British Embassy Yerevan

Participants:

- Representatives from the National Assembly of Armenia, Ministry of Culture, Ministry of Communication and Transport, Ministry of Urban Development, Yerevan Municipality, and other officials
- Representatives from disability and human rights NGOs
- University students




"The tremendous disparity in disability law from one country to the next is astounding. The only way to ensure that every government in the world provides equal treatment and respect to its citizens with disabilities is to hold them accountable to a set of standards established through a Convention."

— Dr. William Kennedy Smith, Founder and Chairman of the CIR

After brief opening remarks, Mr. Armen Alaverdyan presented some of the major findings of the report to the audience. Then the floor was given to Mr. Harutyunyan and Ms. Sultanyan. Mr. Harutyunyan stressed the importance of the IDRM Report for the improvement of disability legislation and practices in Europe and particularly in Armenia. Ms. Sultanyan said the findings of the report would help to advance the rights of persons with disabilities in the country. After the questions and answers section, a discussion on the future steps to improve the disability situation in Armenia took place. Distribution of both hard copies and CDs containing the report concluded the event.

This event, devoted to the International Day of Disabled Persons, was covered by six TV channels, two radio companies, three newspapers, one online newspaper and one magazine. In addition, the same day two TV companies (Public Armenian Television and "AR" TV company) featured Mr. Alaverdyan with his IDRM Report presentation in their live shows.

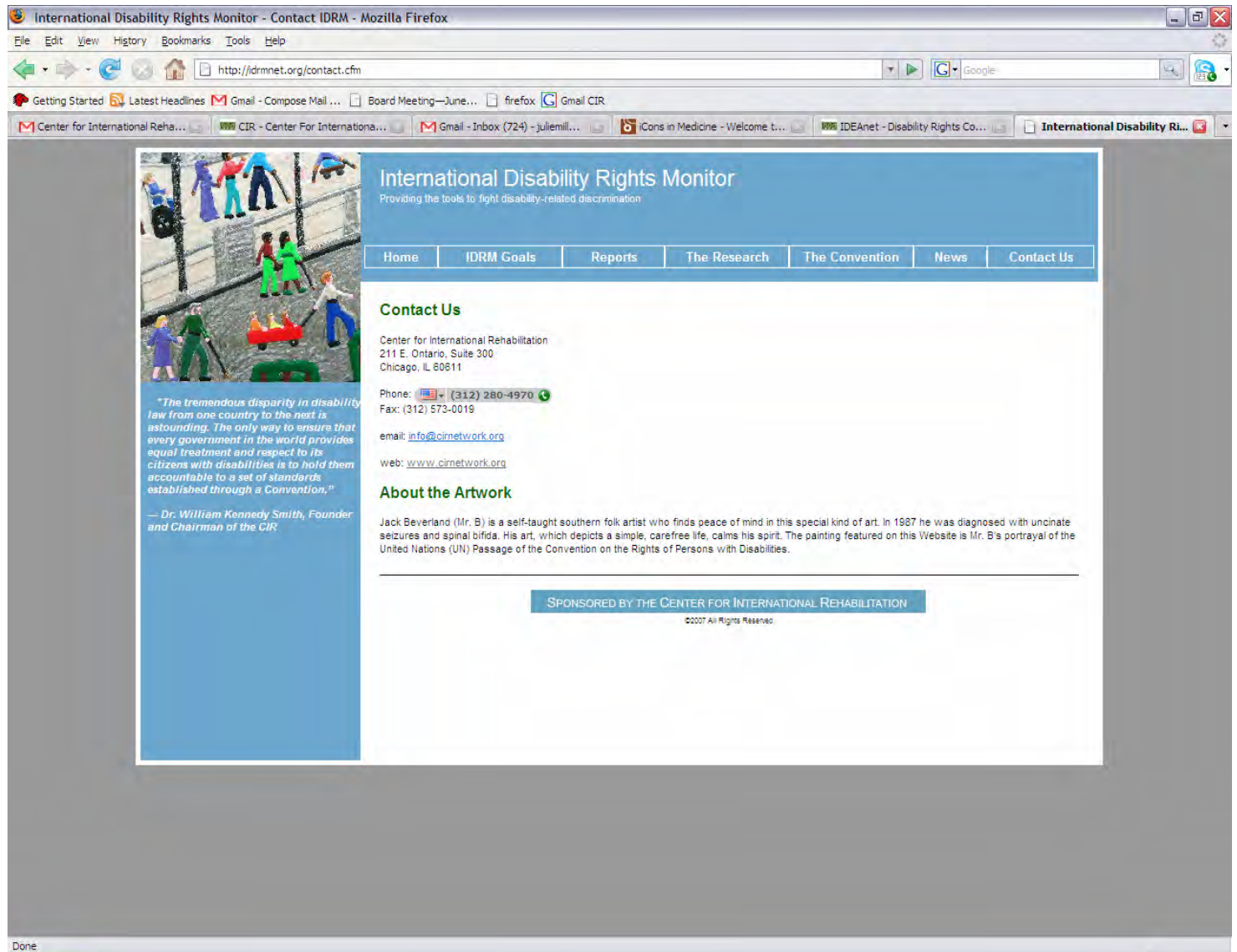
Prior to the IDRM Report launch, a public action was held by the Unison NGO at the Tekeyan Centre. This Centre, inaccessible for wheelchair users, is one of the traditional venues for various events. In order to attract public attention to this problem, Unison volunteers suggested that all of the guests should spend some time in wheelchairs and be carried up the stairs of the Tekeyan Centre.



Done



7) **Contact Us:** Contact information and information about the artwork used on the Web site.



## **Appendix N**

### **Physical Therapy Modules**

#### ***Module 1- Limb Fitting and Amputee Rehabilitation***

##### Topic: Causes of Amputation

After completing this lecture topic, trainees should be able to:

- List the major causes of amputation
- Know the major categories of lower-limb amputation

##### Topic: Normal Human Locomotion

After completing this lecture topic, trainees should be able to:

- Explain the phases of normal and amputee gait
- Describe postural changes and how these are influenced by body weight during stance phase
- Explain the various phases of gait and the role of ground reaction forces

##### Topic: Prosthetic Components

After completing this lecture topic, trainees should be able to:

- Explain the phases of normal and amputee gait
- Verbalize the importance of frequent skin checks and progressive weight bearing
- Demonstrate independence in donning and doffing a prosthesis
- Assess amputee gait
- Identify prosthetic versus amputee gait deviations
- Develop plans and interventions to normalize gait

##### Topic: Therapeutic Management

After completing this lecture topic, trainees should be able to:

- Demonstrate residual limb care
- Identify impairments and functional limitations in lower extremity amputees
- Discuss exercises of primary muscles and their importance in gait
- Verbalize barriers to rehabilitation and appropriate intervention to resolve these impairments
- Be able to explain the components of a comprehensive rehabilitation program to include strength, stability, ROM, balance, residual limb care, and mobility
- Demonstrate exercises at various degrees of difficulty

#### ***Module 2 - Pediatric Rehabilitation***

Topic: Rehabilitation after Spinal Deformity Surgery

Subtopic: Scoliosis

After completing this lecture topic, trainees should be able to:

- Define scoliosis.
- Understand the Different types of scoliosis and their treatment.
- Define pectus carinatum.
- Explain the treatment (pre-operative and post-operative) of pectus carinatum.
- Define pectus infundibuliforme.
- Explain the treatment (pre-operative and post-operative) of pectus carinatum.

Topic: Training for CP and other Neurological Disabilities

Subtopic: The Vojta method

After completing this lecture topic, trainees should be able to:

- Explain the importance of the Vojta Method.
- Understand the various risk factors and how they are divided and categorized.
- Describe the 7 postural reflexes.
- Explain the reflexogenic zones (4 main and 5 auxiliary) according to Vojta.
- Describe the four main positions for treatment.
- List the various indications that are used in determining the need for treatment.
- Understand the various indications and what key factors are used in determining the outcome of results.

Topic: Definition, Etiology And Types Of Cerebral Paralysis

After completing this lecture topic, trainees should be able to:

- Define Cerebral Paralysis.
- Define Etiology.
- Describe the risk group of children.
- Describe the risk factors during delivery.
- Describe the risk factors immediately after delivery.
- List at least 10 symptoms that indicate brain damage in babies.
- Explain the classification of cerebral paralysis according to clinical manifestation.

Topic: Deformities of the Body

After completing this lecture topic, trainees should be able to:

- Describe deformities of the body.
- Describe 7 causes of congenital deformities.
- Describe neck deformities; twisted neck (torticollis, wryneck); short neck (klippel-feil).

- Describe chest deformities; pigeon chest (pectus carinatum); funnel chest (pectus infundibuliforme, excavatum)
- Understand what deformities of the spine are, types and various treatments.
- Differentiate the various types of scoliosis.
- Explain the deformities of the spine in the sagittal plane and describe hyperkyphosis and lordosis.
- Describe the various types of lower limb deformities; o-shaped legs (genua vara, crura vara); x-shaped legs (genua valga); sword-shaped legs (genum recurvatum).
- Describe the various types of foot deformities; flat feet (pes planus); metatarsus varus (M.adductus); clubfoot (pes equinovarus); heel foot (pes calcaneus); high Arch Foot (pes excavatus, pes cavus).
- Explain congenital dislocation of the hip (luxatio coxae congenita).
- Understand congenital musculoskeletal malformation and their treatment.
- Describe spina bifida.

Topic: Lesions of Plexus Brachialis during Birth and Treatment

After completing this lecture topic, trainees should be able to:

- Describe the occurrence of lesions of plexus brachialis.
- Identify the 11 primary causes of plexus brachialis in children.
- Explain how the plexus brachialis lesion is diagnosed.
- Describe the 2 ways in which kinesitherapy can be applied.
- Explain the treatment process and the various types of exercises performed in pronation and supination.

Topic: Functional Testing of Speech and Hearing

After completing this lecture topic, trainees should be able to:

- Define speech.
- Identify the three groups of speech organs.
- List and define 6 Speech and Language Disorders.
- Categorize and define; phonology/morphology/syntax, semantics, and pragmatics.
- Describe the importance of testing, and assessing speech and language disorders.
- List the 13 areas tested in Diagnostic Testing of Sound Articulation Disorders.
- Understand the application of standardised articulation tests.
- Explain the effects of hearing on speech.
- Describe the etiology of voice disorder.
- Understand voice analysis and the measurement tools used for voice assessment.
- Explain the speech disorder treatment process by matching the various disorders and therapies commonly prescribed.

- Describe the aims and work plan of the speech therapist.

Topic: Muscular Dystrophy and Treatment

After completing this lecture topic, trainees should be able to:

- Define myopathies.
- Define muscular dystrophy.
- Identify the most frequent/common clinical manifestations.
- Understand the treatment process and what medical specialists are involved in the treatment of muscular dystrophy.
- List the 6 aims of rehabilitation for patients with muscular dystrophy.
- Identify the Kinesitherapy process.
- Understand the causes of joint contractures, spinal malformation and breathing problems of patients with muscular dystrophy.

### **Module 3 – General Rehabilitation**

Topic 1: Musculoskeletal rehabilitation

After completing this lecture topic, trainees should be able to:

- Understand the significance of rheumatic diseases.
- Identify the most characteristic changes in rheumatoid arthritis.
- Describe the most characteristic deformities in rheumatoid arthritis.
- Define in which phase of rheumatoid arthritis physical therapy is included.
- Determine which therapy should be used in case of pain and joint swelling.
- Determine if exercises can be included in the acute stage of the disease.
- Why is it important to know whether the patient has atlantoaxial subluxation?
- Identify the difference between exercises used for rheumatoid arthritis and osteoarthritis.
- Identify what specific functional tests are used for rheumatoid arthritis and why are these tests important in physical therapy.
- Determine what specific functional tests are used for osteoarthritis and why are these tests important in physical therapy.
- Identify when patient should be advised to use a walking stick.

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Identify the significance of medical rehabilitation.
- Define neurological rehabilitation.
- Determine models of disability.
- Identify importance of team work in neurological rehabilitation.

Topic: Geriatric rehabilitation

After completing this lecture topic, trainees should be able to:

- Define aging.
- Identify causes of aging.
- Define the geriatrics.
- Determine the consequences of obstructed walking in older age.
- Identify that health of elderly population can be influenced by outer factors as well.
- Determine whether psychological changes influence the possibility of recovery for elderly.
- Determine whether or not social problems are important in older people's ability to recover.

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Determine functional testing in neuro-rehabilitation.
- Define mini mental status examination (MMSE)
- Define functional measuring in independence (FIM).

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Understand the significance of rehabilitation for stroke patients.
- Identify the functional assessment of a stroke patient.
- Define constraint induced movement therapy (CIMT).
- Identify functional electrical stimulation (FES).

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Significance of the most frequent neuropsychological disorder after stroke.
- Define types of aphasia and specific treatments.
- Define the most frequently used synonym for Wernicke's Aphasia.
- Identify what people with Broca's aphasia cannot.
- Define acalculia.
- Define agnosia and explain treatment process.
- Define agraphia and explain treatment process.
- Determine depression and anxiety of people after a stroke.
- Define delirium and explain treatment process.

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Determine symptoms of central motor neuron (CMN).
- Determine CMN rehabilitation and treatment.

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Define Parkinson's disease.
- Define symptoms of Parkinson's disease.
- Determine rehabilitation and treatment of Parkinson's disease.

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Define Multiple Sclerosis.
- Define types of multiple sclerosis.
- Define EDSS.
- Identify treatments used for patients with multiple sclerosis
- Define psychological problems related to multiple sclerosis

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Define the last neurological classification of spinal injuries.
- Define symptoms of spinal injuries.
- Determine treatment for rehabilitation of patient with spinal cord injury.
- Define FIM (Functional independence measure)
- Determine complications occurring after spinal cord injuries

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Define symptoms of Periphery motor neuron (PMN).
- Define physical therapy in nerve paralysis.
- Determine physical treatment of pain with the lesion of the peripheral motor neuron.

Topic: Neurological rehabilitation

After completing this lecture topic, trainees should be able to:

- Understand the significance of cervical and lumbar discus hernia.
- Identify the therapy in the chronic pain phase of lumbar discus hernia.
- Identify the therapy in the acute pain phase of lumbar discus hernia.
- Define therapy in acute phase of cervical syndrome.
- Determine non specific symptoms of cervical syndrome.

Topic: Traumatic and orthopedic rehabilitation

After completing this lecture topic, trainees should be able to:

- Define soft tissue damages and rehabilitation.
- Identify types of bone fracture.
- Identify types of peripheral nerve impairments and rehabilitation treatment.

Topic: Traumatic and orthopedic rehabilitation

After completing this lecture topic, trainees should be able to:

- Identify indications for insertion of total hip endoprosthesis.

- Determine physical treatment after the total hip endoprosthesis insertion.
- Describe physical therapy concept of additional therapy.

Topic: Traumatic and orthopedic rehabilitation

After completing this lecture topic, trainees should be able to:

- Identify types of lower-extremity deformities.
- Describe rehabilitation treatments for patients after post-operative treatments of lower extremity deformities.

Topic: Traumatic and orthopedic rehabilitation

After completing this lecture topic, trainees should be able to:

- Define limb amputation.
- Determine rehabilitation treatment after limb amputation.

Topic: Traumatic and orthopedic rehabilitation

After completing this lecture topic, trainees should be able to:

- Identify indications for knee endoprosthesis.
- Determine physical treatment for patient with knee endoprosthesis
- Describe rehabilitation goals for patients with knee endoprosthesis

## ***Module 4 – Neurological Rehabilitation***

Topic: Training in Various Methods of Therapeutic Exercises, Part I

After completing this lecture topic, trainees should be able to:

- Name the types of skin receptors and related stimuli.
- Identify the types of stimuli used in physical medicine.
- Describe the basic biological and physical effects of physical therapy.
- Define mechanotherapy and name the seven types of mechanotherapy.
- Describe the physiological effects of each type of mechanotherapy.
- Perform basic massage techniques.
- Determine when massage is indicated and counter-indicated.
- Perform basic ultrasound therapy, determine when it is indicated and counter-indicated, and apply correct dosage.
- Perform basic forms of thermotherapy, determine when each is indicated and counter-indicated, and describe the physiological effects of each.
- Perform basic hydrotherapy procedures and determine indications for each.

Topic: Training in Various Methods of Therapeutic Exercises, Part II

After completing this lecture topic, trainees should be able to:

- Define proprioceptive neuromuscular facilitation (PNF).
- Define kinesiotherapy and describe why it is used.
- Facilitate voluntary movements using reflexes.



- Define Sherrington's Concept and apply it to specific facilitation situations.
- Describe the key points of the Bobath Method.
- Describe the basic postulates of the Bobath Method.
- Apply the Bobath Method to the treatment of children.
- Determine the "motoric age" of a child.
- Determine the correct therapeutic position for specific conditions in children.
- Understand the basic Brunstrum method and apply it to adults with hemiplegia.

#### Topic: Facilitation Techniques

After completing this lecture topic, trainees should be able to:

- Describe the four goals of basic facilitation procedures.
- Name the ten basic elements of facilitation and perform examples of each.
- Name the six steps in PNF technique treatment and describe each.
- Design a treatment plan.
- Perform basic patient assessment.
- Understand how to modify treatment plans based on patient assessment.
- Perform evaluation of the overall endurance of the patient.
- Understand basic components of cardiovascular evaluation.

#### Topic: Total Body Images

After completing this lecture topic, trainees should be able to:

- Define the term "psychology of appearance."
- Name the four elements that make up the conception of our own body, and define each element.
- Understand the basic psychological process that patients undergo as a consequence of a disease or physical trauma,
- Name Peršić-Brida's four phases of grief and utilize basic techniques for helping patients overcome their grief.

#### Topic: Balance Exercise and Other Methods

After completing this lecture topic, trainees should be able to:

- Understand balance system controls, including eyesight and posture.
- Name the three components of the focused eyesight system of balance control.
- Name the three components of postural stabilization.
- Conduct a balance evaluation using Bourge's Indicators.
- Conduct a kinesiotherapy evaluation using the PASS test.
- Understand all basic balance exercises (sitting, standing, walking, etc.) and assist patients with each.

- Perform seven basic balance reaction tests.

### **List of Authors for Physiotherapy Modules**

Module 1: Limb Fitting and Amputee Rehabilitation/authors

Dr. Zijada Kudumovic, Physiatrist

Dr. Nusret Osmanovic, Physiatrist

Dr. Ademir Kusljugic, Physiatrist

Dr. Amela Ciskusic, Physiatrist

Module 2: Pediatric Rehabilitation/ authors

Dr. Azra Delalic, Physiatrist

Dr. Lejla Asceric, Physiatrist

Selma Džinić M.S., Logoped

Module 3: General Rehabilitation/ authors

Prof. Dr. Sc. Suada Kapidžić-Duraković, Physiatrist

Doc dr sc Nedima Kapidžić-Bašić

Dr. Sahza Kikanovic, Physiatrist

Dr. Maida Zonic Imamovic, Physiatrist

Dr. Asija Hotic Hadziefendic, Physiatrist

Module 4: Neurological Rehabilitation/ authors

Osman Sinanovic, PhD, Professor of neurology, psychiatry, medical psychology and neuropsychology

Prof. Dr. Sc. Suada Kapidžić-Duraković, Physiatrist

Dr. Maida Zonic, Physiatrist

Dr. Azra Tunjic, Physiatrist

### **EDITING**

Prof. Dr. Sc. Suada Kapidžić-Duraković, Physiatrist

Prim.dr.Emir Halilbegovic, Physiatrist

### **DESIGN TECHNICAL ASSISTANCE**

Mersiha Idrizovic

Nihad Mesanovic

### **COURSE INSTRUCTORS BY MODULE**

Module 1: Limb Fitting and Amputee Rehabilitation

Dr. Zijada Kudumovic, Physiatrist

Dr. Nusret Osmanovic, Physiatrist

Dr. Ademir Kusljugic, Physiatrist

Dr. Amela Ciskusic, Physiatrist

Module 2: Pediatric Rehabilitation

Dr. Azra Delalic, Physiatrist  
Dr. Lejla Asceric, Physiatrist  
Selma Džinić M.S., Logoped

**Module 3: General Rehabilitation**

Prof. Dr. Sc. Suada Kapidžić-Duraković, Physiatrist  
Doc dr sc Nedima Kapidžić-Bašić  
Dr. Sahza Kikanovic, Physiatrist  
Dr. Maida Zonic Imamovic, Physiatrist  
Dr. Asija Hotic Hadziefendic, Physiatrist

**Module 4: Neurological Rehabilitation**

Osman Sinanovic, PhD, Professor of neurology, psychiatry, medical psychology and neuropsychology  
Prof. Dr. Sc. Suada Kapidžić-Duraković, Physiatrist  
Dr. Maida Zonic, Physiatrist  
Dr. Azra Tunjic, Physiatrist

Physiotherapist/Mentors for practical sessions  
Salispahic Zemira, Physical therapy specialist  
Muratovic Suada, Physical therapy specialist  
Begtasagic Aisa, Physical therapy specialist  
Masatovic Drago, Physical therapy specialist

**Physiotherapy Training Sample Final Evaluation**

- 1. Indications for insertion of total hip endoprosthesis are:**
  - a. primary or secondary osteoarthritis
  - b. leg shortening
  - c. osteoporosis
- 2. After recovery of fractured bone and after the forming of bone callous, we are supposed to do:**
  - a. active exercises
  - b. passive exercises
  - c. stressed active exercises
- 3. Scoliosis deformation takes place at:**
  - a. thoracal area of spinal cord
  - b. lumbal area of spinal cord
  - c. all areas of spinal cord
- 4. Periphery motor neuron (PMN) symptoms are:**
  - a. hypertonia (increased muscle tonus), muscle hypertrophy

- b. reduction of motor strength (paresis or paralysis), loss of reflexes, hypotonia
- 5. Parkinson's disease is a CNS disorder manifested through changes in:**
- a. brain
  - b. spinal cord
  - c. nerves
- 6. CMN rehabilitation:**
- a. thermal procedures and electric therapy
  - b. kinesiotherapy and thermal procedures
  - c. kinesiotherapy, krio therapy, and electric procedures
- 7. Most frequently used synonym for Wernicke's Aphasia is**
- a. sensory aphasia
  - b. motoric aphasia
  - c. nominal aphasia
- 8. Agnosia is:**
- a. relatively rare neuropsychological syndrome in which perception is intact with inability to recognize objects
  - b. relatively rare neuropsychological syndrome in which perception is intact with inability to recognize objects
  - c. inability to read
- 9. Unilateral neglecting is neuropsychological deficit which occurs:**
- a. after the damage of the brain's right hemisphere
  - b. after the damage of spine
  - c. after the damage of peripheral nerves
- 10. Functional independence measurement (FIM) examines:**
- a. 18 functions, each graded from 1 to 7, with the score of 18 to 126,
  - b. 2 functions with the score from 0 to 100,
  - c. several functions with varying scores.
- 11. The manual muscle test includes the following grades:**
- a. zero to five,
  - b. five to ten,
  - c. ten to one hundred.
- 12. The Barthel index is used to measure:**
- a. daily living activities,
  - b. pain intensity,
  - c. muscle force.
- 13. Which of the following is part of the mechanical therapy:**
- a. infrared

- b. UV radiation
- c. manual massage

**14. Indications for manual massage are:**

- a. TBC of lungs
- b. neurovegetative distony
- c. febrile conditions

**15. PNF (proprioceptive facilitation) is:**

- a. contemporary method of kinesiotherapy
- b. part of electric therapy
- c. manual massage

**16. Every movement of the body is:**

- a. one-dimensional
- b. two-dimensional
- c. three-dimensional

**17. Vojta method is mostly used with:**

- a. athletes
- b. children with motoric disorders
- c. women with osteoporosis

**18. Kabat, Bobath, and Vojta methods are:**

- a. manual massage methods
- b. occupational therapy methods
- c. contemporary kinesiotherapy methods

**19. Central paralysis is a disease caused by:**

- a. spine damage
- b. brain damage
- c. peripheral nerve damage

**20. Kinesiotherapy of the lesion of birth delivery plexus brachialis starts:**

- a. several months after delivery
- b. immediately after delivery

**21. Torticollis is the deformity of:**

- a. neck
- b. thorax

**22. In which phase of the rheumatoid arthritis is physical therapy included:**

- a. acute phase
- b. sub-acute phase
- c. chronic phase

**23. Can physical therapy of rheumatoid arthritis be initiated before the definite determining of diagnosis?**

- a. YES
- b. NO
- c. in exceptional cases

**24. What is amputation?**

- a. anatomic loss of a body part/limb
- b. heart arrest
- c. loss of hair
- d. limb paralysis

**25. What is joint contracture?**

- a. limited mobility of a joint in one or several directions
- b. inability to walk
- c. shortening of limbs
- d. type of joint on a prosthetic device

**Appendix O**  
**Staff and Consultants for Physiotherapists and Rehabilitation Center Managers**

**Physiotherapy Key CIR/UKC Staff and Consultants**

**CIR**

Hector Casanova, Project Director  
Mersiha Idrizovic, In-country Coordinator  
Nikola Prvulov, Project Coordinator  
Dr. Yeongchi Wu, Research Director  
Andrea Ikeda, Research Prosthetist  
Julie Miller, Communications Officer  
Mary Cohen, outside Consultant to the CIR

**Content Expert from the U.S.**

Dr. Julius P.A. Dewald, Northwestern University  
Dr. David Brown, Northwestern University  
Bryan Malas, Children's Memorial Hospital  
Mayola Cotterman, Northwestern University  
Mary Weck, Children's Memorial Hospital  
Dahlia Klepac, Children's Memorial Hospital

**UKC**

Dr. Nedret Mujkanovic, Project Director  
Dr. Emir Halilbegovic, Program Coordinator  
Dr. Suada Kapidžić - Duraković, Technical Coordinator  
Nihad Mesanovic, IT Specialist  
Subhija Glinac, Project Assistant

**RCM Key CIR/UKC staff and Consultants**

**CIR**

Hector Casanova, Project Director  
Mersiha Idrizovic, In-country Coordinator  
Nikola Prvulov, Project Coordinator

**Content Expert from the U.S.**

Dr. Elizabeth Calhoun, University of Illinois (UIC)  
Dr. Ben Greenspan (UIC)

**UKC**

Dr. Nedret Mujkanovic, Project Director  
Dr. Emir Halilbegovic, Program Coordinator  
Nihad Mesanovic, IT Specialist  
Subhija Glinac, Project Assistant

**Appendix P**  
**Physiotherapists' Training Schedule (Syllabus)**

**Training Dates**

Group 1 September 11, 2007 – October 9, 2007 - 21

Group 2 October 23, 2007 - November 24, 2007 - 22

Group 3 December 3, 2007 to December 31, 2008 – 23

**WEEK 1**

Date	TIME	LECTURER - INSTRUCTOR	SUBJECTS	LOCATION
Mon	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 - 12:00 Break 12:00 - 15:00 Practical 15:00 - 15:10 Break 15:10 - 18:10 Practical	Lecturer: Dr. Zijada Kudumovic  Instructor Sessions1-2: Zemira Salispahic - PT	Limb fitting and amputee rehabilitation <u>Pre-prosthetic management</u> Lecture 1:Medical history of the disease Lecture 2:Goals in pre-prosthetic phase Lecture 3:Exercises in pre-prosthetic phase Lecture 4:Stump shape and care	University Clinical Center of Tuzla  Education Center of the UKC  Clinic for Physical Medicine P/O Department
Tue	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 - 12:00 Break 12:00 - 15:00 Practical 15:00 - 15:10 Break 15:10 - 18:10 Practical	Lecturer: Dr. Nusret Osmanovic  Instructors: Zemira Salispahic - PT Suada Muratovic PT	<u>Prosthetic fitting and fabrication</u> Lecture 1:Goals, prosthetic phase Lecture 2:Evaluation of patient's functional condition and the stump Lecture 3:Making decision for type of prosthetic device Lecture 4:Prosthetic prescription	University Clinical Center of Tuzla  Education Center of the UKC  Clinic for Physical Medicine P/O Department
Wed	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturers: Dr. Nusret Osmanovic, Dr. Ademir Kusljugic Instructor: Zemira Salispahic-PT	<u>Prosthetic fitting and fabrication</u> Lecture 5:Team work of prosthetists and physiotherapists in fitting phase Lecture 6:Patient education on the use of prosthetic device <u>Prosthetic evaluation and follow up</u> Lecture 1:Normal gait and gait deviations Lecture 2:Functional measurements of gait quality on even and uneven surface	University Clinical Center of Tuzla  Education Center of the UKC  Clinic for Physical Medicine P/O Department
Thu	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturer: Dr. Ademir Kusljugic  Instructor: Zemira Salispahic-PT	<u>Prosthetic evaluation and follow up</u> Lecture 3:Functional measurements of cardiovascular and lung pressure in walking with prosthetic device Lecture 4:Patient follow ups	University Clinical Center of Tuzla  Education Center of the UKC  Clinic for Physical Medicine P/O Department
Fri	8:00 - 8:45 Pre-evaluation	Lecturer:	<u>Gait analysis and training</u>	University Clinical Center of



	8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical 18:30 -19:30 Quizzes	Dr. Amela Ciskusic  Instructor: Zemira Salispahic - PT	Lecture 1:Normal gait and gait deviations and corrections during the training Lecture 2:Gait training Lecture 3 :Walking in bars, with and without prosthetic device on even and uneven surface	Tuzla  Education Center of the UKC  Clinic for Physical Medicine P/O Department
--	--	--	---	--

## WEEK 2

Date	TIME	LECTURER - INSTRUCTOR	SUBJECTS	LOCATION
Mon	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturer: Dr. Azra Karabegovic  Instructor: Drago Masatovic - PT	<u>Training in various methods of therapeutic exercises</u> Lecture 1:Central and peripheral movement control Lecture 2:Kabat methods (PNF) Lecture 3:Bobat methods(neuro )	Education Center of the UKC  Clinic for Physical Rehabilitation, Neurology  Clinic within Department for Early Rehabilitation
Tue	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturers: Dr. Azra Karabegovic, Dr. Tunjic Azra  Instructor: Drago Masatovic -PT	<u>Training in various methods of therapeutic exercises</u> Lecture 4:Signe Brunstrom techniques Lecture 5:Vojta methods (reflex movement method) <u>Facilitating techniques</u> Lecture 1:PNF (proprio-ceptive neuromuscular facilitation)	Education Center of the UKC  Clinic for Physical Rehabilitation, Neurology  Clinic within Department for Early Rehabilitation
Wed	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturer: Dr. Azra Tunjic  Instructor: Drago Masatovic - PT	<u>Facilitating techniques</u> Lecture 2:Manual, mechanic and thermal stimulation trough skin receptors Lecture 3:Telereceptory and stimulation Lecture 4:Verbal stimulation	Education Center of the UKC  Clinic for Physical Rehabilitation, Neurology  Clinic within Department for Early Rehabilitation
Thu	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturer: Dr. Suada Kapidzic-Durakovic,  Instructor: Drago Masatovic - PT	<u>Total body images</u> Lecture 1:"Body image"; Lecture 2:Crises during period of facing with physical disabilities Lecture 3:Anozognozogy and unilateral neglecting	Education Center of the UKC  Clinic for Physical Rehabilitation, Neurology  Clinic within Department for Early Rehabilitation
Fri	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical 18:30 -19:30 Quiz	Lecturer: Dr. Maida Zonic Imamovic  Instructor: Drago Masatovic - PT	<u>Balance exercises &amp; other available methods</u> Lecture 1:Normal gait, gait deviations/corrections at training. Seated position balance exercises Lecture 2:Gait training- balance exercise standing Lecture 3:Walking in bars, with or without prosthetic device on even /uneven surfaces, walking Balance exercises Lecture 4:Balance exercise walking with crutches	Education Center of the UKC  Clinic for Physical Rehabilitation, Neurology  Clinic within Department for Early Rehabilitation

			Lecture 5:Balance exercise while walking with crutch Lecture 6:Exercises/balance for coordinated gait without device	
--	--	--	---	--

WEEK 3				
Mon		8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 - 12:00 Break 12:00 - 15:00 Practical 15:00 - 15:10 Break 15:10 - 18:10 Practical	Lecturer: Dr. Azra Delalic Instructor: Drago Masatovic - PT	<u>Pediatric rehabilitation Training &amp; other neurolo disabilities</u> Lecture 1:Definition etiology types of (cerebral) Lecture 2:Stimul child gro
Tue		8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 - 12:00 Break 12:00 - 15:00 Practical 15:00 - 15:10 Break 15:10 - 18:10 Practical	Lecturer: Dr. Azra Delalic  Instructor: Drago Masatovic - PT	<u>Training &amp; other neurolo disabilities</u> Lecture 3:Spastic treatme contract prevent CP Lecture 4:Parent educatio daily ac and car children CP
Wed		8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break	Lecturer: Dr. Azra Delalic  Instructor:	<u>Training &amp; other neurolo disabilities</u> Lecture

	9:00 - 11:00 Presentation 11:00 - 12:00 Break 12:00 - 15:00 Practical 15:00 - 15:10 Break 15:10 - 18:10 Practical	Drago Masatovic - PT	5:Muscle dystrophy treatment Lecture 6:Lesion brachial treatment new born Lecture deformities other congenital deformities treatment
Thu	8:00 - 8:45 Pre- evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 - 12:00 Break 12:00 - 15:00 Practical 15:00 - 15:10 Break 15:10 - 18:10 Practical	Lecturer: Dr. Asceric Lejla  Instructor: Drago Masatovic - PT	<u>Spina b</u> Lecture Spina b shapes treatment <u>Musculoskeletal</u> <u>abnormalities</u> Lecture bifida, s and treat Lecture deformities treatment Lecture 3:Lower extremities deformities treatment Lecture 4:Congenital musculoskeletal malformations and treatment
Fri	8:00 - 8:45 Pre- evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 - 12:00 Break 12:00 - 15:00 Practical 15:00 - 15:10 Break 15:10 - 18:10 Practical 18:30 -	Lecturer: Dzinic Selma, Nermina Sutovic  Instructor: Drago Masatovic - PT	<u>Speech</u> <u>disorders</u> Lecture 1:Functional testing of speech hearing Lecture 2:Treatment speech Lecture 3:Treatment evaluation

## WEEK 4

Mon	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturer: Dr. Nedima Kapidzic-Basic  Instructors: Zemira - PT Suada Muratovic, -PT,	<u>Musculoskeletal rehabilitation</u> Lecture 1:Rehabilitation of persons with degenerative rheumatologic disease Lecture 2:Rehabilitation of persons with inflammatory rheumatologic disease	Education Center of the UKC  Clinic for Physical Department
Tue	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 - 15:00 Practical 15:00 -15:10 Break 15:10- 18:10 Practical	Lecturer: Dr. Nedima Kapidzic-Basic  Instructors: Zemira - PT Suada Muratovic, -PT	<u>Musculoskeletal rehabilitation</u> Lecture 3:Rehabilitation of persons with mono and poly trauma Lecture 4:Rehabilitation of persons with chronic neurological disease Lecture 5:Rehabilitation of persons with congenital damages of muscular bone system	Education Center of the UKC  Clinic for Physical Department
Wed	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical	Lecturer: Dr. Sahza Kikanovic  Instructors: Ajsa Bektasagic - PT Ajsa Bektasagic - PT	<u>Geriatric rehabilitation</u> Lecture 1:General gerontology and principles of elderly Lecture 2:Multidisciplinary rehabilitation Lecture 3:Basic problems of getting old: immobility falls (accidents),intellectual dysfunction, cognitive dysfunction, and dementia Lecture 4:Menopause and climax Lecture 5:Osteoporosis Lecture 6:Heart and blood vessels in elderly people, prevention and treatment Lecture 7:Diabetes mellitus, prevention and treatment Lecture 8:Geriatric endocrinology Lecture 9:Geriatric gastroenterology Lecture 10:Lung diseases in elderly Lecture 11:Carcinoma in adults Lecture 12:Rheumatic diseases in elderly Lecture 13:Urological problems, vision and hearing damages in elderly	Education Center of the UKC  Clinic for Physical Department
Thu	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical	Lecturer: Dr. med. sci. Suada Kapidzic- Durakovic, Dr. Maida Zonic	<u>Neurological rehabilitation</u> Lecture 1:Neurological Rehabilitation, teams and goals Lecture 2:Functional testing in neuro-rehabilitation	Education Center of the UKC  Clinic for Physical Department

	15:00 -15:10 Break 15:10 -18:10 Practical	Imamovic  Instructor: Ajsa Bektasagic, -PT	Lecture 3:Patient rehabilitation post stroke Lecture 4:Neuropsychological changes and treatment of stroke patients Lecture 5:Rehabilitation of people with Parkinson's Lecture 6:Rehabilitation of people with Multiple Sclerosis Lecture 7:Rehabilitation of patient with spinal cord injury Lecture 8:Rehabilitation of patient with central motor neuron damage Lecture 9:Rehabilitation of patient with periphery motor neuron damage (PMN)	
Fri	8:00 - 8:45 Pre-evaluation 8:45 - 9:00 Break 9:00 - 11:00 Presentation 11:00 -12:00 Break 12:00 -15:00 Practical 15:00 -15:10 Break 15:10 -18:10 Practical 18:30 -19:30 Quiz	Lecturer: Dr. Asija Hotic  Instructor: Ajsa Bektasagic - PT	<u>Traumatic and orthopedic rehabilitation</u> Lecture 1:Damages of neuro bone - muscular system and treatment Lecture 2:Patient rehabilitation after endo-protheses placement Lecture 3:Patient rehabilitation after limbs amputation Lecture 4:Patient rehabilitation after surgical treatment for spine deformities Lecture 5:Patient rehabilitation after surgical treatments for chest deformities Lecture 6:Patient rehabilitation after surgical treatment for lower limbs deformities Lecture 7:Cervical and lumbar discus hernia and treatment	Education Center of the UKC  Clinic for Physical Department

## **Appendix Q**

### **Rehabilitation Center Managers' Training Objectives, Goals, Delivery and Schedule**

#### **Training Objectives**

The two-week training for rehabilitation center managers hosted 15 participants from Iraq selected by its Ministry of Health. The training focused on key issues in the general management and operation of rehabilitation centers, and was organized in accordance with the training objectives for rehabilitation center managers outlined by the Iraqi Ministry of Health, which are as follows:

- Improve overall management capacity of participants.
- Facilitate an introduction to innovative practices and techniques in rehabilitation.

#### **Training Learning Goals and Delivery**

As previously mentioned in this report, the training was organized to address both theoretical and practical issues, using a combination of lectures and hands-on exercises. The table below illustrates the learning goals covered during the training, as well as the corresponding delivery and assessment techniques utilized.

<b>Learning Goal</b>	<b>Delivery Strategy</b>	<b>Assessment Strategy</b>
Concepts of Community Based Rehabilitation	Lectures: <ul style="list-style-type: none"> <li>• What is the Community?</li> <li>• Rehabilitation Process in Community</li> <li>• Rehabilitation Process in Community = Physical Medicine</li> <li>• Rehabilitation Process in Community = Psychosocial Support</li> <li>• Rehabilitation Team</li> </ul> Site visits and practical training	Group discussions, practical training, quizzes, and a final exam
Health Systems and Health Politics	Lectures: <ul style="list-style-type: none"> <li>• Structure and Constituent Parts</li> <li>• Functions of the Health System</li> <li>• Health System Goals According to WHO Report (2000)</li> <li>• Health Care Organization</li> </ul> Site visits and practical training	Group discussions, practical training, quizzes, and a final exam

Health System Economies and Financing	<p>Lectures:</p> <ul style="list-style-type: none"> <li>• Basic Systems for Financing Health Care in Developed Countries</li> <li>• Review of Financing Methods of Health Care</li> <li>• Planning in Health Systems</li> <li>• Health Insurance</li> <li>• Financing – Customers of Health Services</li> </ul> <p>Site visits and practical training</p>	Group discussions, practical training, quizzes, and a final exam
Organization and Management of Changes in Health System	<p>Lectures:</p> <ul style="list-style-type: none"> <li>• Condition and Management in Health Systems</li> <li>• Resource Management</li> <li>• Methods of Everyday Management</li> <li>• Management of Teamwork and Follow up to Achieve Comprehensive Rehabilitation Program</li> <li>• Communication</li> <li>• From Administration to Enterprise in Health System</li> </ul> <p>Site visits and practical training</p>	Group discussions, practical training, quizzes, and a final exam
Human Resource Planning and Management	<p>Lectures:</p> <ul style="list-style-type: none"> <li>• Management and Managers</li> <li>• Top Management</li> <li>• Strategic Management and Planning Organization</li> <li>• Human Resources Management and Planning</li> </ul> <p>Site visits and practical training</p>	Group discussions, practical training, quizzes, and a final exam
Planning and Needs Assessment	<p>Lectures:</p> <ul style="list-style-type: none"> <li>• Initial rehabilitation care at local and national levels</li> </ul> <p>Site visits and practical training</p>	Group discussions, practical training, quizzes, and a final exam

Standard Operating Procedures	Lectures  Site visits and practical training	Group discussions, practical training, quizzes, and a final exam
Leadership-Integrative Leadership	Lectures: <ul style="list-style-type: none"> <li>• Leadership and management</li> <li>• Leadership as a science and skill</li> <li>• Integrative leadership</li> </ul> Site visits and practical training	Group discussions, practical training, quizzes, and a final exam
Building and Facilities Maintenance	Lectures: <ul style="list-style-type: none"> <li>• Equipment Maintenance</li> </ul> Site visits and practical training	Group discussions, practical training, quizzes, and a final exam

## **Training Methodology**

### *Structure of the Training*

The target audience of this program was trainees with previous experience in the field of rehabilitation center management. Participants received both academic/theoretical instruction and workshop/practical training on key issues in rehabilitation center management. Participants attended lectures for four hours daily, with a total of 40 hours of theoretical training over the two-week session. Experts in the field of rehabilitation center management delivered lectures at the UKC. Practical training was organized into four five-hour workshops, for a total of 20 hours of practical training. The practical training was delivered at the UKC by rehabilitation experts. The trainees had the opportunity to visit two Community Based Rehabilitation centers in Bosnia in Tuzla and in Sarajevo where they met with the directors and staff and toured the facility. The trainees were introduced with the system of work and all procedures regarding physical therapy and health management that is being applied in these centers. Also, they had the opportunity to see how the electronic patient data base system functions as well as different therapy procedures.

The trainees also visited the Federal Ministry of Health in Sarajevo. They had the opportunity to meet with Dr. Goran Cerkez, Assistant to Minister for relations with International Organizations. He introduced them to the functioning of the Health System in Bosnia and Herzegovina in general. They discussed their different experiences from the war and the current situation. The trainees found this meeting very important, interesting and useful for them.

At the beginning of the training session, rehabilitation center managers from the UKC conferred with trainees to identify areas in which instruction is most important. The subsequent theoretical and practical content of the training was determined in accordance with these collaborative evaluations, so as to provide trainees with the necessary knowledge and skills to conduct successful work at rehabilitation centers in Iraq.



All instruction was conducted in English, with an Arabic translator available at each training session to assist participants as needed. Theoretical training and practical examples are available in workbook and CD-ROM formats in English, which were distributed to each participant. The trainees were also given presentations and demonstrations on CIR innovative technology related to prosthetic devices as well as a short presentation on the CIR Whirlwind wheelchair. The CIR feels that these technologies would benefit the rehabilitation services in Iraq especially improving the quality of life of patients.

#### Assessment

- Pre-evaluation – The pre-evaluation was given at the beginning of the training to evaluate the understanding of the material that was to be covered.
- Quizzes – At the end of each curriculum there was a short quiz of 5 questions.
- Participation in discussions – Each student was responsible for participating in discussions.
- Practical workshop – Each student had the opportunity to demonstrate their skill in a live workshop held at the end of the course.
- Final Exam – The final exam was proctored during the practical at the end of the course and consists of approximately 50 questions.

### TRAINING SCHEDULE REHABILITATION CENTER MANAGERS

DATE	TIME	LECTURER	SUBJECTS	LOCATION
09/03/07 Mon	8:00 - 8:45 Pre-evaluation 8:45 - 8:50 Coffee break 8:50 - 11:00 Presentation 11:00-11:10 Coffee break 11:10-13:00 Presentation 13:00-14:00 Lunch break 14:00-16:00 Presentation 16:00-16:10 Coffee break 16:10-18:00 Workshop	Prim. mr. sci. dr. Muftić	<b>Concept of Community Based Rehabilitation</b> <i>What is the Community?</i> <i>Rehabilitation Process in Community, Physical Medicine;</i> <i>Rehabilitation Process in Community, Psychosocial Support;</i> <i>Rehabilitation Team;</i> <b>Planning and Needs Assessment</b> <i>Initial rehabilitation care at local and national levels;</i>	University Clinical Center of Tuzla
09/04/07 Tue	8:00 - 8:45 Pre-evaluation 8:45 - 8:50 Coffee break 8:50 - 11:00 Presentation 11:00-11:10 Coffee break 11:10-13:00 Presentation 13:00-14:00 Lunch break 14:00-15:00 Workshop 15:00-15:10 Coffee break 15:10-16:10 Workshop	Prof. dr. Vesna Ferkovic	<b>Health Systems and Health Politics</b> <i>Structure and Constituent Parts;</i> <i>Functions of the Health System;</i>	University Clinical Center of Tuzla

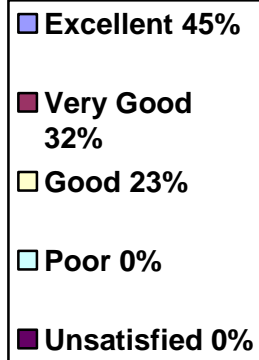
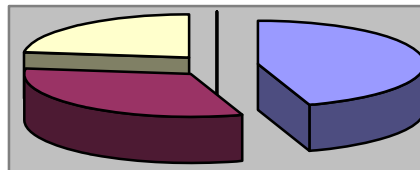
09/05/07 Wed	8:00 - 8:45 8:45 - 8:50 8:50 - 11:00 11:00-11:10 11:10-12:10 12:10-13:10 13:10-15:00 15:00-15:10 15:10-16:10	Pre-evaluation Coffee break Presentation Coffee break Presentation Lunch break Workshop Coffee break Workshop	Prof. dr. Vesna Ferkovic	<b>Health Systems and Health Politics</b> <i>Health System Goals According to WHO Report (2000); Health Care Organization;</i>	University Clinical Center of Tuzla
09/06/07 Thu	8:00 - 8:45 8:45 - 8:50 8:50 - 11:00 11:00-11:10 11:10-13:00 13:00-14:00 14:00-15:00 15:00-15:10 15:10-16:10	Pre-evaluation Coffee break Presentation Coffee break Presentation Lunch break Workshop Coffee break Workshop	Sehzada Salihbasic, mr. sci	<b>Health System Economies and Financing</b> <i>Basic Systems for Financing Health Care in Developed Countries; Review of Financing Methods of Health Care;</i>	University Clinical Center of Tuzla
09/07/07 Fri	8:00 - 8:45 8:45 - 8:50 8:50 - 11:00 11:00-11:10 11:10-12:10 12:10-13:10 13:10-15:00 15:00-15:10 15:10-16:10	Pre-evaluation Coffee break Presentation Coffee break Presentation Lunch break Workshop Coffee break Workshop	Sehzada Salihbasic, mr. sci	<b>Health System Economies and Financing</b> <i>Planning in Health Systems; Health Insurance; Financing- Customers of Health System;</i>	University Clinical Center of Tuzla
DATE	TIME		LECTURER	SUBJECTS	LOCATION
09/10/07 Mon	8:00 - 8:45 8:45 - 8:50 8:50 - 11:00 11:00-11:10 11:10-13:00 13:00-14:00 14:00-15:00 15:00-15:10 15:10-17:00	Pre-evaluation Coffee break Presentation Coffee break Presentation Lunch break Presentation Coffee break Workshop	Karolina Kalanj Angelina Blazenska Ranko Stevanovic, MD PhD, family medicine specialist	<b>Organization and Management of Changes in Health System</b> <i>Condition and Management in Health Systems; Resource Management; Methods of Everyday Management; Management of Teamwork and Follow up to Achieve Comprehensive Rehabilitation Program; Communication; From Administration to Enterprise in Health System;</i>	University Clinical Center of Tuzla
09/11/07 Tue	8:00 - 8:45 8:45 - 8:50 8:50 - 11:00 11:00-11:10 11:10-13:00 13:00-14:00 14:00-15:00 15:00-15:10 15:10-17:00	Pre-evaluation Coffee break Presentation Coffee break Presentation Lunch break Presentation Coffee break Workshop	Karolina Kalanj Angelina Blazenska Ranko Stevanovic, MD PhD, family medicine	<b>Human Resource Planning and Management</b> <i>Management and Managers; Top Management; Strategic Management and Planning Organization; Human Resource Management and Planning;</i>	University Clinical Center of Tuzla

			specialist		
09/12/07 Wed	8:00 - 8:45 8:45 - 8:50 8:50 - 11:00 11:00-11:10 11:10-13:00 13:00-14:00 14:00-15:00 15:00-15:10 15:10-17:00	Pre-evaluation Coffee break Presentation Coffee break Presentation Lunch break Presentation Coffee break Workshop	Karolina Kalanj Angelina Blazenska Ranko Stevanovic, MD PhD, family medicine specialist	<b>Leadership-Integrative Leadership</b> <i>Leadership and Management; Leadership as a science and skill; Integrative Leadership;</i>	University Clinical Center of Tuzla
09/13/07 Thu	8:00 - 8:45 8:45 - 8:50 8:50 - 11:00 11:00-11:10 11:10-13:00 13:00-14:00 14:00-15:00 15:00-15:10 15:10-17:00	Pre-evaluation Coffee break Presentation Coffee break Presentation Lunch break Presentation Coffee break Workshop	Maida Nuhić	<b>Standard Operating Procedures</b>  <b>Building and Facilities Maintenance</b> <i>Equipment maintenance</i>	University Clinical Center of Tuzla
09/14/07 Fri	8:00 - 12:00 12:00 -12:10 12:10 -13:10 13:10 -18:00	Final Evaluation Coffee break Lunch Site visit			University Clinical Center of Tuzla
09/15/07 Sat	9:00- 12:00 12:00- 13:30	Certificates Lunch			University Clinical Center of Tuzla

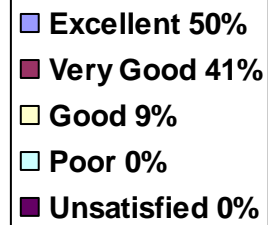
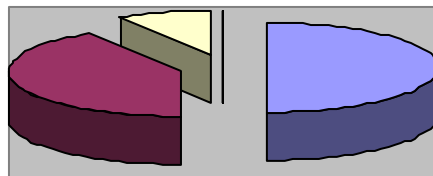
**Appendix R**  
**Physiotherapy Program and Instructor Evaluation Charts**

**Group 1**  
**Program and Instructor Evaluation Charts**

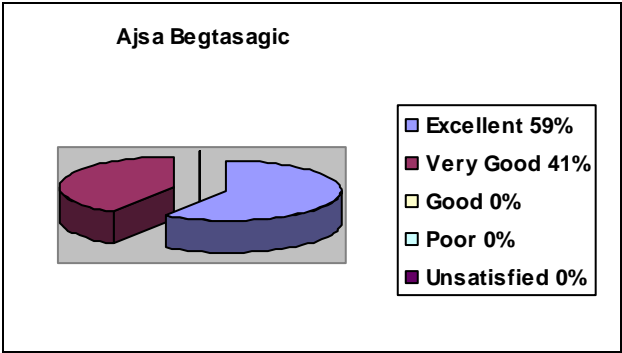
**Content and Material Evaluation by  
Trainees**



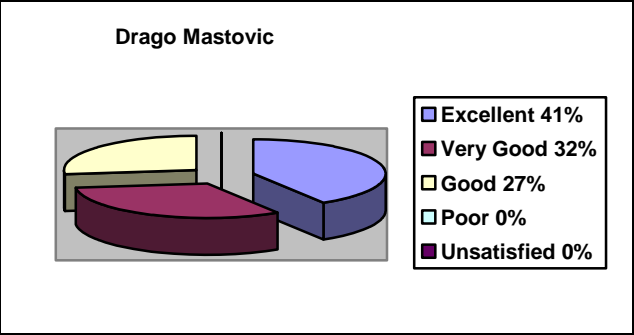
**Training Evaluation by Trainees**



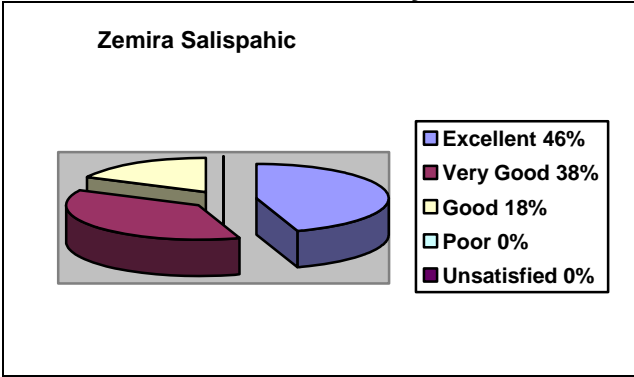
**Mentor I Evaluation by Trainees**



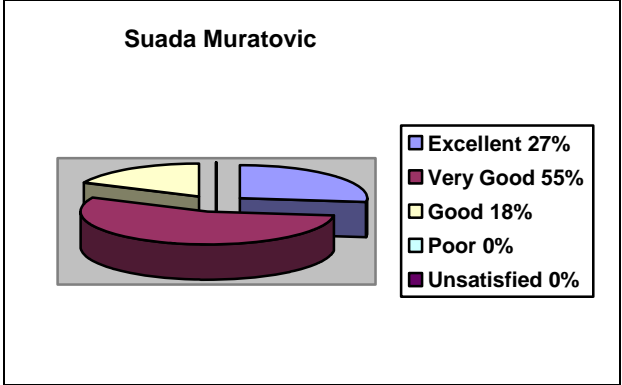
**Mentor II Evaluation by Trainees**



**Mentor III Evaluation by Trainees**

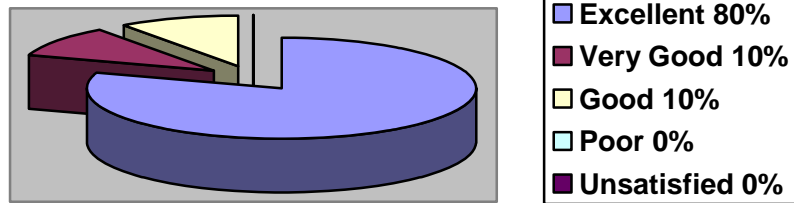


**Mentor IV Evaluation by Trainees**

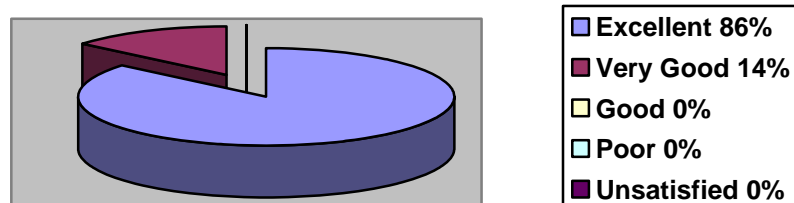


**Group 2**  
**Program and Instructor Evaluation Charts**

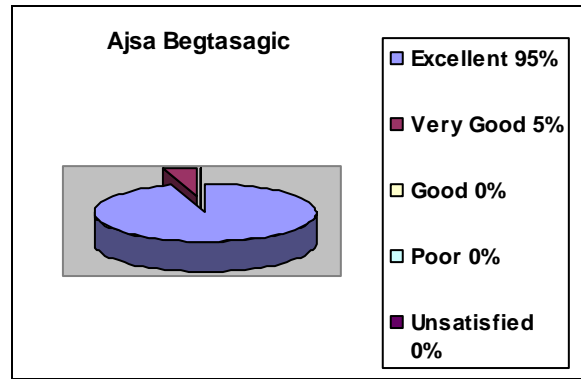
**Content and Material Evaluation by Trainees**



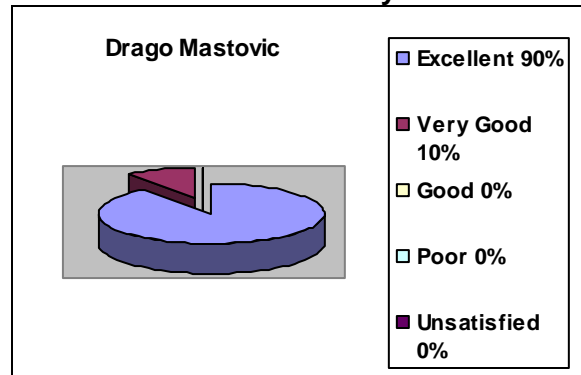
**Training Evaluation by Trainees**



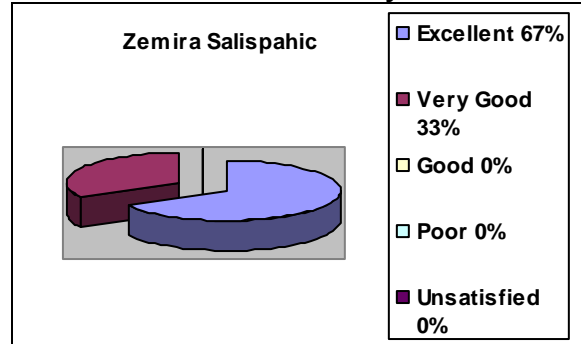
**Mentor I Evaluation by Trainees**



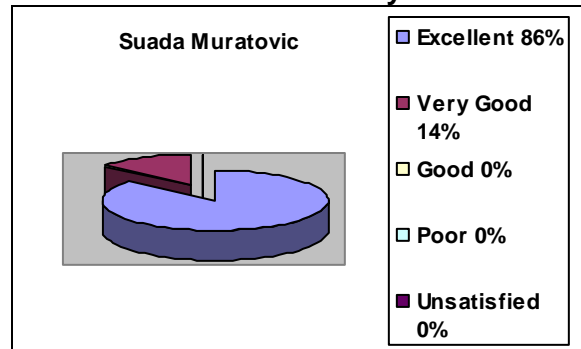
### Mentor II Evaluation by Trainees



### Mentor III Evaluation by Trainees

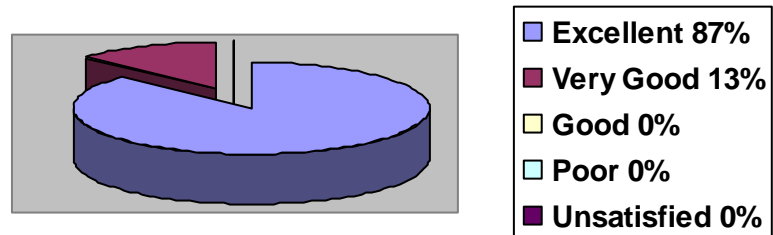


### Mentor IV Evaluation by Trainees

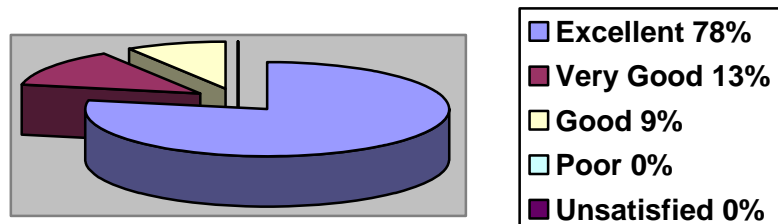


**Group 3**  
**Program and Instructor Evaluation Charts**

**Content and Material Evaluation by  
Trainees**

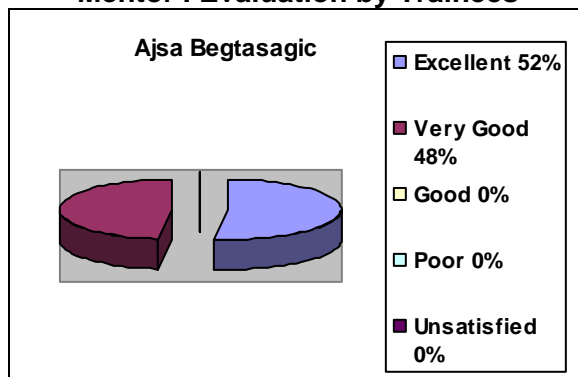


**Training Evaluation by Trainees**





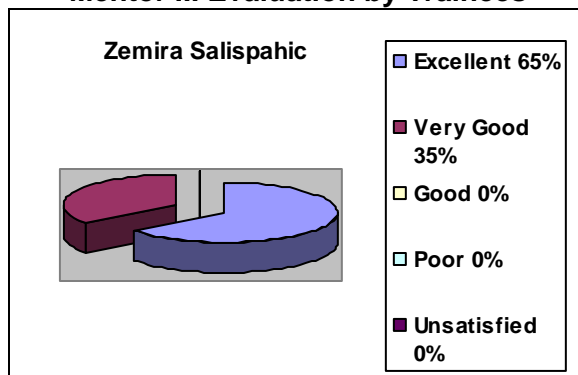
### Mentor I Evaluation by Trainees



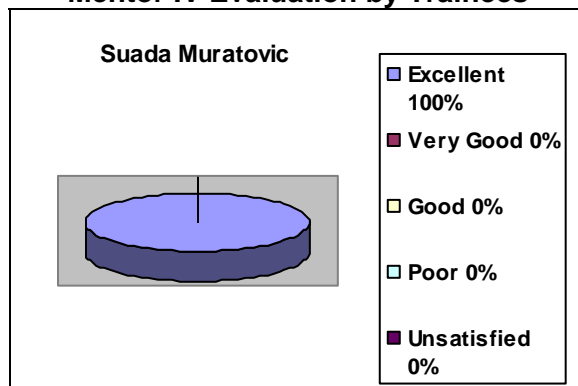
### Mentor II Evaluation by Trainees



### Mentor III Evaluation by Trainees



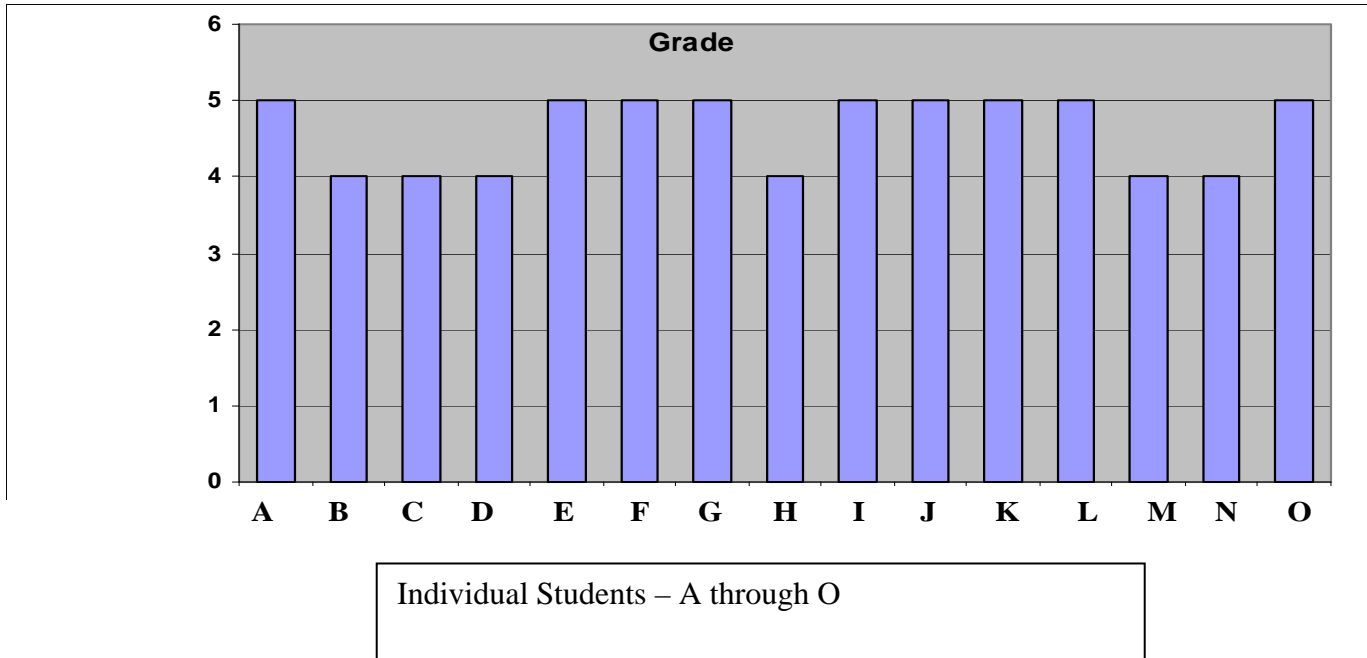
### Mentor IV Evaluation by Trainees



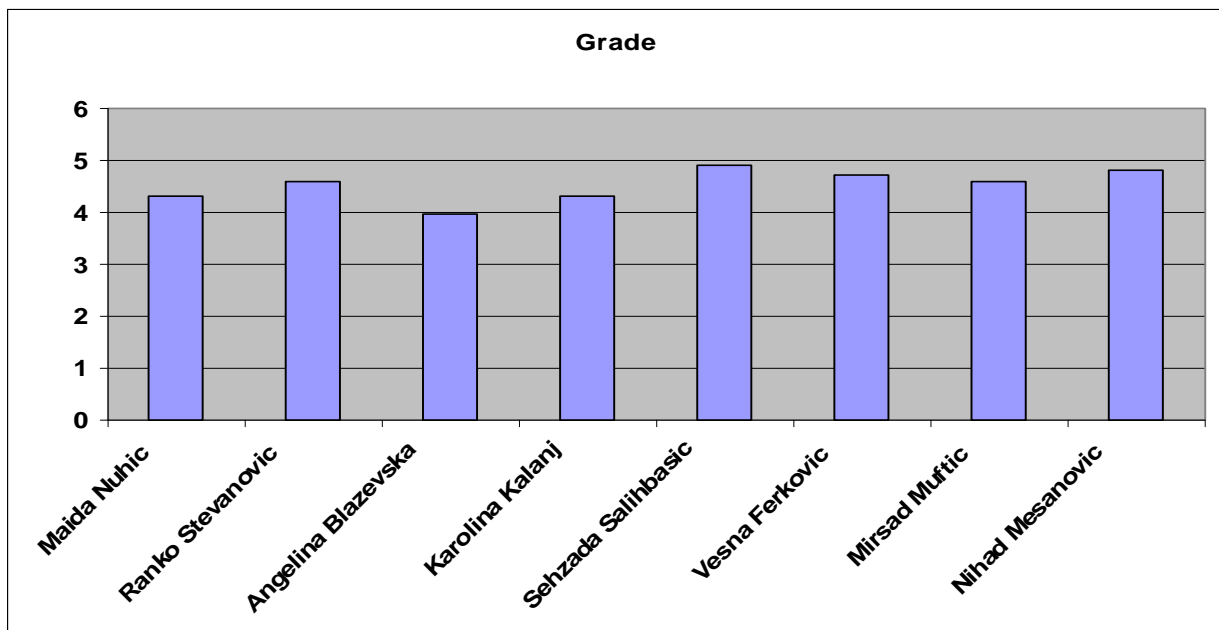
**Appendix S**  
**Rehabilitation Center Management Program Evaluation Charts**

Content and Trainers Evaluation						
Student	Standard Operating Procedures - Maida Nuhic	Quality of Education	Quality of education time used	Education understanding	Level of information	Recommendations
A		5	4	4	4	N/A
B		4	4	4	4	Good
C		4	3	3	5	More time is required for this subject and practical training is indicated.
D		4	3	3	5	Need another training.
E		5	5	5	5	The subject is understandable but it is rather complicated and need another training program.
F		5	5	5	5	The subject is understandable, interesting and fruitful. I recommend continuity of learning.
G		5	5	5	5	No recommendations
H		4	3	3	4	The time of program is not respond with time of lecture, so need further training.
I		5	5	4	5	The training was short. We need longer time for this subject.
J		5	4	5	5	To extend the time of the training.
K		5	4	4	4	To extend the time of the training.
L		5	4	4	5	The subjects are condensed. Need more time for sessions.
M		3	3	4	4	Mrs. Maida just giving the lectures without making an atmosphere for conversation.
N		4	4	3	5	We need another training course.
O		5	4	5	5	For expansion of the program needs another training course.

## Content and Trainers' Evaluation



## Instructors' Evaluation



**Appendix T**  
**Personnel and Financial Reports**

**Project Staff, Role and Percent Effort on Project**

PERSONNEL		EFFORT ON PROJECT
NAME	ROLE ON PROJECT	
Smith, William MD	Principal Investigator	54%
Casanova, Hector	VP of Rehab., Tech & Innovation	8%
Aguda, Bonnie	Vice President of Operations	40%
Frankel, Laura	Research Manager	100%
Prvulov, Nikola	Field Operations Manager	47%
Leon-Guerrero, John	Technical Support Specialist	33%
Miller, Julie C	Communications Officer	77%
Jenkins, Andrew	Communications Officer	100%
Ervin, Deborah L.	Director of Marketing and Communications	40%
White, David	Lead Programmer	100%
Przygocka, Justyna	Office Manager	1%
Jones, Julie	Vice President of Operations	26%
Reed, Robert	Senior Accountant	.5%

**Grant Expenditures to Date**

COST ELEMENTS	Current Period	Year-To-Date
PERSONNEL	\$354,520.71	\$968,229.04
FRINGE BENEFITS	\$71,302.83	\$226,961.99
CONSULTANT COSTS [CONTENT EXPERTS, SOFTWARE AND WEB DEVELOPMENT]	\$206,822.98	\$238,109.11
MAJOR EQUIPMENT	\$0.00	\$0.00
MATERIALS, SUPPLIES AND CONSUMABLES	\$16,246.67	\$71,995.15
TRAVEL COSTS	\$15,545.15	\$60,062.64
RESEARCH-RELATED PATIENT COSTS	\$0.00	\$0.00
OTHER EXPENSES	\$50,067.95	\$119,950.13
<b>SUBTOTAL DIRECT EXPENDITURES</b>	<b>\$714,506.29</b>	<b>\$1,685,308.0</b>
TOTAL INDIRECT COSTS FOR THIS BUDGET PERIOD	\$229,742.10	\$548,165.08
<b>TOTAL EXPENDITURES FOR THIS BUDGET</b>	<b>\$944,248.39</b>	<b>\$2,233,473.1</b>