GHP | Global Health Program

# **Clinical Elective for Senior Medical Students in Jamaica-#FP253.05 Spring 2024**

**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
5. Recommendation Form (attached)

This should be completed by your Assistant Dean for Student Affairs (alternatively, Drew students may choose to have their form completed by Dr. Calmes). Please complete the top of this form before emailing the form to your Dean, who will in turn forward all completed forms via email to [Bruno.J.Lewin@kp.org](mailto:Bruno.J.Lewin@kp.org).

1. Recommendation Form (attached)

These should come 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.

1. Application Checklist

Please complete this form and submit with your other application materials

**Selection Criteria:**

Dr. Bruno Lewin will review each application. 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
4. Your ability to complete the requirements of the rotation, including dates, participation in the pre-travel orientation program on Saturday, February 10, 2024 and participation in the post-travel feedback session on Thursday, May 31, 2024 in Los Angeles.
5. Emotional stability, maturity, and ability to work in an area with limited resources

**Timeline:**

|  |  |
| --- | --- |
| Application Deadline | November 15, 2023 at 11:59 PM via email |

Please direct specific questions regarding these electives and the application process to Dr. Bruno Lewin at [Bruno.J.Lewin@kp.org](mailto:Bruno.J.Lewin@kp.org).

**Clinical Electives for Senior Medical Students** **in Jamaica**

**Spring 2024**

**Application Form- Page 1**

**Basic Information:**

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
|  | Last | First |

|  |  |
| --- | --- |
| **DGSOM Class of:** |  |

|  |  |
| --- | --- |
| **UCLA ID Number:** |  |

|  |  |
| --- | --- |
| **Date of Birth:** |  |

**Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **Address:** |  |
|  |

**Emergency Contact Information:**

|  |  |  |
| --- | --- | --- |
| **Name:** |  |  |
|  | **Last** | **First** |

|  |  |
| --- | --- |
| **Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email:** |  |

**Citizenship:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No |  |
| US Citizen? |  |  |
| \*If No, Citizenship: |  | | |
|  | \*Required for determining visa requirements for travel | | |

**Passport information:**

|  |  |
| --- | --- |
| Current passport expiration date: |  |
|  | \*Passports must be valid for 6 months after April 2024 |

**Clinical Electives for Senior Medical Students in Jamaica**

**Spring 2024**

**Application Form- Page 2**

**Academic Standing:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I am in good academic standing |  |  |

|  |  |
| --- | --- |
| **Intended Specialty:** |  |

**Clinical Electives for Senior Medical Students in Jamaica**

**Spring 2024**

**Application Checklist**

|  |  |
| --- | --- |
| **Name:** |  |

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

Application form (all sections complete)

Curriculum Vitae

Requested Letter of Support from your Assistant Dean

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

faculty member with whom you have worked closely in a *clinical* setting:

|  |  |
| --- | --- |
| **Name of faculty recommender:** |  |
| **Department:** |  |
| **Location:** |  |
| **Email:** |  |

## **Clinical Elective for Senior Medical Students in Jamaica**

**Spring 2024**

**Personal Statement**

Please fill out background information below and statement

|  |  |
| --- | --- |
| **UCLA College:** |  |

|  |
| --- |
| **Student run clinic experience:** |
| Please add your response |

|  |
| --- |
| **Underserved health care experience:** |
| Please add your response |

|  |
| --- |
| **International experience:** |
| Please add your response |

|  |
| --- |
| **Statement (Brief description of interest in medical volunteer work abroad and specifically Jamaica):** |
| Please add your response |

## **Clinical Elective for Senior Medical Students in Jamaica**

**Spring 2024**

**Faculty Recommendation Form - Page 1**

|  |  |
| --- | --- |
| **Student’s name:** |  |

|  |  |
| --- | --- |
| **Faculty Member’s name:** |  |

|  |  |
| --- | --- |
| **Elective site:** |  |

|  |  |
| --- | --- |
| **Please choose one of the following statements:** | |
|  | I WAIVE my right to see this Recommendation Form |
|  | I DO NOT waive my right to see this Recommendation Form |

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click or tap to enter a date.**

**Faculty Recommendation Form – Page 2**

**For Faculty Members:** The senior student above has applied to participate in a global health clinical elective in the Spring of 2024 in Jamaica. 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Communication skills**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Interpersonal skills**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Maturity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Emotional stability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Ability to “think outside the box”**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Communication skills**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

**Faculty Recommendation Form – Page 3**

|  |
| --- |
| 1. **Setting(s) in which you have worked with this student:** |
| Please add your response |
| 1. **How long have you known this student, and how well do you know him or her?** |
| Please add your response |
| 1. **We would appreciate additional comments and feedback (please attach additional page if you would like to share more with the Selection Committee):** |
| Please add your response |

**Faculty Member’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click or tap to enter a date.**

Please return this completed form by **November 15, 2023** via:

* 1. Email to Dr. Bruno Lewin at [Bruno.J.Lewin@kp.org.](mailto:Bruno.J.Lewin@kp.org)
  2. Fax to Dr. Bruno Lewin at (323-783-4030)

Please reach out to Dr. Lewin at 323-783-1611 with any questions.

Thank you for providing your feedback!

## **Clinical Elective for Senior Medical Students in Jamaica**

**Spring 2024**

**Assistant Dean’s Recommendation Form - Page 1**

To be completed by Drs. Calmes, Fitzgerald, Lehman, Middlekauff or Smart and returned to Dr. Bruno Lewin at [Bruno.J.Le](mailto:Bruno.J.Lewin@kp.org)[win@kp.org](mailto:win@kp.org).

|  |  |
| --- | --- |
| **Student’s name:** |  |

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Communication skills**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Interpersonal skills**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Maturity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

**Dean’s Recommendation Form - Page 2**

1. **Emotional stability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Ability to “think outside the box”**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

1. **Cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Below Average | Top 50% | Top 25% | Top 10% | Top 5% | Unable to comment |
|  |  |  |  |  |  |

**Part C – Comments:**

|  |
| --- |
| Please add your response |

**Signature of Assistant Dean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: **Click or tap to enter a date.**

Thank you for providing your feedback!