



Office of Global Health

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

International Clerkship Packet

Name of Participant

Please turn in all required documents to the School of Medicine and Public Health (SMPH) Office of Global Health, 1191F HSLC, or to teigland@wisc.edu at **least eight weeks prior to departure**. Keep this checklist 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 should be purchased through UW-Madison's Risk Management Office (scroll down to Self Enrollment) after you have purchased your round-trip airline ticket.** If you will be applying for financial aid, fill out the Financial Aid Budget form. To submit this form, go into the "eForms" tile in your Student Center, then "financial aid" folder which has the "budget adjustment eForm" within it. You will be instructed to fill out a quick form and should then upload the form. This will go to the Office of Financial Aid for processing.

Visit the State Department <https://travel.state.gov/content/passports/en/alertswarnings.html> and CDC www.cdc.gov/travel websites for updates on the country where you will be traveling. Per UW policy, students are precluded from traveling to any location that remains under a level 3 or 4 advisory, <https://internationaltravel.wisc.edu/>. *If your site is in a country that is designated as a level 3 or 4 risk on the State Department Travel Advisory or a level 3 CDC Travel Health Notice, please contact the SMPH Office of Global Health as soon as possible.* This requires a special waiver request for permission, and the required documents must be submitted **at least twelve weeks** prior to your anticipated departure. (Please see our website for more information: <https://ogh.med.wisc.edu/education-opportunities-for-health-professional-students/opportunities-for-medical-students/international-clerkships/>.)

PRE-TRIP CHECKLIST

___ Enter required registration info on OASIS
(882-937) including "Away" info

___ Complete Orientation on Learn@UW (Canvas)

**After reviewing CDC & U.S. State Dept. website,
submit the following to
SMPH Office of Global Health:**

Application/Travel Forms:

- ___ Approval Form
- ___ Student Agreement Form
- ___ Approval Letter from Field Site Preceptor/Organization
- ___ Contact Information*
- ___ Copy of CISI insurance card (will be sent by CISI after enrollment; insurance **REQUIRED** by the **UW-System**)*
- ___ Health Self-Assessment
- ___ Statement of Responsibility
- ___ Copy of airline itinerary
- ___ Copy of passport photo/signature page
- ___ Financial Aid (please see submission instructions on form)

In addition:

___ Register with the U.S. Embassy Smart Traveler Enrollment Program (STEP) on the State Department website prior to departure.

Submit to Learn@UW (Canvas) dropbox:

Self Study Modules**:

- Module 1 (personal statement)
- Module 2 (Geo-journal)
- Module 3 (Travel Policies)

* Students will receive an Emergency Contact card from the SMPH Office of Global Health; a CISI insurance card will be emailed following enrollment. These must be carried throughout the field experience. 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 Canvas.



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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 SMPH Office of Global Health:

___ Clinical evaluation of the student completed by site director (**submit *original* document to the SMPH Office of Global Health** or have site director email directly to teigland@wisc.edu).

Submit to Learn@UW (Canvas) 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 Canvas.

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

These forms must be submitted at least 8 weeks prior to the start of an international health elective. Attach a copy of your letter of acceptance from the elective site and return to Betsy Teigland, SMPH Office of Global Health, 1191F Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.

Student Information

Name: _____
Telephone: _____
Email Address: _____

Date Submitted: _____
Campus ID #: _____
Graduation Date: _____

Elective Site Information

Country: _____

City: _____

Hospital, Clinic or Organization: _____

Department and/or Medical School: _____

Physician Supervisor: _____

Site Contact Person (if different from supervisor): _____

Address: _____

Telephone: _____

E-mail: _____

Is this country a level 3 or 4 on the State Dept. warning list or a level 3 CDC Travel Health Notice?

Yes _____ No _____

(Go to: <http://travel.state.gov/content/passports/english/alertswarnings.html>; www.cdc.gov/travel)

Course Information

Dates of **Elective**: _____ Credits (1 per week, maximum 8): _____

Dates of **Travel**: _____

Discipline or Department of Extramural Elective: _____

Name and phone number for UW faculty advisor(s) for this elective: _____

SMPH Office of Global Health Director Approval (for office use only)

Signature: _____ Date: _____

Student Agreement for UW Extramural Elective Clerkship in International Health

Goals

The SMPH Office of Global Health 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 Office of Global Health at 1191F 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 SMPH Office of Global Health throughout the process of arranging an international health elective.
- B. Gather information concerning any political problems, safety concerns, or health hazards by consulting the U.S. State Department and Centers for Disease Control and Prevention (CDC) websites (see front page of packet), and by consulting the sponsoring site. Per UW policy, students are precluded from traveling to any location that remains under a level 3 or 4 advisory, <https://internationaltravel.wisc.edu/>. *If your site is in a country that is designated as a level 3 or 4 risk on the State Department Travel Advisory or a level 3 CDC Travel Health Notice, please contact the SMPH Office of Global Health as soon as possible.* This requires a special waiver request for permission, and the required documents must be submitted **at least twelve weeks** prior to your anticipated departure.
- 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 (Canvas).
- 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 Smart Traveler Enrollment Program (STEP) 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 should be purchased through the UW-Madison Office of Risk Management.
- 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 SMPH Office of Global Health; submit a site evaluation on OASIS.

I have read and understand the above goals and guidelines.

Student Signature _____ Date _____

Contact Information

Student Information

Name: _____
First MI Last

Current Address: _____

Phone: _____ Email: _____

Birthdate: _____ Campus ID #: _____ Passport #: _____

Elective Dates: _____ Country: _____

EMERGENCY CONTACTS

U.S. Contact

Name: _____ Relationship: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Address: _____

Email: _____

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

Elective Site Contact

Organization and Supervisor: _____

Address: _____

Phone (required): _____ Email: _____

U.S. 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 SMPH Office of Global Health (608) 262-3862. In an emergency, contact the U.S. Embassy and/or CISI (refer to your Emergency Contact and/or CISI card).

Pre- or post- elective travel plans (info required by CISI):



UNIVERSITY OF WISCONSIN-MADISON AFFILIATED INTERNATIONAL TRAVEL HEALTH & WELLNESS INFORMATION FORM

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 <https://businessservices.wisc.edu/managing-risk/insurance-programs/risk-management-while-traveling/>.
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.

NAME _____ BIRTHDATE _____ GENDER _____

STUDENT ID _____ E-MAIL _____

PROGRAM _____ DATES _____

1. Do you have a current or past medical problem in the following areas?

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Severe Allergic Reaction | <input type="checkbox"/> Severe or disabling headaches | <input type="checkbox"/> Special dietary needs (gluten-free, dairy-free, vegetarian, vegan) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gastrointestinal disease | <input type="checkbox"/> Exercise or movement limitations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Abnormal Heart Rhythm | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weakened Immune System | <input type="checkbox"/> Other mental health conditions |
| <input type="checkbox"/> Bleeding or other blood disease | <input type="checkbox"/> History of kidney stones | |
| <input type="checkbox"/> Chronic use of blood thinning medication | <input type="checkbox"/> Decreased kidney function | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Current pregnancy | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Thyroid problems | |
| <input type="checkbox"/> 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____



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 (submit only if requesting additional financial aid)

Student Name: _____

Campus 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): _____

To submit this form, go into the “eForms” tile in your Student Center, then “financial aid” folder which has the “budget adjustment eForm” within it. You will be instructed to fill out a quick form and should then upload the form. This will go to the Office of Financial Aid for processing.

2022-2023 UWSMPH Student Clinical Performance Evaluation on Extramural Clerkships

Student: _____ Service: _____ Location: _____

Evaluator(s): _____ Dates of rotation: _____

Evaluator role: Clerkship Director ☐ Attending ☐ Combined Faculty ☐ Preceptor ☐ 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

	Advanced	Competent	Needs Improvement	Unacceptable: Needs Attention	Not Evaluated
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	<input type="checkbox"/> Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.	<input type="checkbox"/> Identifies and characterizes most patient concerns in an organized fashion.	<input type="checkbox"/> Sometimes misses important information. History generally not fully characterized.	<input type="checkbox"/> Often misses important information. Patient concerns poorly characterized.	<input type="checkbox"/> Not observed.
2. Performs appropriate physical exam	<input type="checkbox"/> Able to efficiently focus exam based on differential diagnosis. Attentive to detail.	<input type="checkbox"/> Demonstrates correct technique with an organized approach.	<input type="checkbox"/> Does not always demonstrate correct technique. Not consistently organized.	<input type="checkbox"/> Disorganized. Frequently not thorough. Misses and/or misinterprets findings.	<input type="checkbox"/> Not observed.
3. Generates differential diagnosis	<input type="checkbox"/> Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning.	<input type="checkbox"/> Consistently generates a complete differential diagnosis.	<input type="checkbox"/> Cannot consistently generate a complete differential diagnosis.	<input type="checkbox"/> Poor use of data. Misses primary diagnoses repeatedly.	<input type="checkbox"/> Not observed
4. Generates and manages treatment plan	<input type="checkbox"/> Independently generates treatment plans and manages patients with minimal oversight.	<input type="checkbox"/> Contributes to the treatment plan and management of patients.	<input type="checkbox"/> Does not consistently contribute to treatment plan or management of patients.	<input type="checkbox"/> Contributes little to the treatment plan and management of patients. May suggest inappropriate treatment options.	<input type="checkbox"/> 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	<input type="checkbox"/> Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.	<input type="checkbox"/> Demonstrates expected fund of knowledge for level of training.	<input type="checkbox"/> Has gaps in basic fund of knowledge.	<input type="checkbox"/> Fund of knowledge inadequate for patient care.	<input type="checkbox"/> 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	<input type="checkbox"/> Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence.	<input type="checkbox"/> Routinely accesses primary and review literature. Applies evidence to patient care.	<input type="checkbox"/> Reads only provided literature. Inconsistently applies evidence to patient care.	<input type="checkbox"/> No evidence of outside research or reading. Unable to access basic databases.	<input type="checkbox"/> 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	<input type="checkbox"/> Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.	<input type="checkbox"/> Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.	<input type="checkbox"/> Occasional misunderstanding of student role in team. Does not always communicate effectively with team.	<input type="checkbox"/> Disrespectful to team members. Disrupts team dynamic.	<input type="checkbox"/> Not observed.

	Advanced	Competent	Needs Improvement	Unacceptable: Needs Attention	Not Evaluated		
Interpersonal & Communication Skills: Students are expected to effectively communicate and collaborate with patients, their families and health professionals.							
8. Communication with patients and families	<input type="checkbox"/> Identifies nonverbal cues and hidden patient concerns. Consistently demonstrates empathy.	<input type="checkbox"/> Consistently identifies and responds to patients' concerns, perspectives and feelings. Uses language effectively, without jargon.	<input type="checkbox"/> Sometimes misses patients' concerns and emotional cues. Often uses medical jargon.	<input type="checkbox"/> Often misses patients' concerns. Does not recognize emotional cues. Frequent use of medical jargon.	<input type="checkbox"/> Not observed.		
9. Written communication	<input type="checkbox"/> Thorough and precise written record. Integrates evidence- based information into assessment and plan.	<input type="checkbox"/> Thorough and precise written record. Clearly stated assessment and plan.	<input type="checkbox"/> Incomplete and poorly organized written record.	<input type="checkbox"/> Inaccurate or absent written record.	<input type="checkbox"/> Not observed.		
10. Oral presentation skills	<input type="checkbox"/> Concise but thorough. Assigns priority to issues. Organized and polished, with minimal written prompts.	<input type="checkbox"/> Communicates clearly and concisely. Information complete.	<input type="checkbox"/> Communication disorganized. Information not clearly presented.	<input type="checkbox"/> Poor presentation. Misses key information.	<input type="checkbox"/> Not observed.		
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.							
	Competent	Needs Improvement	Unacceptable: Requires Remediation	Not Evaluated			
RESPECT/COMPASSION FOR OTHERS: Consider how the student shows respect and compassion for others and tolerates differences.	<input type="checkbox"/> Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others.	<input type="checkbox"/> Needs to improve ability to demonstrate empathy.	<input type="checkbox"/> Disrespectful of others. Intolerant of others' attitudes or beliefs. Treats people preferentially depending on position.	<input type="checkbox"/>			
RESPONSE TO FEEDBACK: Consider how the student accepts feedback from faculty, staff and peers.	<input type="checkbox"/> Accepts feedback without personal offense. Uses feedback to improve performance.	<input type="checkbox"/> Accepts feedback with resistance or takes feedback too personally.	<input type="checkbox"/> Denies issues or attempts to blame others.	<input type="checkbox"/>			
ACCOUNTABILITY: Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual.	<input type="checkbox"/> Readily assumes responsibility. Dependable. Completes tasks on time and is organized. Punctual.	<input type="checkbox"/> Assumes responsibility only when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late.	<input type="checkbox"/> Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Rarely punctual.	<input type="checkbox"/>			
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.							
	Advanced	Competent	Needs Improvement	Unacceptable	Cannot Assess	Cannot Assess	Cannot Assess
Multi-System Perspective: Recognizing the impact of social, economic and environmental systems on patients' health	<input type="checkbox"/> Takes initiative to address impact of social, economic and environmental influences to advance patient care.	<input type="checkbox"/> Spontaneously recognizes impact of social, economic and environmental influences.	<input type="checkbox"/> Recognizes impact of social, economic and environmental influences if prompted.	<input type="checkbox"/> Rarely if ever considers impact of social, economic and environmental influences, even when prompted.	<input type="checkbox"/> Applicable in my clerkship but not observable with this student.	<input type="checkbox"/> Not applicable to my clerkship.	<input type="checkbox"/> I don't know how to assess this.

Community & System Resources: Identifying and utilizing community and system resources	<input type="checkbox"/> Takes initiative to seek out community and system resources to advance patient care.	<input type="checkbox"/> Spontaneously recognizes opportunities and asks appropriate questions about available community and system resources.	<input type="checkbox"/> Recognizes opportunities for using community and system resources if prompted.	<input type="checkbox"/> Rarely if ever recognizes opportunities to include community and system resources in patient care, even when prompted.	<input type="checkbox"/> Applicable in my clerkship but not observable with this student.	<input type="checkbox"/> Not applicable to my clerkship.	<input type="checkbox"/> I don't know how to assess this.
------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	----------------------------------------------------------	-----------------------------------------------------------

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

Final Grade	<input type="checkbox"/> S (Satisfactory)	<input type="checkbox"/> U (Unsatisfactory)
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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
SMPH Office of Global Health
1191F Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705-2221

Email: teigland@wisc.edu
Phone: 608.262.3862