

2009/2010

ELECTIVE CLERKSHIP ABROAD APPLICATION CHECKLIST

Please do not request anything to be sent on your behalf until you have taken care of the following items.

Dear Student,

Use this checklist and accompanying application materials prior to scheduling an elective clerkship abroad. The Global Health Resource Center (GHRC) in the Department of Global Health will work with you to help coordinate the elective rotation in terms of guiding you through the required steps and connecting you with resources. The GHRC does not provide clerkship credit. The credit will come from the sponsoring department, typically the home department of the faculty sponsor.

You must have completed all of your 3rd year required clerkships (*medicine, pediatrics, surgery, obstetrics and gynecology, psychiatry, and family medicine*) prior to doing an elective clerkship abroad and must be registered as a student in the UWSOM during the time of the rotation.

As part of this process, you will be required to purchase: HIV Post-exposure Prophylaxis (PEP), NIOSH N-95 respirator mask (and may be additional cost for training), Travel Health Consultation appointment, and a Health Screening.

Please follow the checklist below step by step and contact Jennifer Earle in the GHRC with any questions: 206-685-7418 or jearle@u.washington.edu.

Thank you.

SCHEDULE an advising appointment with Jennifer Earle in the UW Global Health Resource Center to discuss your intentions to participate in an international elective. The GHRC is located in the Health Sciences Center, Room T-433.

COMPLETE an Elective Clerkship Abroad Application Form. (*Pages 4 – 7*)

Obtain **all** of the documentation below from your host program or institution to provide to Jennifer Earle in the GHRC:

- Thorough description of your (student) responsibilities/activities during the rotation including number of hours spent in clinic.
- Letter of acceptance or letter of support from the host program or institution.
- CV for the physician(s) that will be supervising you in the host country site.

IDENTIFY an Elective Clerkship sponsoring department and the corresponding course number for the clerkship. **Note:* As Spring 2009 the Department of Family Medicine will no longer be accepting student requests for ECA credit.

Medicine (MED 697)	Psychiatry (PBSCI 697)	Orthopaedics (ORTHP 697)
Pediatrics (PEDS 697)	Neurology (NEURL 697)	Surgery (SURG 697)
Obstetrics & Gyn. (OBYN 697)		Other _____

IDENTIFY a UWSOM Faculty Sponsor who has agreed to offer you off-site mentorship while you are abroad and provide us with a copy of an email or letter confirming the participation of your faculty sponsor. **Faculty sponsor must be from the sponsoring clinical department.

Obtain signature from faculty sponsor on page 7 of ECA form.

READ and SIGN the “Acknowledgment of Risk” Form. (*Page 8*)

SUBMIT all of the documentation/information listed below to Jennifer Earle in the GHRC. Once documents are received, Jennifer Earle will review and sign your ECA so that you can proceed with the checklist below. Do not proceed without this signature. (*see Page 7 for signature*)

Completed Elective Clerkship Abroad application.

Thorough description of your (student) responsibilities/activities during the rotation including number of hours spent in clinic.

Letter of acceptance or letter of support from the host program or institution.

CV for the physician(s) that will be supervising you in the host country site.

Letter or email agreeing to off-site mentorship from Faculty Sponsor.

Signed “Acknowledgment of Risk” Form.

OBTAIN signature of approval from Faculty Sponsor on page 7 of the ECA form.

OBTAIN signature of approval from UWSOM Department Elective Clerkship Director or designee on page 7 of the ECA form.

Bring the ECA form with all three signatures (Jennifer Earle, Faculty Sponsor and Clerkship Director) to Jennifer Earle.

Once Jennifer has obtained the completed application and supporting materials with all three signatures, she will provide a copy to Trudy Furberry in UWSOM Academic Affairs Office, A-300 HSB.

Request the “Away Clerkship Form” from Trudy Furberry in UWSOM Academic Affairs Office, A-300 HSB. Copy Jennifer Earle on the email. Trudy will **not** send the form to you unless she has received the signed copy of your ECA.

OBTAIN signature of approval from UWSOM Department Elective Clerkship Director or designee on the Away Clerkship Form.

Make a photocopy of your signed Away Clerkship form and make sure you give the original to Trudy Furberry and a copy to Jennifer Earle.

*The form must be to the Registrar’s Office at least **TWO MONTHS** prior to starting the elective.

Notify [Diane Noecker](#) in the UWSOM Financial Aid Office, T-557, Health Sciences Building, Tel. (206) 685-9229 that are you doing a clerkship abroad and let her know *when* you will be doing your international rotation.

COMPLETE the required steps outlined in Elective Clerkship Abroad Checklist.
*Credit for the rotation may be jeopardized if travel health and safety orientation is not attended and associated documentation is not submitted prior to leaving for rotation abroad.
(Pages 10 – 11)

ATTEND the required orientation for International Study Abroad held by the UW GHRC.

EVALUATION OF STUDENT PERFORMANCE - you are required to obtain the “Evaluation of Student Performance in the Clinical Curriculum” form from the sponsoring department and return the completed form to the sponsoring department upon return from the international elective.

**Credit for the rotation may be jeopardized if the evaluation form is not obtained, completed and provided to the UWSOM Registrar’s Office.

EVALUATION OF ECA – you are required to complete the ECA evaluation form and return it to Jennifer Earle in the GHRC.

REFLECTIVE PAPER – you are required to submit a short reflective paper on your elective experience to the Global Health Resource Center.

EXIT INTERVIEW(S) – you are required to participate in an exit interview with the Global Health Resource Center and/or representative(s) from the sponsoring clinical department.

**University of Washington School of Medicine (UWSOM)
Elective Clerkship Abroad Application
2009/2010**

SECTION 1: STUDENT

Last Name:	First Name:	Middle Initial:
Current Address:	Number & Street:	City, State, Zip
Telephone:	E-mail:	Cellular:
Entering Med School Year: E -	Note: <i>At the time you go on the international rotation you must have completed all 3rd year required clerkships.</i>	
Will you be a registered student at the UWSOM at the time of the rotation?	Note: <i>At the time you go on the international rotation you must be a registered student at the UWSOM.</i>	
Do you have health insurance?	Will your health insurance cover you outside of the United States?	Note: <i>Your rotation will not be approved unless you have adequate health insurance coverage while overseas.</i>

SECTION 2: APPLICATION SUPPLEMENTS

Attach a <u>thorough</u> description of student responsibilities and activities during the rotation.

SECTION 3: HOST INFORMATION *(If applicable)*

Host Organization Name:		
Host Contact Name:	Title:	
Address: Number and Street		
City/State/Province/Country/Postal Code		
Host Country:		
Telephone:	Fax:	E-mail:

<p>Does this opportunity have a University or Organizational affiliation? If so, what is it? <i>Ex.: University of Washington, University of Nebraska, Child Family Health International, Himalayan Health Exchange, etc.</i></p>
<p>How did you learn about this clerkship abroad opportunity?</p>

SECTION 4: Site Information *(If different from Host Information)*

Site Supervisor and Credentials:		
Site Contact Name:	Title:	
Address: Number and Street		
City/State/Province/Country/Postal Code		
Telephone:	Fax:	E-mail:

Section 5: Inclusive Dates of Rotation *(Must be at least 1 month/4 weeks in length – 5 weeks if concurrent enrollment.)*

Start Date:	End Date:
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SECTION 6: MEDICAL SPECIALTY AREA OF THE ROTATION:

Please select one:

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Obstetrics & Gyn | <input type="checkbox"/> Psychiatry | |

SECTION 7: WHAT TYPE OF ABROAD EXPERIENCE IS THIS?

Check all that apply:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Public Health | <input type="checkbox"/> Service Learning |
| <input type="checkbox"/> Research | <input type="checkbox"/> Policy & Development | <input type="checkbox"/> Language Immersion |

Note: Exclusive research activities are not an approved clinical clerkship activity.

SECTION 8: LEARNING OBJECTIVES

For those items checked above, please describe in detail the major activities of your elective:

<p>Clinical Work: (circle one) Primary Secondary</p>
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Public Health Work: (circle one) Primary Secondary
Service Learning: (circle one) Primary Secondary
Research (circle one) Primary Secondary <i>Note: Any and all research activities must have IRB approvals from UW and host site prior to rotation approval.</i>
Policy & Development (circle one) Primary Secondary
Language Immersion (circle one) Primary Secondary
What global health experiences have you had in the past? Ex. Courses, travel, volunteering, Peace Corps, etc.
List three reasons why you want to participate in this international clerkship program, including personal, curriculum goals and/or post-graduate career plans: 1. 2. 3.
Foreign language/skill level required by host organization (e.g. intermediate, fluent):

Foreign Languages: Rate fluency in each: 0 = none, 1 = some, 2 = good, 3 = native

Language	Reading	Writing	Hearing	Speaking

SECTION 9: UWSOM Approval

<p>Global Health Resource Center (GHRC), Department of Global Health</p> <p>The student _____ has completed the Elective Clerkship Abroad application and provided the required supporting documentation.</p> <p>Site/Program: _____</p> <p>Inclusive Dates of Rotation; Start _____ End _____</p> <p>Are you doing Concurrent Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signature of GHRC representative: _____</p> <p><i>*Disclaimer: Signature from the GHRC does not imply approval or endorsement for this rotation. Clinical departments should evaluate this documentation carefully and make the final determination of credit approval for this experience.</i></p>
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UWSOM Faculty Sponsor Name and Department:	
Faculty Sponsor Signature:	
Clerkship Director or Coordinator Email:	Telephone Number:

UWSOM Clerkship Director Name and Department:	
Clerkship Director Signature:	
Clerkship Director or Coordinator Email:	Telephone Number:

ACKNOWLEDGMENT OF RISK

I would like to participate in the Elective Clerkship Abroad elective noted below. This is an optional, elective, clinical activity.

I acknowledge that I am aware that there are risks to me of injury entailed in my participation in this elective, including the risks of travel to and from the country where the elective will take place, as well as the risks associated with residing in a foreign country whose level of health care and social services may not equal those in the United States. These risks include, but are not limited to, crime, terrorism, war, exposure to communicable diseases, serious bodily injury or death, property damage and other risks that may not be foreseeable. I do fully and completely assume any risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this elective and its activities. I assume the responsibility to review course materials and to request further information if needed to make a proper participation decision.

I understand that the University of Washington School of Medicine provides malpractice insurance coverage for participation in Elective Clerkship Abroad electives when scheduled for the clerkship. I assume the responsibility of obtaining a completed University of Washington School of Medicine evaluation form (in English) from the attending physician at the participating rotation. If a completed form is not received by the University of Washington School of Medicine Registrar’s Office in a timely fashion (two months in advance), I understand that credit for this rotation could be jeopardized.

NAME (Print): _____

DATE: _____ SIGNATURE: _____

Name of Elective: _____

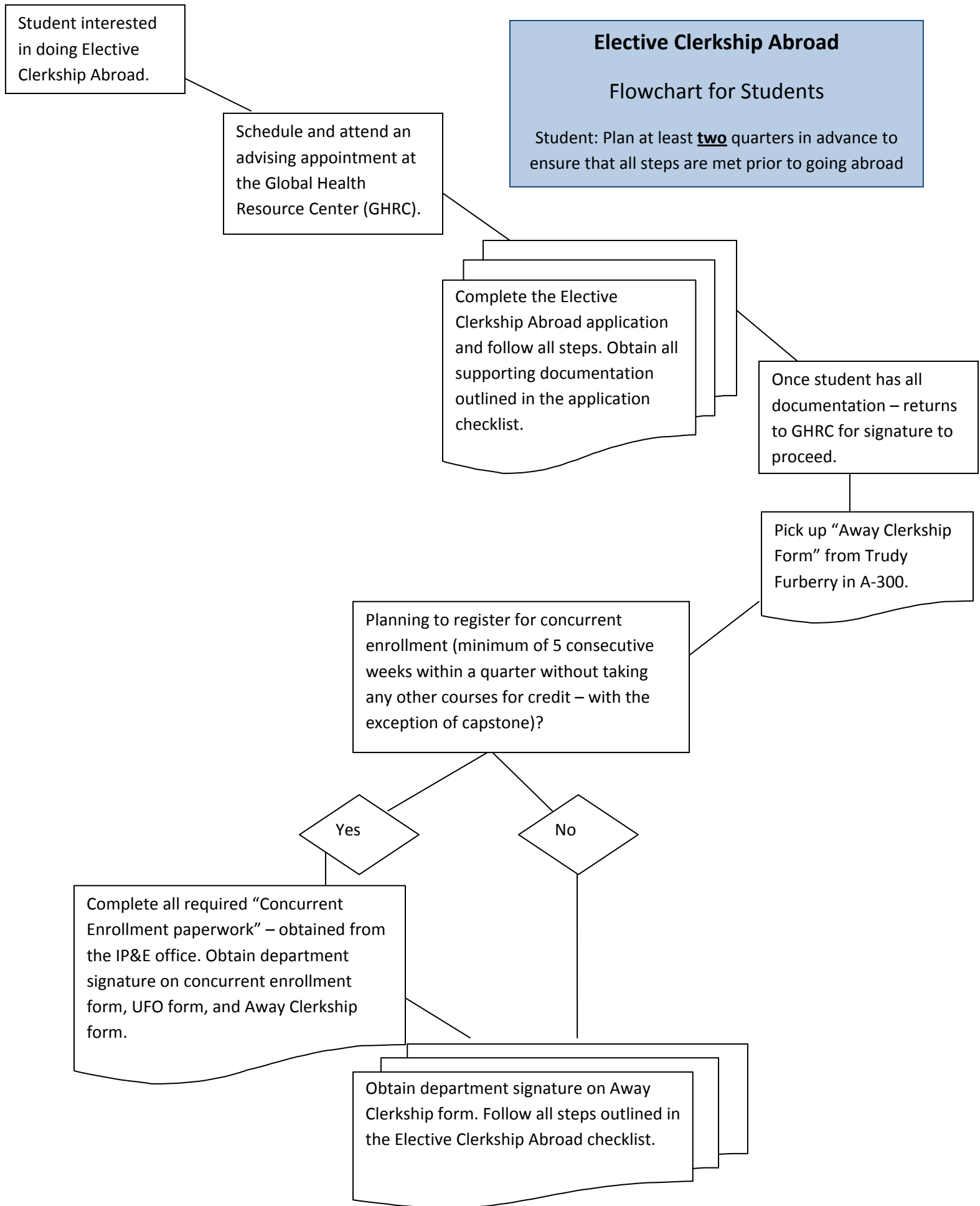
Country of Elective: _____

Beginning and Ending Dates of Elective: _____

Reviewed by, Risk Management
January 10, 2008

ELECTIVE CLERKSHIP ABROAD**FACULTY SPONSOR GUIDELINES**

1. Understand UWSOM guidelines and process to register for elective clerkship abroad. Students must have completed all third year required clerkships or receive special permission from the Department to qualify for elective clerkship abroad. Typically, this student is in their fourth-year.
2. Review completed application.
3. Meet with the student at least **TWO MONTHS** prior to starting the elective. In-person is preferred, e-mail contact is acceptable.
4. Discuss abroad experience to include:
 - a. Type of experience (clinical vs. public health or policy and development)
 - b. Learning objectives
 - c. What student can expect in terms of supervision and support if clinical clerkship
 - d. Resources to obtain assistance with clinical care questions while abroad
 - e. Living arrangements
 - f. Support from host organization while abroad
 - g. Plan for illness or other personal emergency
5. Sign application form
6. Provide email address and cellular phone number and encourage contact while student is abroad, especially if student has questions or concerns
7. Meet with student in person or via e-mail upon return to discuss experience



Elective Clerkship Abroad: Checklist

Before your trip

Administrative

- Complete the Elective Abroad Application (ECA) checklist.
- Read and become familiar with information about your host country site.
- Coordinate and set your dates of travel, housing arrangements and activities at your host site in collaboration with your host site contact.
- Communicate your plans to your UW faculty sponsor, host site contact and the GHRC.
- Purchase flight
- Obtain country visa (*if applicable*)

Academic

If you are doing concurrent enrollment (*minimum of 5 consecutive weeks within a quarter and taking no other courses that quarter*):

- Complete required paperwork for Concurrent Enrollment at the Office of International Programs and Exchanges, 4th Floor Schmitz Hall or download online:
<http://www.ipe.washington.edu/forms/>
- Complete the UFO (Unaffiliated Foreign Study Opportunities) Credit Verification form, page 4 of the UFO paperwork, at the Office of International Programs and Exchanges, 4th Floor Schmitz Hall or download online: <http://www.ipe.washington.edu/forms/>
- Complete the required online orientation through the IP&E office.

Health Care

- Attend the required orientation in International Study Abroad held by the GHRC.
- Complete health screening exam at Hall Health or primary care provider.
- Complete travel health consultation at an approved travel clinic: Hall Health Travel Clinic.
- Obtain necessary immunizations and travel medications
- Purchase HIV post-exposure needlestick prophylaxis
- *Absolutely NO sharing of prescriptions or purchasing from friends or faculty**
- Complete and Sign the Health Screen Appointment and Travel Health Consultation Verification form
- Obtain UW Study Abroad Insurance: To enroll enter either “University of Washington” or policy number “2008-1464-9” under “Find My School’s Plan” on the United Healthcare website: <https://www.uhcsr.com/SelfServiceSupport/Students/CollegeStudents.aspx#FindMySchoolPan> and follow the enrollment and payment instructions.
- ***Travel insurance MUST include basic medical coverage for travel abroad, emergency evacuation and repatriation of remains.*
- Complete and Submit the Respirator Medical Evaluation Questionnaire to Hall Health, Employee Health Nurse, Box 354410, Seattle, WA 98195. Write “**CONFIDENTIAL**” on the envelope.
- Attend NIOSH respirator filter training/fitting at Hall Health (\$75 as of 2008).

Packing Necessities

- Contact your host site contact to find out what supplies he or she suggests you bring and begin gathering those – examples include: hand sanitizer, NIOSH respirator, goggles, gloves, toilet paper, etc.
- Take documentation/pharmacy descriptions/explanations for all medications that you will carry with you
- Make copies of your passport, visa, flight itinerary, and site contact information and leave them with friends/family/the GHRC and take copies with you on your trip
- Take a credit card for unplanned emergency expenses

Provide the following documentation to the Global Health Resource Center at least one month PRIOR to leaving for rotation abroad: **Credit for the rotation may be jeopardized if the following are not submitted prior to leaving for rotation abroad.**

- Copy of your passport, visa and flight itinerary
- Address and contact information for host country
- Emergency contact information in the US
- Proof of travelers insurance coverage
- Completed Health Screen Appointment and Travel Health Consultation Verification form
- Proof of UW Sickness and Accident Insurance or equivalent domestic health insurance
- Receipts for travel consult, HIV needlestick prophylaxis, any medications/ immunizations, NIOSH respirator training and masks, and any other related supplies

During your trip

- Contact Jennifer Earle as soon as you arrive to confirm that you made it to your host country site.
- Contact and register with the local US consulate/embassy
- Keep a diary of your experience
- Touch base at least once/month by sending an e-mail to your UW faculty sponsor and Jennifer Earle at the GHRC: jearle@u.washington.edu.

Immediately upon your return

- Contact Jennifer Earle to let her know you arrived home safely.
- Obtain and submit your “*Evaluation of Student Performance in the Clinical Curriculum*” form to the sponsoring department within one week of your return to the US.
- Obtain and submit your “*Evaluation of Elective Clerkship Abroad*” form to the GHRC.
- Write a reflective paper on your experience and submit to the GHRC.
- Participate in an Exit Interview with the GHRC and/or sponsoring clinical department representative.

Any questions?

GHRC Contact: The GHRC is located in the Health Sciences Center, room T-433.

Jennifer Earle, Student Services Coordinator: jearle@u.washington.edu or 685-7418

Elective Clerkship Abroad

Health Screen Appointment and Travel Health Consultation

Verification Form

I, _____, have had a health screening exam on this date _____ with this provider _____ in order to make informed decisions regarding my health in preparation for travel abroad as per the requirement of the ___ Elective Clerkship Abroad process.

I, _____, have completed a travel health consultation appointment at _____ (travel health clinic) on _____ (date)

with this provider _____ in preparation for my participation in the above named program at this location _____ (country placement).

Thank you,

Signed _____

Your Name: _____

Elective Clerkship Abroad (ECA) Program Title: _____

Elective Clerkship Abroad (ECA) Country Site: _____

Elective dates: _____

1. What did you like best about your ECA experience?

2. What did you like least about your ECA experience?

3. Please describe and evaluate your clinical activities/experiences.

4. Please describe and evaluate your research, public health, language training or project activities/experiences, if applicable .

5. Please comment on your housing.

6. Please comment on the safety of your site.

7. Would you recommend this program and site to other students? Please explain why or why not.

8. What would you recommend that other students bring with them next year? What should students do to prepare ahead of time for their placement?

9. Any cultural awareness tips for future students?

10. Who were your primary contacts in-country and what was your experience working with them?
Your UW Faculty mentor(s)?

11. How would you rate your ECA experience/site overall? (select a score between 1 and 5)

5 Excellent

4 Good

3 Fair

2 Poor

1 Unacceptable

12. Please provide feedback on the ECA application and process.

13. Any other general feedback? Please feel free to attach additional pages.