

International Elective Instructions

Before proceeding, please complete the following two steps:

U.S. Department of State Travel Warnings	Students may not travel to countries or areas where a U.S. Department of State warning is in effect without prior approval from SBU. Travel warnings for individual countries and announcements for particular regions are available at http://travel.state.gov/content/passports/en/alertswarnings.html .
Elective Approval Form for International Electives	Elective approval form must be approved by the Associate Dean of Global Medical Education and then signed by the Associate Dean for Student Affairs before proceeding further (page 2).

If your Elective Approval Form has been approved, please proceed with the following:

Liability Insurance & Waiver Forms	Submit form to Kimberly Malamutt in the AFA/Global Medical Education Office (page 3).
International Travel Policy (ITP)	http://www.stonybrook.edu/iaps/international_travel_policy.html
Purchase GeoBlue Insurance	Contact Student Health Services on West Campus 631-632-6740. http://studentaffairs.stonybrook.edu/shs/insurance/intl_howto.html
Student's Elective Evaluation Form	To be completed by medical student at the end of the elective (page 4). Submit this form to Bonnie Chalson in the AFA Office at the end of the elective. bonita.chalson@stonybrookmedicine.edu Phone (631) 444-1030 Fax (631) 444-9376
Elective Evaluation Form	To be completed by supervisor at the end of the elective. Form should be submitted by the international site to Bonnie Chalson in the AFA Office at the end of the elective. bonita.chalson@stonybrookmedicine.edu Phone (631) 444-1030 Fax (631) 444-9376



International Elective Approval Form

Student Name	
Country Visiting	
Is site on the U.S. Department of State Travel Warning site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Official Site Name & Address	
Site Phone and Fax	
Supervisor's Name & Title Email (person who will supervise you at the site)	
Type of elective	
# weeks	
# hours of supervision per week	
Start Date End Date	

Learning Objectives

This elective has the following behavioral learning objectives. Objectives should be measurable. At the end of this rotation, the student should be able to:

- 1.
- 2.
- 3.
- 4.

Please provide a general description of the student responsibilities and duties while at the elective site (an official description of the international rotation can be attached to this form):

AFA Office Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean's Signature, Global Medicine	
Dean's Signature, Student Affairs	

Submit form to Kimberly Malamutt in the AFA/Global Medical Education Office for approval by the Associate Dean.
Kimberly.Malamutt@stonybrookmedicine.edu Phone: (631) 444-2346 Fax: (631) 444-9376



Liability Insurance Information

Student Name:	Elective:	Site: Country:
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Choose one of the following, which applies to your elective (*before submitting form to the site supervisor for signature*):

A confirmed affiliate agreement exists for this site as of this date and will be in effect while the student rotates at this site.	AFA initials/date:
An affiliate agreement is being negotiated for this site and will be confirmed by 30 days prior to the start of this rotation, or the student will drop the rotation and take a back-up rotation which the student has set up an affiliated site.	AFA initials/date:
The student will be attending an unaffiliated site in a foreign county. The student is aware that there is no liability coverage available while he/she rotates at this site and has signed the appropriate waiver forms, which will be kept on file in the Office of Academic and Faculty Affairs (AFA). The site has been notified that there is no liability insurance for the student while he/she rotates there. (This form will be sent to the site and functions as notification of liability insurance coverage status). <i>Please see Kimberly Malamutt in AFA/Global Medical Education to sign Assumption of Risk and Waiver of Liability Insurance forms.</i>	AFA initials/date: Student signature:

Name	Signature / Date	Email
Student acceptance to complete elective:		

International Site Approval

A student evaluation form will be provided by the student. It should be returned to the Office of AFA within two of completion of the elective.

Please read the liability insurance information above. Your signature below affirms that you are aware of the status of liability coverage (or lack of coverage) for this student for this rotation and agree to offer this elective to the student. If no status is indicated above, please contact our office at 631-444-2346 for the status of liability coverage for this site.

Name	Signature / Date	Email
Site Supervisor Acceptance:		

Submit form to Kimberly Malamutt in the AFA/Global Medical Education Office for approval by the Associate Dean.
Kimberly.Malamutt@stonybrookmedicine.edu Phone (631) 444-2346 Fax: (631) 444-9376

ASSUMPTION OF RISK STATEMENT

I, [Student's Name] _____, have requested to participate in the activity described below. I have been fully and completely apprised of the actual and potential risks inherent in this activity. These include the risk of property damage or loss, personal injury or death. By signing below, I am asserting that I am knowingly and voluntarily assuming all such risks. I further assert that I have been advised that I must ensure that I am covered by a health/accident insurance coverage, which will be available to cover the costs of any medical expenses, or other costs which I incur should I be injured in the course of participating in this activity. I agree not to hold the University as responsible for insuring any losses I may suffer in relation to this participation. I understand that the School of Medicine, the State University of New York, the State of New York (and their officers, agents, employees and volunteers) do not maintain liability insurance coverage associated with these activities. I assume full and complete responsibility for obtaining proper health/accident and, if appropriate, motor vehicle insurance coverage.

DESCRIPTION OF PROGRAM OR ACTIVITY:

Elective in [Name of elective] _____ at [Name and address/location of site] _____

from [start date] _____ through _____ [end date].

There [choose one] will will not be patient contact.

Date

Signature of Participant

Age of Participant

Signature of Parent (if participant under 18)



Student's Elective Evaluation Form

Please write your name on the back of this evaluation. We will not give your name to other students who want to know about this site, but we need to know that you have submitted an evaluation. Your name and evaluation will not affect your grade in any way. Your grade for this elective will be entered into CBase after we have received this form. The purpose of this evaluation is to help monitor our students' research experiences and our students' experiences at the sites they go to.

Elective _____

Elective Site _____

Start Date _____ **End Date** _____

Learning Objectives:

- 1.
- 2.
- 3.
- 4.

Was the site able to provide the education needed to meet these objectives? Explain.

Please provide a summary of your experience (What were your roles and responsibilities while at this site? Was the faculty available and responsive to your learning needs? Describe the patient population. Describe your living conditions. What was the learning environment like? How is this site different from any experiences you've had at any other site? How did this experience enhance your learning in medical school? Which competencies did this elective best address and why? How did the site assess whether or not you met the learning objectives?)

Submit this form to Bonnie Chalson in the AFA Office at the end of the elective. bonita.chalson@stonybrookmedicine.edu Phone (631) 444-1030 Fax (631) 444-9376

Stony Brook Univ School of Medicine–Sub Internship/Elective 4th Year Evaluation

Student Photo Here:	Student Name:	Evaluator Name:
	Subspecialty Rotation:	
Attending:	Resident PGY -	Other:
CLINICAL SITE:	SBUH WUH VA NUMC	OTHER:
Date of Evaluation:	Rotation Start Date:	End Date:
We worked together for:	≥ 3 days	4d-7d 8d-14 d ≥ 14 days

Patient Care

- Independent patient histories and appropriate physical examination with formulation of a problem list, differential diagnosis and prioritized management plan.
- Prioritized management plan with the health care team and describe a rationale for the plan.
- Reassess patients throughout the hospital course, summarize interval patient information and rationale for ongoing clinical management.
- Recognize critical illness requiring immediate attention.

Below Expectations: _____	Meets Expectations: _____	Exceeds Expectations: _____	N/A: _____
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Medical Knowledge

- Independently expands knowledge of established and evolving biomedical, clinical and cognate sciences, and integrates and applies this knowledge to patient care within the patient, family and community context.

Below Expectations: _____	Meets Expectations: _____	Exceeds Expectations: _____	N/A: _____
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Practice-Based Learning and Improvement

- Demonstrates the ability to recognize personal limitations and use self-directed learning, evidence based medicine and access appropriate resources to answer clinical questions.

Below Expectations: _____	Meets Expectations: _____	Exceeds Expectations: _____	N/A: _____
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Interpersonal and Communication Skills

- Communicates effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, taking into account health literacy level.
- Communicate patient information accurately and efficiently to all health care team members in both oral and written formats, including hands-offs, rounds, conferences and consultation requests.

Below Expectations: _____	Meets Expectations: _____	Exceeds Expectations: _____	N/A: _____
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Professionalism

- Demonstrates professionalism in behavior, attire, integrity, compassion, respect, altruism, responsibility and cultural sensitivity when interacting with patients and their families, as well as all members of the health care team.

Below Expectations: _____	Meets Expectations: _____	Exceeds Expectations: _____	N/A: _____
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Systems-Based Practice

- Demonstrates appropriate and effective team work with supervisors and health care providers, including those from other disciplines to assess, coordinate and improve patient care.
- Recognizes, addresses and works to prevent errors and near-misses.

Below Expectations: _____	Meets Expectations: _____	Exceeds Expectations: _____	N/A: _____
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Comments about performance and justification of your recommended grades:

Please provide a statement of this student's abilities (CIRCLE BELOW):

OBSERVER: Student directly observes clinical skills and procedures; not directly involved in information gathering or reporting.

REPORTER: Obtains and reports basic information completely, accurately, and reliably. Works professionally with patients, staff and colleagues.

INTERPRETER: Reporting shows selectivity and implies analysis. Consistently offers reasonable interpretations without prompting. Prioritizes well. Well prepared for rounds and patient discussions.

MANAGER: Consistently suggests diagnostic and therapeutic plans, management options. Has maturity, skill, and knowledge to negotiate with patients and professionals. Excellent general knowledge; thorough patient knowledge. Familiar with relevant literature.

EDUCATOR: Independently willing/able to get to higher level of knowledge and evidence (self-teaching). Teaches and learns from others (patients, colleagues). Takes the lead on patient care solutions. Exceptional potential for growth and leadership. Strong interpersonal skills.

I have discussed this evaluation with the student:

YES

NO

H, HP, P, LP or F

Final Grade _____

*****ONLY ONE EVALUATION PER ROTATION PER STUDENT*****

Evaluator Signature: _____	Date: _____
Print Name: _____	

RETURN BY:
RETURN TO: Stony Brook University School of Medicine Office of Undergraduate Medical Education HSC, L4, 158 Stony Brook, NY 11794-8432 Attention: Bonnie Chalson OR FAX: (631) 444-9521