We are delighted to share information with you about clinical electives for senior students, supported by the Center for World Health at the David Geffen School of Medicine.

For the current academic year, we are pleased to offer funded positions for a limited number of senior medical students to pursue global health clinical rotations at unique sites in seven countries. These include well-established experiences in China, India, Malawi, Mozambique, Peru, South Africa (both rural and urban experiences), and Thailand, each with a set of well-developed goals and objectives. An overview of the rotations at each of these sites is posted on the Center for World Health website: http://www.worldhealth.med.ucla.edu/index.php/learn/medical-students/global-health-clinical-electives/, and a brief description of each experience is also attached with this application.

Please note that prior international experience is not required. Over the years, students selected to participate have included those with little to no international experience, to those with significant experience and a commitment to pursuing careers in global health.

Senior students may apply for one specific elective site, or may choose to apply for multiple experiences. If you choose to apply for more than one program, please rank them in order of interest. Your personal statement should focus specifically on the reasons for selecting your first choice site. If you choose to apply for an alternate site or sites, please include an additional paragraph articulating your reasons for selecting each alternate site.

We anticipate selecting at least 20 students for three-week clinical rotations between March and April of 2018. Rotation dates are determined by the host site, so please consider your availability to participate during the designated dates, as outlined on the elective descriptions. Travel stipends of $1,500 will be provided for rotations in South America, $2,000 for rotations in Asia, and $2,500 for sub-Saharan Africa. Funding is intended to contribute to the expenses of pre-travel preparations (including pre-travel health care expenses), roundtrip airfare, and in-country accommodation and food for a three-week rotation, but will not cover total costs of participation.

Applications must be received no later than October 2, 2017 at 4PM in the Global Health Education Programs office (CHS 13-154). Interviews will be scheduled on October 7, 2017, with select time slots the following week. After submitting your application, you will be contacted to choose an interview date, in the order in which applications are received.
**Application Requirements:**

To be eligible, applicants must be in good academic standing. Your completed application file will include the following:

1. Application Form
2. Curriculum Vitae
3. Signed Code of Conduct/Attestation Statement (attached)
4. Personal Statement
   - Your personal statement should include a discussion of your career plans, and the specific reasons for wanting to participate in an international experience. You must also share an explanation for your interest in your elective choice, as well as an additional paragraph for each alternate site to which you’re also applying.
5. Recommendation Form (attached) to be completed by Dr. Lee Miller, Associate Dean for Student Affairs. Please complete the top of this form before dropping this off in the Student Affairs Office (“Attention: Roberta Rey”).
6. Recommendation Form (attached) from two faculty members with whom you have worked in a clinical setting, who can address your clinical skills, interpersonal skills, cultural sensitivity, maturity and adaptability.
7. Application Checklist
   - Please complete this form and submit with your other application materials

***Please NO double-sided printing and NO staples.***

**Selection Criteria:**

The Selection Committee will review each application, and all applicants will be required to interview with faculty members from the Selection Committee. Review criteria include the following:

1. Quality and content of your personal statement (including your ability to articulate your motivation for pursuing a global health experience, and what you hope to gain from it)
2. How well-matched your interests are with the selected elective site(s)
3. Strength of recommendations submitted on your behalf
4. Your ability to complete the requirements of the rotation, including dates established by each site, participation in the pre-travel orientation program on January 20, 2018, and participation in the post-travel feedback session on Thursday, May 31, 2018 here in Los Angeles. Please review the individual site descriptions to learn more about specific requirements and expectations for students at each site, and the specific rotation dates for 2018.
5. Emotional stability, maturity, and ability to work in an area with limited resources
6. The interview
Timeline:

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<th>Event</th>
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<tr>
<td>Application Deadline</td>
<td>October 2, 2017 at 4PM in CHS 13-154 (Office)</td>
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<td>Interviews</td>
<td>Saturday, October 7, 2017</td>
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<td>Notification of Final Decisions</td>
<td>Early November 2017</td>
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<tr>
<td>Mandatory Pre-Travel Orientation</td>
<td>Saturday, January 20, 2018</td>
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<tr>
<td>Mandatory Feedback Session</td>
<td>Thursday, May 31, 2018 from 12-2PM</td>
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The application details that follow also highlight an additional scholarship (above and beyond the published stipends for each elective). Please review the eligibility criteria that for the Class of ’98 Scholarship in International Health, and let us know if you have any questions.

Please note that the offices of the Center for World Health’s Global Health Education Programs are located in CHS 13-154, just down the hall from the Biomedical Library. We look forward to meeting with students there, or you can direct specific questions regarding these electives and the application process to Dr. Traci Wells at twells@mednet.ucla.edu.

Thank you for your interest in our clinical electives for senior medical students!

Sincerely,

Thomas Coates, PhD
Lee Miller, MD
Dan DeUgarte, MD
Fola May, MD, PhD
Traci Wells, PhD
Global Health Education Programs
Clinical Electives for Senior Medical Students
Spring 2018

APPLICATION FORM

Student’s Name: _________________________________________________________________

Last                                First              Middle

DGSOM Class of:  ________________________________________________________________

UCLA ID Number:       ________________________________________________________________

Contact Information:

Address:  _________________________________________________________________

Street Address

_________________________________________________________________

City, State and Zip Code

Telephone #:  ____________________________   (Home) Date of Birth:  ____________________________

Telephone #:  ____________________________    (Cell)  Email:   ____________________________

Emergency Contact Information:

Name:  ____________________________

Relationship:  ____________________________

Telephone:  ____________________________

Email:  ____________________________
Citizenship:

US Citizen?

[ ] Yes  [ ] No  *IF No, Citizenship: _______________________________

*Required for determining visa requirements for travel

Proficiency in Second Language:

[ ] Spanish  [ ] Portuguese  [ ] Mandarin  [ ] Thai  [ ] Other

Comments:
________________________________________________________________________________________
________________________________________________________________________________________

Academic Standing:

I am in good academic standing.

[ ] Yes  [ ] No

Elective Requests:

Please select your first choice site (#1). You may also choose to rank additional preferences:

- Bangkok, Thailand
- Cape Town, South Africa
- Chennai, India
- Hangzhou, China
- Iquitos, Peru
- Lilongwe, Malawi
- Maputo, Mozambique
- Tintswalo, South Africa
- Ubumbo, South Africa
Class of '98 Scholarship in International Health:

We are pleased to offer two scholarships of $1000 each for global health electives, sponsored by the Class of '98. Founding member Dr. Joseph Copeland and the Class of '98 are keen to support students with limited exposure to global health, and/or those who have a strong interest, but limited financial means.

If you would like to be considered for this scholarship, please check the box on the application form, and include a paragraph in your personal statement explaining how you meet one or both of the above criteria.

[ ] Yes  [ ] No
Global Health Education Programs
Clinical Electives for Senior Medical Students
Spring 2018

FACULTY RECOMMENDATION FORM – Page 1

Student's Name: ___________________________________________________________________________________

Faculty Member's name: ___________________________________________________________________________

1st choice elective site: ________________________________

2nd choice elective site: _______________________________

_____ (I waive) _____ (I do not waive) my right to see this Recommendation Form

(Student's signature)           (Date)
For Faculty Members: The senior student above has applied to participate in a global health clinical elective in the spring of 2018 in one of eight clinical settings (China, India, Malawi, Mozambique, Peru, urban or rural South Africa, or Thailand). We would greatly appreciate your assessment of the student’s clinical skills, as well as his or her maturity, adaptability, emotional stability and ability to work in an area with limited resources.

1. Clinical Skills

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2. Communication Skills

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3. Interpersonal Skills

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4. Maturity

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5. Emotional Stability

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6. Ability to “think outside of the box”

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7. Cultural Sensitivity

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8. Setting(s) in which you have worked with this student:

9. How long have you known this student, and how well do you know him or her?

10. We would appreciate additional comments and feedback (please attach additional page if you would like to share more with the Selection Committee):

(Faculty Member’s Signature)         (Date)

Please return this completed form by October 2, 2017 to the Offices of the Center for World Health via:

1. Interoffice Mail to the Global Health Education Programs in Room CHS 13-154
2. Fax to 310-825-3157 – Attention Traci, or by
3. Email to Traci Wells (twells@mednet.ucla.edu)

Please call 310-825-2215 with any questions.

Thank you for providing your feedback!
Global Health Education Programs
Clinical Electives for Senior Medical Students
Spring 2018

DEAN'S OFFICE RECOMMENDATION FORM – Page 1

Student’s name: _____________________________________________________________________________________________

1st choice elective site: ________________________________

2nd choice elective site: ________________________________

3rd choice elective site:_________________________________

Please drop this form off at the SAO ("Attention: Roberta Rey") as soon as possible so that it may be completed before applications are reviewed (application deadline 4 PM on October 2, 2017).

Part A – Eligibility:

The above student is eligible to apply for a senior clinical elective through the Global Health Education Program, given the following:

1. The student is in Good Academic/Professional Standing
2. The student has had no clerkship failures based on clinical performance
3. No problems with academic performance or professionalism have been identified that might raise concern for participation in this program.

Part B - Assessment

1. Clinical Skills

   Possible Concern   No Concern   Excellent   Outstanding
   □                  □             □          □

2. Communication Skills

   Possible Concern   No Concern   Excellent   Outstanding
   □                  □             □          □
3. Interpersonal Skills

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6. Ability to “think outside of the box”

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**Part C – Comments:**

________________________  ______________________________
Lee Miller, M.D.          Date
Associate Dean for Student Affairs
Code of Conduct and Risk Reduction Agreement for Global Health Electives

The David Geffen School of Medicine at UCLA is committed to preparing leaders for distinguished careers in clinical practice, teaching, research, and public service. As part of that commitment, we support our trainees in their humanistic and compassionate desire to participate in global health experiences. This document provides important information about the health and safety risks of traveling abroad and also recognizes that while abroad, you are a representative of UCLA. As such, in order to participate and receive credit for your experience, you are required to carefully review and sign this risk reduction and code of conduct document. Please review this form and initial each section, date and sign the last page, and submit the document with your application. Please also review this form with the UCLA faculty member who will serve as your global health mentor and make sure you fully understand all aspects of this policy. A global health experience can be incredibly powerful and inspiring, and we congratulate you on your decision to apply for this global health experience.

Personal Health:

- I will arrange an appointment with my primary medical doctor or travel clinic, to ensure that pre-travel vaccinations, medications, malaria prophylaxis, HIV post-exposure prophylaxis, and other essential medications are obtained in sufficient time prior to departure (it is recommended a pre-travel appointment be scheduled for three months prior to departure).
- I will sign up for UCLA travel insurance which will provide coverage for health issues while abroad, coverage of lost or stolen items, as well as expatriation should there be any conflict or safety concern while I am abroad (sign up at https://fstop.uctechnology.ucdavis.edu/servlet/guest?service=0&formId=2&enterprise=1. I understand that I will be financially responsible for any items or dollar amount not covered through UCLA travel insurance (deductibles, exclusions, etc.)
- I will keep a copy of my health insurance and evacuation insurance information with me on my person at all times during my international experience.
- Health issues may be exacerbated under stressful and unfamiliar situations. I have no physical or mental health issues that would put me at risk or preclude my safe participation in this program. I understand that there may be limited availability of medications and will be responsible for bringing my own supply of necessary medications (over-the-counter and prescription) for personal use.
- I understand that neither UCLA nor the host institutions are responsible for expenses relating to any illness occurring during my international experience. I will be responsible
for medical and medically-related expenses and for seeking reimbursement from UCLA travel insurance and/or my own health insurance company.

- Prior to my departure I will review the emergency contact information with my UCLA faculty mentor and fully understand whom to contact in case of illness or injury while working abroad. If I become ill or injured I will follow the notification process as outlined.

- Upon return to the U.S., I will schedule an appointment with Occupational Health within 1 week to check for any illnesses acquired abroad that might be transmissible.

**Occupational Standards:**

- I will or have already participated in the UCLA Global Health Education Program (GHEP) pre-departure training, or have reviewed the on-line health and safety talk and passed the quiz associated with this presentation.

- If engaging in clinical work or working in settings with the possibility of an HIV exposure, I understand the recommendations to have a filled prescription for HIV post-exposure prophylaxis (PEP).

- I will discuss with my faculty mentor whether I will need to bring N95 masks and gloves, and will review with my mentor the appropriate situations for use of these precautions.

- I will utilize universal precautions at all times.

**Travel and Recreational Safety:**

- I understand that my global health experience is for educational purposes. If I would like to travel for tourism, I will do so outside of my educational time, it will not conflict with my clinical or research commitments, and it will be at my own risk. I will arrange for my own travel and cover my own expenses when travelling as a tourist. When traveling as a tourist I recognize that I remain a representative of my institution and will maintain the same code of conduct and engage in the same safety measures.

- If there are any itinerary changes, regardless of whether these changes impact the dates of my rotation abroad, I will discuss these with my UCLA faculty mentor.

- Traveling by car in the developing world is markedly more dangerous than traveling elsewhere. I will wear safety belts in vehicles when a belt is available.

- I understand that my institution recommends against hitchhiking, traveling on motorcycles, in the open back or tops of vehicles and trains, and at dusk or nighttime. I will participate in these modes of travel at my own risk.

- I understand that my institution recommends against driving motorized vehicles while working or traveling internationally, and I will do so at my own risk.

- When engaging in water sports, I will wear personal flotation devices and will avoid hazardous or unknown conditions.

- Prior to travel, I will review with my primary medical doctor or travel clinic physician the risks for exposure to bodies of water that may be sources of infectious diseases (i.e., schistosomiasis, Guinea Worm, bacterial infections, etc.)

Initial Here:
Professionalism and Behavior:

- As a representative of David Geffen School of Medicine at UCLA, I will hold myself to the highest standards of professionalism, respect and courtesy.
- I understand that the same standards of professionalism apply when I am abroad as when I am at UCLA, including full disclosure about my status as a trainee, discussing patient care with a supervising preceptor, and obtaining consent from patients and their families.
- I recognize that personal behaviors, clinical skills and competencies are culturally framed and resource-dependent. I will refrain from passing judgment and will be sensitive to cultural differences in standards of care.
- If awarded funding (stipend, scholarship, grant, etc.) from UCLA, I understand that the stipend is to contribute to but may not cover all costs of travel preparation, travel, accommodation, food, and elective associated fees, and is not meant to support tourism or vacation related travel.
- I understand that if I receive funding from UCLA, I am making a commitment to participate in the experience. Once I have signed this conduct form I understand that if I cancel my elective I may be held responsible for costs incurred on my behalf including, but not limited to, airfare, travel advances, and administrative fees. Exceptions will be made only in the case of medical or personal emergency with an attending physician note and upon discussion with my faculty mentor.
- I am aware that I am responsible for fulfilling the number of elective weeks required for graduation, and for meeting my financial aid requirements (as applicable) each semester.
- I understand that UCLA will require me to participate in a pre-travel curriculum, and upon my return, I may be required to present my experience or participate in feedback to meet the requirements of this program and to receive elective credit if applicable (requirements determined by specific faculty mentor).
- I have been made aware of and understand all the requirements of this elective.
- I understand that UCLA may revoke my funding or require for it to be paid back if I am not able to participate due to withdrawing from the program for any reason.

Clinical Care:

- If performing clinical care, I will care for patients under the direct supervision of a local preceptor, within the limitations established by my level of training.
- I will keep the welfare of the patient foremost in my mind. I recognize that it is particularly important to honor patient autonomy in communities with limited resources, where all patients must be given the choice of whether or not to have trainees involved in their care.
- I will not give money to patients, clinicians, or the institution, nor make any commitment or implication of commitment of personal or UCLA institutional funding to patients, clinicians, or the institution.
Social Media and Photographs:
- I will use discretion in taking photographs, especially in a medical setting. When taking a photograph or video, I will always seek permission first, and provide information regarding planned use of the photograph to individuals or the host institution being photographed. If photographs will be used for public viewing (blogs, internet, email, Facebook, presentation, publication, etc.), UCLA photograph release forms must be signed.
- In taking photos, I recognize that it is important to respect people and take into consideration whether they may experience negative consequences of having their photo used.
- If I would like to keep family and friends informed of my experiences while abroad, I will use my personal email and ask that these emails not be shared publicly without my consent.
- I will avoid posting any sensitive information (i.e. regarding patient care, lack of resources, cultural differences, or political situations) on any public forum including but not limited to blogs, Facebook, twitter, etc.

Initial Here:

Personal Conduct:
- I will respect and comply with the rules, regulations, and cultural standards of both the US and my host country, UCLA and host institution.
- I will inform my UCLA faculty mentor immediately of any legal problems.
- I will not engage in illegal substance use. This includes alcohol if use of alcohol is illegal in the host country. If culturally appropriate to consume alcohol, I will do so responsibly.
- I understand the sensitivities (exploitation of power dynamics) involved in engaging in sexual relationships with individuals in less resourced settings and risks (HIV and other sexually transmitted infections) and will avoid engaging in such relationships.
- I will not engage in romantic or sexual relationships with staff, community members, or patients in my host country during my elective.
- I will refrain from participating in any political activity (i.e. strike, demonstration, protest, rally, etc.).
- I will dress in a culturally appropriate and professional manner.
- I will be punctual and arrive at meetings and rotations on time. I realize that people in my host community may not always be punctual by Western standards, and I will also be sensitive to cultural difference regarding punctuality.

Initial Here:

Research and Teaching:
- I will consult with a faculty mentor if I am interested in conducting research or obtaining data for publication during my global health elective, to ensure that I obtain IRB approval and appropriate human subjects/ethical training if needed.
Gift and Donation Policy:

- In practicing global health I am receiving education and experience from this elective, and will likely receive more out of this experience than I am able to contribute. Personal gifts and donations, while expressions of my gratitude, may have negative consequences by causing jealousy, conflict and/or favoritism in the workplace. Prior to my departure I will discuss with my faculty mentor the appropriateness of giving personal gifts and donations.
- I will not make direct donations to patients or other individuals, as that may compromise the patient-clinician working relationship and would also set a precedent for future visiting clinicians. If I would like to contribute to a patient’s care, I will request to do so in an anonymous manner and will obtain permission through the host administration and mentor, and discuss this with my UCLA faculty mentor.
- In making donations of medical supplies I will discuss with my UCLA faculty mentor the utility of those donations in the clinical setting and the sustainability of an individual bringing donations of medical supplies. I will not administer expired medication or use non-sterile equipment without discussion with my UCLA faculty mentor and the faculty mentor at my host institution.

Initial Here:

Code of Conduct and Risk Reduction Agreement for Global Health Electives

Acknowledgment of Review:

Please submit this signed form to your application.

I have carefully reviewed the risk reduction agreement and code of conduct. The above risk reduction and code of conduct document is designed to serve as a guide to ensure a safe, fulfilling, and ethically sound global health experience for both trainees and for host institution.

Participant’s Name (please print)

Participant’s Signature Date

UCLA Faculty Mentor Name (please print)

UCLA Faculty Mentor’s Signature Date
Global Health Clinical Electives for Senior Medical Students

APPLICATION CHECKLIST

Name: __________________________________________

Please check off the items below and submit this Application Checklist along with your other application materials:

[  ] Application Form (all sections completed)
[  ] Curriculum Vitae
[  ] Letter of Support from Associate Dean for Student Affairs
[  ] Personal Statement (limit 1 page, font Arial 11 with 1 inch margins)
[  ] Signed Code of Conduct/Attestation Statement
[  ] Requested completion of the Faculty Recommendation Form from the following two faculty members with whom you have worked closely in a clinical setting:

Name of Faculty Member: ______________________________________
Department: _______________    Location:________________________
Email: _____________________________________________________________

Name of Faculty Member: ______________________________________
Department: _______________    Location:________________________
Email: _____________________________________________________________