Name of Participant

Please turn in all required documents to the Global Health Institute (GHI) office, 4256 HSLC, at least eight weeks prior to departure. Keep these checklists (pp. 1-2) to ensure that you have met all requirements. 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 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 your 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

Complete Orientation on Learn@UW

After reviewing CDC & US State Dept. website, submit hard copies of the following to GHI:

Application:
• Approval Form
• Student Agreement Form
• Approval Letter from Site

Travel Forms:
• 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 (GHI) 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 U.S. 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 U.S. comply with the following policies, procedures and guidelines. Adherence 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 GHI 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 and Prevention (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 U.S. 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. Complete the required International Health Elective orientation and the self-directed study modules on Learn@UW.

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 U.S. Embassy on the State Department website 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 U.S. who may be contacted in the event of an emergency. This includes giving them contact information when traveling outside of the primary elective site.

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 site evaluation to the GHI office; 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: _______________________
Email Address: ___________________

Student Information

Date Submitted: ____________________

Elective Site Information

Country: _____________________________________________
City: _____________________________________________
Hospital, Clinic or Organization: _______________________
Department and/or Medical School: _____________________
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 Dept. warning list? _ __________
(Go to: http://travel.state.gov/content/passports/english/alertswarnings.html)

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 (for office use only)

Signature: ___________________________ Date: ________________________

Name: ___________________________ ID Number: ___________________________
Telephone: _______________________
Email Address: ___________________
Graduation Date: ________________

4
Contact Information

Student Information
Name: ____________________________________________ _________________________

Last                              First                               MI

Birthdate: _______________  Student ID #  _______________  Passport #:  _______________

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://www.usembassy.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
- Special dietary needs (gluten-free, dairy-free, vegetarian, vegan)
- Exercise or movement limitations
- Hearing Impairment
- Visual Impairment
- Other mental health conditions
- Special dietary needs
- Exercise or movement limitations
- Hearing Impairment
- Visual Impairment
- Other mental health conditions

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 # STB009987902

Participant Name:  ____________________________________________  
First                  Middle Initial           Last

Email: ____________________________________________ ________

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

Date of Birth:  ____________________________

Country of destination:  ____________________________

Site name:  ____________________________

Site phone number:  ____________________________

Date of Departure:  ____________________________

Date of Return:  ____________________________

In order to enroll, please submit this completed form, along with the current premium.  
**Count departure and arrival days to determine correct premium rate.**
The one week rate is for a program of 1-8 days and is $9.00.  
The two week rate is for a program of 9-15 days and is $17.00.  
The three week rate is for a program of 16-22 days and is $26.00.  
For programs of greater than 22 days please use the monthly rate of $34.00 times the number of months needed. **Weekly rates cannot be applied to programs longer than 22 days.**  Spouse, dependent, and family coverage is also available online after traveler is enrolled.

*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 HSLC, 750 Highland Ave. 53705). We will need to have your flight itinerary on file in order to issue a CISI enrollment card.*

We ask that forms be in our office at least 8 weeks prior to departure.
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 (submit only if requesting additional financial aid)

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.

For office use only:

☐ Approved by Global Health Institute Associate Director

Signature: __________________________________________ Date: ________________________________

☐ Scanned to Amy Whitford
# 2015-2016 UWSMPH Student Clinical Performance Evaluation on Extramural 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>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Takes an effective history</td>
<td></td>
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<tr>
<td>2. Performs appropriate physical exam</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Generates differential diagnosis</td>
<td></td>
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<tr>
<td>4. Generates and manages treatment plan</td>
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<tr>
<td>5. Exhibits knowledge of diseases and pathophysiology</td>
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<tr>
<td>6. Demonstrates skills in evidence-based medicine</td>
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<tr>
<td>7. Teamwork</td>
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</tbody>
</table>

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**Patient Care:** Students are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

1. Takes an effective history
   - Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.
   - Identifies and characterizes most patient concerns in an organized fashion.
   - Sometimes misses important information. History generally not fully characterized.
   - Often misses important information. Patient concerns poorly characterized.
   - Not observed.

2. Performs appropriate physical exam
   - Able to efficiently focus exam based on differential diagnosis. Attentive to detail.
   - Demonstrates correct technique with an organized approach.
   - Does not always demonstrate correct technique. Not consistently organized.
   - Disorganized. Frequently not thorough. Misses and/or misinterprets findings.
   - Not observed.

3. Generates differential diagnosis
   - Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning.
   - Consistently generates a complete differential diagnosis.
   - Cannot consistently generate a complete differential diagnosis.
   - Poor use of data. Misses primary diagnoses repeatedly.
   - Not observed.

4. Generates and manages treatment plan
   - Independently generates treatment plans and manages patients with minimal oversight.
   - Contributes to the treatment plan and management of patients.
   - Does not consistently contribute to treatment plan or management of patients.
   - Contributes little to the treatment plan and management of patients. May suggest inappropriate treatment options.
   - Not observed.

---

**Medical Knowledge:** Students are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences.

5. Exhibits knowledge of diseases and pathophysiology
   - Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.
   - Demonstrates expected fund of knowledge for level of training.
   - Has gaps in basic fund of knowledge.
   - Fund of knowledge inadequate for patient care.
   - Not observed.

---

**Practice-Based Learning and Improvement:** Students are expected to investigate and evaluate their patient care practices by appraisal and assimilation of scientific evidence.

6. Demonstrates skills in evidence-based medicine
   - Routinely accesses primary and review literature. Applies evidence to patient care.
   - Reads only provided literature. Inconsistently applies evidence to patient care.
   - No evidence of outside research or reading. Unable to access basic databases.
   - Not observed.

---

**Systems-Based Practice:** 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.

7. Teamwork
   - Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.
   - Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.
   - Occasional misunderstanding of student role in team. Does not always communicate effectively with team.
   - Disrespectful to team members. Disrupts team dynamic.
   - Not observed.
Interpersonal & Communication Skills: Students are expected to effectively communicate and collaborate with patients, their families and health professionals.

|-------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

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

<table>
<thead>
<tr>
<th>RESPECT/COMPASSION FOR OTHERS: Consider how the student shows respect and compassion for others and tolerates differences.</th>
<th>Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others.</th>
<th>Needs to improve ability to demonstrate empathy.</th>
<th>Disrespectful of others. Intolerant of others’ attitudes or beliefs. Treats people preferentially depending on position.</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSE TO FEEDBACK: Consider how the student accepts feedback from faculty, staff and peers.</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>Not Evaluated</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>Readily assumes responsibility. Dependable. Completes tasks on time and is organized. Punctual.</td>
<td>Assumes responsibility only when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late.</td>
<td>Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Rarely punctual.</td>
<td>Not Evaluated</td>
</tr>
</tbody>
</table>

The following two PUBLIC HEALTH items will not count towards their grade but must be rated by all raters to explore their future viability. If you cannot assess a student on an item, choose one of the last three response categories that tells us why.

Multi-System Perspective: Recognizing the impact of social, economic and environmental systems on patients’ health

<table>
<thead>
<tr>
<th>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable</th>
<th>Cannot Assess</th>
<th>Cannot Assess</th>
<th>Cannot Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes initiative to address impact of social, economic and environmental influences to advance patient care.</td>
<td>Spontaneously recognizes impact of social, economic and environmental influences if prompted.</td>
<td>Recognizes impact of social, economic and environmental influences.</td>
<td>Rarely if ever considers impact of social, economic and environmental influences, even when prompted.</td>
<td>Applicable in my clerkship but not observable with this student.</td>
<td>Not applicable to my clerkship.</td>
<td>I don’t know how to assess this.</td>
</tr>
<tr>
<td>Community &amp; System Resources: Identifying and utilizing community and system resources</td>
<td>Takes initiative to seek out community and system resources to advance patient care.</td>
<td>Spontaneously recognizes opportunities and asks appropriate questions about available community and system resources.</td>
<td>Recognizes opportunities for using community and system resources if prompted.</td>
<td>Rarely if ever recognizes opportunities to include community and system resources in patient care, even when prompted.</td>
<td>Applicable in my clerkship but not observable with this student.</td>
<td>Not applicable to my clerkship.</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 area, 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

**Final Grade**

<table>
<thead>
<tr>
<th>□ A (Outstanding)</th>
<th>□ AB (Excellent)</th>
<th>□ B (Very good)</th>
<th>□ BC</th>
<th>□ C</th>
<th>□ F</th>
</tr>
</thead>
</table>

(Grades of BC or lower will not count for credit for graduation from medical school)

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  
teigland@wisc.edu

Global Health Institute  
608.262.3862

4256 Health Sciences Learning Center  
FAX: 608.262.3237

750 Highland Ave.  
Madison, WI  53705-2221

(Grades of BC or lower will not count for credit for graduation from medical school)