International Clerkship Packet

Name of Participant

Please turn in this checklist and all required documents to the Global Health Institute (GHI) office, 4256 HSLC, at least eight weeks prior to departure. Please note that all UW-System students studying abroad are required to have Cultural Insurance Services International (CISI) insurance. This can be purchased from Betsy Teigland in the GHI office. If you will be applying for financial aid, please include that form with the required documents. It is your responsibility to contact Amy Whitford (262-3060) to make arrangements to receive your financial aid.

Visit the State Department [www.travel.state.gov/travel](http://www.travel.state.gov/travel) and CDC [www.cdc.gov/travel](http://www.cdc.gov/travel) websites for updates on the country where you will be traveling. If your site is in a country on the State Department Warning List, please contact the Global Health Institute as soon as possible. This requires a special approval process, and the required documents must be submitted 4 months prior to anticipated departure. (Please see our website for more information: [http://ghi.wisc.edu/international-clerkship/](http://ghi.wisc.edu/international-clerkship/).)

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**PRE-TRIP CHECKLIST**

Submit hard copies to Global Health Institute:

**Application:**
- Approval Form
- Student Agreement Form
- CDC & US State Dept. website review
- Approval Letter from Site

**Travel Forms (after approved):**
- Contact Information*
- CISI (REQUIRED by the UW-System)*
- Health Self-Assessment
- Statement of Responsibility
- Copy of airline itinerary
- Copy of passport photo/signature page
- Financial Aid (optional)

**Submit to Learn@UW dropbox:**

**Self Study Modules****:
- Module 1 (personal statement)
- Module 2 (Geo-journal)
- Module 3 (Travel Policies)

*Students will receive an Emergency Contact card and a CISI insurance card; these must be carried throughout the clerkship. In addition, nametags showing UW affiliation will be provided and should be worn at all times while working.

**For a more detailed description of module requirements, please see the Self Study Guide posted on Learn@UW.**
POST-TRIP CHECKLIST

In order to receive credit for this rotation, you must submit the following Global Health learning portfolio after the elective:

Submit as indicated:
__ Student’s evaluation of the site (submit on OASIS)
__ Clinical evaluation of the student completed by site director (submit original document to the Global Health Institute—recommended to be hand carried back)

Submit to Learn@UW dropbox:
__ Summary of Activities
__ Field Journal
__ Independent Study Module; select one from modules 4-7**

**For a more detailed description of module requirements, please see the Self Study Guide posted on Learn@UW.
Student Agreement for UW Extramural Elective Clerkship in International Health

Goals
The UW-Madison Global Health Institute is committed to preparing students for participation in international health electives. Goals of international health electives include providing students with opportunities to:

- Actively participate in the health care system of another country
- Develop knowledge and respect for another culture, language and health practices
- Develop awareness of social, economic and political factors in health and disease
- Recognize, accept, and be able to work within the limits of available resources

Guidelines
While most international electives are uneventful, in some cases unforeseen challenges present themselves to students. These include problems related to unfamiliar cultures and languages, political and social instability, crime, infectious diseases, and other health hazards that may not be common in the US. To ensure that participants understand the risks involved in study abroad and to maximize the educational value of these experiences, UW-Madison requires that students enrolled in a credit-bearing elective outside the US comply with the following policies and procedures. Completion of these Guidelines is the responsibility of the individual student and not the University of Wisconsin-Madison School of Medicine and Public Health. The GHI office at 4256 HSLC is available to assist students with these steps.

A. Meet with international health programs faculty/staff to discuss educational objectives, review elective guidelines and application process, verify academic eligibility, obtain site information, and identify resources for advising and orientation. Students are expected to maintain contact with the office throughout the process of arranging an international health elective.

B. Gather information concerning any political problems, safety concerns, or health hazards by consulting the US State Department and Centers for Disease Control (CDC) websites (see front page of packet), and by consulting the sponsoring site. SMPH travel warning policy does not recommend travel to countries on the US State Department Warning List, but will consider exemptions on a limited basis with at least 4 months lead-time. For the warning list travel policy and exemption form, go to [http://ghi.wisc.edu/international-clerkship/](http://ghi.wisc.edu/international-clerkship/).

C. Submit a letter from the in-country physician supervisor confirming the dates of elective, and including a description of educational activities, on-site supervision, financial obligations and housing arrangements. Obtain elective course approval and complete registration.

D. Attend the required Extramural Elective Clerkship in International Health orientation. Participate in a course or self-directed study for cultural orientation and preparation for the elective as directed by course instructor.

E. Obtain medical travel advice and immunizations appropriate for host country.

F. Investigate visa and other entrance requirements that may be enforced in the host country. Register with the US Embassy on the State Department Web site prior to departure.

G. Purchase **UW-System required** Cultural Insurance Services International (CISI) medical/evacuation insurance policy to cover the duration of the elective. This insurance can be purchased in the GHI office.

H. Designate persons both at the elective site and in the US who may be contacted in the event of an emergency.

I. Adhere to laws of the host country and comply with standards of conduct set by the program site.

J. Sign and submit the University of Wisconsin System Uniform Statement of Responsibility, Release, and Authorization to participate in study abroad and exchange programs.

K. Submit an evaluation of student academic performance and grade completed by the site preceptor and a student elective report to the GHI office, and submit a site evaluation on OASIS.

*I have read and understand the above goals and guidelines.*

Student Signature__________________________________________ Date____________________________
University of Wisconsin School of Medicine and Public Health Extramural Elective Clerkship in International Health Approval Form

This form must be submitted at least 8 weeks prior to start of an international health elective. Attach a copy of your letter of acceptance from the elective site and the Student Agreement for International Health Electives form. Return to Betsy Teigland, Global Health Institute, Room 4256, Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.

Student Information

Name: ____________________________ ID Number: ____________________________
Telephone: ________________________ Pager Number: _________________________
Email Address: ____________________ Graduation Date: ________________________

Date Submitted: ____________________

Elective Site Information

Country: ____________________________________________
City: _____________________________________________
Hospital, Clinic or Organization: _______________________
Department (if applicable): __________________________
Medical School (if applicable): ________________________
Physician Supervisor: ________________________________
Site Contact Person (if different from supervisor): __________
Address: __________________________________________
Telephone: ________________________ FAX: ________________________
E-mail (if available)____________________

Is this country on the State Department warning list (www.travel.state.gov/travel)?_________________

Course Information

Dates of Elective: ____________________________ Credits (1 per week, maximum 8): ______
Dates of Travel: ______________________________
Discipline or Department of Extramural Elective: ________________________________
UW faculty advisor(s) for this elective: ________________________________

Global Health Institute Associate Director Approval

Signature: ____________________________
Date: ________________________________
Contact Information

Student Information

Name: ____________________________________________ _________________________

Last                              First                               MI

Birthdate: _______________  Student ID #  _______________  Passport #:  _______________

School: ______________________________  Program: _____________________________

Elective Dates:__________________________ Country: _____________________________

Current Address: _________________________________ ___________________________

Phone: _________________________ Email:  _______________________________

☐ I have purchased CISI medical evacuation insurance policy.

EMERGENCY CONTACTS

U.S. Contact

Name: ___________________________________ Relationship: __________________________

Phone #: (Cell) ___________________ (Home) ___________________ (Work)_____________

Address: ___________________________________ Email:________________________

☐ I authorize the Global Health Institute to contact this person in the event of an emergency.

Elective Site Contact

Organization and Supervisor: ________________________________ ___________________

Address: ______________________________________________________________________

Phone/Fax: __________________________ Email:________________________

US Embassy Contact  (Go to State Department website for contact information: http://travel.state.gov)

__________________________

If you experience difficulties during your elective away do not hesitate to contact the Global Health Institute (608)262-3862. In an emergency, contact the US Embassy and/or CISI (refer to your Emergency Contact and/or CISI card).

Pre- or post- elective travel plans (optional):

Post-graduation contact information (optional):
HEALTH SELF-ASSESSMENT

This form is to be completed by the participant. The purpose of this form is to help GHI to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. We will direct you to more specific sources of information about support services you can reasonably expect to find on site. The information provided will be shared only with program staff, faculty, or university officials, as deemed necessary. Overseas sites may not be able to accommodate all reported individual needs or circumstances. If you do not report a medical condition, our ability to assist you in case of an emergency may be compromised.

This information does not affect your admission into the program.

NAME __________________________ BIRTHDATE __________ GENDER ______

PROGRAM ___________________________ TERM ______________

MEDICAL HISTORY

Yes ____ No____ 1. Are you generally in good physical condition? (If no, please explain.)

Yes ____ No____ 2. Have you ever been treated or are currently being treated for any psychological or emotional problems? (If yes, please explain.)

Yes ____ No____ 3. Do you have any allergies? (If yes, please explain.)

Yes ____ No____ 4. Are you taking any medications? (If yes, please explain.)

Yes ____ No____ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)

Yes ____ No____ 6. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain on the back of this form.)

If you answered yes to any or all of No. 2 through No. 6 above, we strongly advise you to see your medical provider before your departure to discuss your plans to study abroad.

I certify that all responses on this Health Self-Assessment form are true and accurate, and I will notify the Global Health Institute of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant ___________________________ Date ______________
Study Abroad Health Insurance Application
Cultural Insurance Services International (CISI)
Policy # GLB 9133969

Participant Name: ____________________________________________

UW School or Program: ________________________________

Date of Birth: ________________________________

Country: ________________________________

Site name: ________________________________

Date of Departure: ________________________________

Date of Return: ________________________________

In order to enroll, please submit this completed form, along with the current premium. The premium is $34.00 per month (weekly rates available as well as spouse, dependent, and family coverage). Payment for entire trip must be made prior to departure.

______ x $34.00 (or current premium) = $total premium

# of months

*Payment due upon receipt. We do not accept cash, credit or debit cards. CHECK OR MONEY ORDER ONLY. Please make checks payable to the UW Board of Regents.

Please submit your application and premium to the Global Health Institute office (4256 HSLC, 750 Highland Ave., 53705). If we have your airline itinerary on file, we will issue an enrollment card at that time. If you prefer to have your card sent to you, please provide us with a mailing address:

______________________________________________________________

Mailing address: street and number, city, state, zip

We ask that forms be in our office, at least 8 weeks prior to departure, especially if you are having us mail your card to you.

For more information about CISI insurance please go to:
http://www.bussvc.wisc.edu/risk_mgt/study_abroad.html
UNIVERSITY OF WISCONSIN-MADISON
Statement of Responsibility, Release, Authorization and Acknowledgement of Risks to participate in Study Abroad and Exchange Programs

Revised February 2002

I hereby indicate my desire to participate in a study abroad/exchange program in __________________________, sponsored by the University of Wisconsin-Madison during the period of ___________ to __________. My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the University's program, I:

1. assume full legal and financial responsibility for my participation in the program.

2. will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.

3. grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.

4. realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is required for my participation in the program. While my fee for the program includes limited accident and health insurance as well as limited insurance for medical evacuation for the duration of the program while I am overseas, I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.

5. agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.

6. accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
7. understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.

8. agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney’s fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

9. understand that, although the university has made every reasonable effort to assure your safety while participating in this study abroad program, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or on campus. Those risks include, but may not be limited to:
   • traveling to and within, and returning from, one or more foreign countries;
   • foreign political, legal, social and economic conditions;
   • different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
   • local medical and emergency services;
   • local weather and environmental conditions.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

______________________________________                          _______________________________________
Participant’s Signature   Date    Signature of Parent or Guardian  Date
(if participant is less than 18 years of age)

__________________________________________                            ___________________________________________
Participant’s Name (please print)   ID Number
Financial Aid Budget

Student Name: ______________________________________________

Student ID #: _______________________

Dates of Elective/Global Health Field Experience: __________________________

Country and Site: ___________________________________________________

Estimated Budget:

Airfare and In-country transportation: ________________________

Tuition or Program Fees: ________________________

Housing: ________________________

Required UW-System Medical/Evacuation Insurance (CISI): ________________________

Immunizations: ________________________

Other in-country living expenses: ________________________

TOTAL REQUESTED (up to full amount): ________________________

• Please return by mail or email at least eight weeks prior to your elective to Betsy Teigland, Global Health Institute, 4256 HSLC, 750 Highland Ave., Madison, WI 53705.

• This information will be forwarded to Amy Whitford, once your elective has been approved.

• Students should contact Amy Whitford directly (262-3060) to make arrangements to receive financial aid.

□ Approved, Global Health Institute

________________________________________________________(Signature and Date)

□ Scanned to Amy Whitford
Please evaluate the performance of the student in the following competencies using the anchors described below:

**Advanced:** Highly commendable performance, top 5-10% of students evaluated

**Competent:** Capable: at expected performance for level

**Needs Improvement:** Demonstrates initial growth; opportunity for improvement

**Unacceptable:** Needs Attention

<table>
<thead>
<tr>
<th>Competency</th>
<th>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care:</strong> Students are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</td>
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<tr>
<td>1. Takes an effective history</td>
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<td>Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.</td>
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<tr>
<td>2. Performs appropriate physical exam</td>
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<td>Able to efficiently focus exam based on differential diagnosis. Attentive to detail.</td>
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<tr>
<td>3. Generates differential diagnosis</td>
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<td>Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning.</td>
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<td>4. Generates and manages treatment plan</td>
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<tr>
<td>Independently generates treatment plans and manages patients with minimal oversight.</td>
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<td><strong>Medical Knowledge:</strong> Students are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences.</td>
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<td>5. Exhibits knowledge of diseases and pathophysiology</td>
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<tr>
<td>Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.</td>
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<tr>
<td><strong>Practice-Based Learning and Improvement:</strong> Students are expected to investigate and evaluate their patient care practices by appraisal and assimilation of scientific evidence.</td>
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<tr>
<td>6. Demonstrates skills in evidence-based medicine</td>
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</tr>
<tr>
<td>Routinely accesses primary and review literature. Applies evidence to patient care.</td>
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<td><strong>Systems-Based Practice:</strong> Students are expected to demonstrate an awareness of the larger context and system of health care and effectively call on system resources to provide optimal care.</td>
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<td>7. Teamwork</td>
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<tr>
<td>Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.</td>
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</tr>
</tbody>
</table>
### Interpersonal & Communication Skills:
Students are expected to effectively communicate and collaborate with patients, their families and health professionals.

<table>
<thead>
<tr>
<th>8. Communication with patients and families</th>
<th>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Thorough and precise written record. Integrates evidence-based information into assessment and plan.</td>
<td>☐ Thorough and precise written record. Clearly stated assessment and plan.</td>
<td>☐ Incomplete and poorly organized written record.</td>
<td>☐ Inaccurate or absent written record.</td>
<td>☐ Not observed.</td>
<td></td>
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</tbody>
</table>

Please rate the student’s performance in each subject below by choosing a box with the most accurate descriptor. Try to think of specific witnessed events and behaviors when rating each subject.

### Professionalism:
Students are expected to demonstrate a commitment to carrying out professional responsibilities, and to be responsive, compassionate, and honest.

<table>
<thead>
<tr>
<th>Responces and Compassion: Consider how the student shows respect and compassion for others and tolerates differences.</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Accepts feedback without personal offense. Uses feedback to improve performance.</td>
<td>☐ Accepts feedback with resistance, or takes feedback too personally.</td>
<td>Denies issues or attempts to blame others.</td>
<td>☐ Not observed.</td>
<td></td>
</tr>
</tbody>
</table>

### Comments Section

Please comment on this student’s overall performance. These comments will be included VERBATIM in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean’s Letter). **Attach sheets if necessary.**

Please comment on areas where the student’s performance will benefit from enhanced skill development. These comments will NOT appear in the MSPE. (FOR STUDENT ONLY) **Attach sheets if necessary.**
If this student needs attention in any of the following areas, please check appropriate area. Please provide comments on each section checked. Comments are mandatory. Attach sheets if necessary.

- [ ] Patient Care
- [ ] Practice-Based Learning and Improvement
- [ ] Interpersonal and Communication Skills
- [ ] Medical Knowledge
- [ ] Systems-Based Practice
- [ ] Professionalism

I have concerns about this student's performance. The Dean for Students should review his/her record: ____Yes  _____No
I have reviewed this evaluation with the student:     ____Yes   _____No

GRADE: __A __AB __B __BC __C __F

___________________________     _______________________________ _____     ________________
Signature of evaluator     Date            Signature of student                            Date