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 and CDC 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/.)

**PRE-TRIP CHECKLIST**

Enter required registration info on OASIS (882-937) including “Away” info

Attend Orientation

After reviewing CDC & US State Dept. website, submit hard copies to Global Health Institute:

Application:

- Approval Form
- Student Agreement Form
- 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 to Global Health Institute:

___ 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
___ Self Study Module; select one from modules 4-7**
___ Student’s evaluation of the site

Please note that Student Services has a separate Site Evaluation that is required to be submitted on OASIS.

**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, verify that clinical clerkships in Primary Care, Medicine, Pediatrics, and OB/GYN have been completed, 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/.

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: __________________________

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: __________________________

Name: __________________________ ID Number: __________________________
Telephone: __________________________ Pager Number: __________________________
Email Address: __________________________ Graduation 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 (required): ___________________________  Fax: ___________________________

Email: ____________________________________________________________________

US Embassy Contact: City and phone number of nearest in-country embassy/consulate

(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):
This form is to be completed prior to your travel. It is designed to 1) provide you with information about steps you can take to prepare for international travel and 2) help UW-Madison staff members be of maximum assistance during an emergency situation. Mild physical or psychological conditions may become more serious under the stresses of life while abroad. While it is important the program is aware of any medical or emotional conditions, past or current, which might affect you during your travel, the University is not responsible for assuring your medical well-being and safety while abroad. The information provided on this form will be shared only with appropriate persons and does not affect your admission into any program or scheduled travel.

Recommended steps to prepare for international travel:

1. Consult with your personal medical and/or mental health provider for pre-travel planning, especially if you have any ongoing conditions. Work with your provider to develop plans in the event any conditions worsen. Make arrangements for any prescription medications, medical supplies, and medical care you will need. A physical examination and clearance by a medical provider may be required by certain countries for entry into the country or to be granted a visa.

2. Visit a specialized travel medicine provider and receive required or recommended preventive immunizations and medications (such as malaria prophylaxis or for traveler’s diarrhea) for your area of travel. Make these arrangements as quickly as possible once travel is planned as many needed immunizations should be initiated several weeks before travel. In the event a travel health provider is unavailable, participants should seek travel advice from their personal health care provider.

3. Have recent dental check-up and address any potential problems.

4. Educate yourself about health and safety in your travel destination. Information is available through your program organizer or at http://www.studyabroad.wisc.edu/general.html and http://wwwnc.cdc.gov/travel/.

5. Be enrolled in Cultural Insurance Services International (CISI) Health Insurance as required by the Board of Regents for University of Wisconsin students studying/traveling abroad under a UW sponsored program. Students should also check with their personal health insurance provider for more information about obtaining needed prescriptions in advance, payment for travel vaccines and medications, and coverage while abroad. More information is available at http://www.bussvc.wisc.edu/risk_mgt/study_abroad.html.

6. **Complete and return the UW-Madison Health Information Form.** The ability of UW-Madison program organizers to assist you in case of an emergency may be compromised if you do not report a medical or mental health condition during the planning process.

If you have any concerns about the specific health and safety risks you may encounter while abroad, contact your program organizers as soon as possible. They will direct you to more specific sources of information about which local support services you can reasonably expect to find while out of the country. Some study abroad sites may not be able to accommodate all reported individual needs or circumstances.
1. Do you have a current or past medical problem in the following areas?

- Severe Allergic Reaction
- Anxiety
- Asthma
- Arthritis
- High Blood Pressure
- Bleeding or other blood disease
- Chronic use of blood thinning medication
- Depression
- Diabetes
- Eating disorder
- Severe or disabling headaches
- Gastrointestinal disease
- Abnormal Heart Rhythm
- Heart problems
- Weakened Immune System
- History of kidney stones
- Decreased kidney function
- Current pregnancy
- Seizures
- Thyroid problems

Any other medical condition for which you take medication regularly or are/were under regular care. Please describe.

2. If you have answered yes to any of the areas above, please explain. Describe any ongoing treatment, limitations/restrictions or emergency actions which will/may be required during your travel.

3. Please list any medications you are currently taking or will be bringing with you during travel.

4. Please list any allergies to medicine, foods, insects or environmental materials such as pollen or latex.

5. Please indicate what health preparations you have completed or are planning to receive for your trip as appropriate.

- ___ Travel medicine clinic visit
- ___ Personal health care provider visit
- ___ Prescription for malaria prophylaxis
- ___ Prescription for traveler’s diarrhea
- ___ Other preventive medications

6. Is there any additional information you would like your program organizers to be aware of while you are abroad? (If yes, please explain)

I certify that all responses on this form are true and accurate, and complete. I will notify my program organizers of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant ____________________________ Date ___________________ , 20__
Study Abroad Health Insurance Application  
Cultural Insurance Services International (CISI)  
Policy # STB 009987900

Participant Name: ____________________________________________________________

First                                               Middle Initial                 Last

UW School or Program:  UW-Madison Global Health Institute, SMPH

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 one week rate is for a program of **1-7 days and is $9.00.** The two week rate is for a program of **8-14 days and is $17.00.** The three week rate is for a program of **15-21 days and is $26.00.** For programs of **greater than 21 days please use the monthly rate of $34.00 times the number of months needed. Weekly rates cannot be applied to programs longer than 21 days.** Spouse, dependent, and family coverage is also available.

* Payment for entire trip must be made prior to departure. 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 HSLLC, 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
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:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare and In-country transportation</td>
<td></td>
</tr>
<tr>
<td>Tuition or Program Fees</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
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<tr>
<td>Required UW-System Medical/Evacuation Insurance (CISI):</td>
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<tr>
<td>Immunizations</td>
<td></td>
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<tr>
<td>Other in-country living expenses</td>
<td></td>
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</tbody>
</table>

**TOTAL REQUESTED (up to full amount):**

<table>
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<tr>
<th>Amount</th>
</tr>
</thead>
</table>

- 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

________________________________________________________ (GHI Associate Director Signature and Date)

□ Scanned to Amy Whitford
### 2013-2014 UWSMPH Student Clinical Performance Evaluation on Clerkships

- **Student:**
- **Service:**
- **Location:**

- **Evaluator(s):**
- **Dates of rotation:**

- **Evaluator role:**
  - Clerkship Director
  - Attending
  - Mentor
  - Resident
  - Other

#### 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
- **Not Evaluated**

<table>
<thead>
<tr>
<th></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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Takes an effective history</td>
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<tr>
<td></td>
<td>Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.</td>
<td></td>
<td></td>
<td></td>
<td>Not observed.</td>
</tr>
<tr>
<td>2. Performs appropriate physical exam</td>
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<td></td>
<td>Able to efficiently focus exam based on differential diagnosis. Attentive to detail.</td>
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<td></td>
<td>Not observed.</td>
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<tr>
<td>3. Generates differential diagnosis</td>
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<td></td>
<td>Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning.</td>
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<td></td>
<td></td>
<td>Not observed.</td>
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<tr>
<td>4. Generates and manages treatment plan</td>
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<tr>
<td></td>
<td>Independently generates treatment plans and manages patients with minimal oversight.</td>
<td></td>
<td></td>
<td></td>
<td>Not observed.</td>
</tr>
<tr>
<td><strong>Medical Knowledge:</strong></td>
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<td></td>
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<tr>
<td>5. Exhibits knowledge of diseases and pathophysiology</td>
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<tr>
<td></td>
<td>Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.</td>
<td></td>
<td></td>
<td></td>
<td>Not observed.</td>
</tr>
<tr>
<td><strong>Practice-Based Learning and Improvement:</strong></td>
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<tr>
<td>6. Demonstrates skills in evidence-based medicine</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Systems-Based Practice:</strong></td>
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<tr>
<td>7. Teamwork</td>
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<tr>
<td></td>
<td>Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.</td>
<td></td>
<td></td>
<td></td>
<td>Not observed.</td>
</tr>
</tbody>
</table>

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*University of Wisconsin School of Medicine and Public Health*
### Interpersonal & Communication Skills:
Students are expected to effectively communicate and collaborate with patients, their families and health professionals.

<table>
<thead>
<tr>
<th></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>8. Communication with patients and families</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Written communication</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td>10. Oral presentation skills</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</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.

- **Competent:** At expected performance for level
- **Needs Improvement:** Opportunity for improvement
- **Unacceptable:** Requires remediation
- **Not Evaluated:**

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

<table>
<thead>
<tr>
<th></th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Requires Remediation</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPECT/COMPASSION FOR OTHERS: Consider how the student shows respect and compassion for others and tolerates differences.</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others.</td>
<td>Needs to improve ability to demonstrate empathy.</td>
<td>Disrespectful of others. Intolerant of others’ attitudes or beliefs. Treats people preferentially depending on position.</td>
<td>☐</td>
</tr>
<tr>
<td>RESPONSE TO FEEDBACK: Consider how the student accepts feedback from faculty, staff and peers.</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<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>☐</td>
</tr>
<tr>
<td>ACCOUNTABILITY: Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual.</td>
<td>☐</td>
<td>☑</td>
<td>☐</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

___________________________      __________     ___ _________________________________     _____________ ___
Signature of evaluator  Date                  Signature of student                   Date

Return to:
Betsy Teigland
Global Health Institute
4256 Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705-2221

teigland@wisc.edu
608.262.3862
FAX: 608.262.3237