GHP | Global Health Program

**Global Health Program**

**Clinical Electives for Senior Medical Students**

**Spring 2024**

**Faculty Recommendation Form - Page 1**

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

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

|  |  |
| --- | --- |
| **1st choice elective site:** |       |

|  |  |
| --- | --- |
| **2nd choice 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 one of thirteen clinical settings (in either Brazil, China, Ecuador, India, Lebanon, Malawi, Mexico, Mozambique, Peru, urban or rural South Africa, or two locations in 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Faculty Recommendation Form – Page 3**

|  |
| --- |
| 1. **Setting(s) in which you have worked with this student:**
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| 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 **September 1, 2023 at 11:59 PM** to Vijeta Vaswani at VVaswani@mednet.ucla.edu.

Please reach out to Dr. Traci Wells at TWells@mednet.ucla.edu with any questions.

Thank you for providing your feedback.