Preface

The purpose of this handbook is to provide basic information for medical and pre-medical students participating in summer internship program at Touro University.

The manual is updated on yearly basis to incorporate new changes and modifications to the program following end of year evaluation.

Specific Goals of the Program

- Gain experience in aspects of medicine beyond the core curriculum
- Gain knowledge of diseases that are uncommon in USA
- Observe and develop existing clinical skills
- Broaden public health knowledge
- Recognize and understand the relationship between medicine and society in another culture (medical problems, medical ethics, law, health care system, etc)
TUC Coordinator:
- Athena W. Lin, Ph.D
  Global Health Program
  Vallejo, CA 94592, USA
  1310 Club Drive, Mare Island
  Tel: 707-638-5239
  Email: athena.lin@touro.edu

Local Coordinator:
- Ms. Becky Hsu
  Taiwan International Healthcare Training Center
  Taipei Hospital, Department of Health, Executive Yuan
  127, Su-Yuan Road, Hsin-Chuang Dist.
  New Taipei City, Taiwan
  Tel: 02-22765566 ext. 2000 or 2001
  E-Mail: imtcimtc@yahoo.com.tw

American Institute in Taiwan
  No.7 Lane 134, Hsin Yi Road Section 3
  Taipei, Taiwan
  Telephone: (886) 2-2162-2000
  Fax: (886) 2-2162-2239
  No. 2 Chung Cheng 3rd Road, 5th Floor,
  Kaohsiung, Taiwan
  Telephone: (886) 7-238-7744

Web site: http://www.ait.org.tw
Index | Page
---|---
A. Taiwan Overview | 5
B. TIHTC | 9
C. TIHTC Objectives & Mission | 10
D. Program Layout | 11
E. Safety Issues | 12

Appendices

Appendix A - Program Cost | 14
Appendix B – TIHTC Application Form | 15
Appendix C - Student Information | 18
Appendix D - California Waiver of Liability for International Rotation | 19
Appendix E - Student Participation Agreement | 20
Appendix F – Student Self Assessment Form | 24
Appendix G - Student Site Evaluation Form | 26
Appendix H - Academic Clearance Form | 27
A. TAIWAN OVERVIEW

Language
Mandarin
Taiwanese
Hakka

Currency
New Taiwan Dollar
32 NT $ ~ 1 USD

Time Zone
UTC +8

Country Code 886

Geography
~180 km off the southeastern coast of China, across the Taiwan strait
Area: 36,189 sq. km. (13,973 sq. mi.)
Terrain: two thirds of the island is largely mountainous with 100 peaks over 3,000 meters (9,843 ft.).
US Embassy location : Taipei
Capital
○ Taipei 台北: 2.6 million
○ Other major cities:
  ○ Kaohsiung 高雄: 1.5 million
  ○ Taichung 台中: 1.07 million

Climate
Maritime subtropical
June- September: hot, humid weather

People
Population: 23.0 million (as of 2/2009)
○ 98% Han Chinese
  ▪ 86% 本省人: descendants of early Han Chinese
  ▪ 12% 外省人: mainland Chinese immigrants who arrived after WWII with the KMT government
○ 2% Taiwanese aborigines

Annual Growth Rate: 0.34%

<table>
<thead>
<tr>
<th>When</th>
<th>Holiday/Festival</th>
<th>Purpose/Traditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st day of 1st lunar month</td>
<td>Chinese New Year (春節)</td>
<td>House-sweeping (to rid of bad luck), and welcoming of good (happiness, wealth, longevity). Large feast. Firecrackers. Red envelopes.</td>
</tr>
<tr>
<td>15th day of 1st lunar month</td>
<td>Lantern Festival (元宵節)</td>
<td>Lantern parades, eating tangyuan (rice balls), guessing lantern riddles (often about good luck, prosperity, harvest, love).</td>
</tr>
<tr>
<td>5th day of 5th lunar month</td>
<td>Dragon Boat Festival (端午節)</td>
<td>Commemorates the life of Chinese scholar, Qu Yuan, who was a loyal minister to the king. Dragon boat racing. Eating zongzi (rice wraps).</td>
</tr>
<tr>
<td>15th day of 7th lunar month</td>
<td>Ghost Festival (中元節)</td>
<td>Deceased are believed to visit the living. People prepare ritual food offerings and burn incense and joss paper (fake money).</td>
</tr>
<tr>
<td>15th day of 8th lunar month</td>
<td>Mid-Autumn Festival/Moon Festival (中秋節)</td>
<td>Display of lanterns, burning of incense, planting of trees, eating of mooncakes. Based on the story of how Chang’e was lifted to the moon after eating a pill of immortality.</td>
</tr>
</tbody>
</table>
History Milestones

- Indigenous peoples came from Austronesia and southern Asia (12,000-15,000 years ago)
- A.D. 500: Migration from China
- 1624: Dutch traders took the island as a trading base, and occupied it until 1661
- October 1949: Communists founded People’s Republic of China on the mainland
- December 1949: Nationalists founded Republic of China (R.O.C.) in Taipei, and began reform throughout Taiwan to improve its economy

Religion

- Over 11.2 million religious believers in Taiwan
- Native Taiwanese tribes practice nature worship
- Over 75% are buddhists or taoists
  - Brought over by Chinese migrants in the late 1500s
  - Japanese Buddhism introduced during Japanese occupation
  - Many practice a combination of buddhism, taoism, and Confucianism (moral/ethic code)
- About 4.5% are christian (protestant, catholic, mormon)
  - Protestant christianity brought over with the arrival of the Dutch in 1624, via missionaries
  - Catholicism introduced with the arrival of the Spanish
- Others: Unification church, Islam, and Hinduism

Education

- 9 Years Compulsory Education
  - 6 Years Elementary School
  - 3 Years Junior High
- Literacy: 97.78%

Military Service

- All male citizens 19-36 years old. subject To conscription, including those possessing dual citizenship
- Deferments available for students of higher education up to certain cutoff ages
Economy

- Has transformed from recipient of U.S. aid in 1950’s-60’s to an aid donor and major foreign investor, esp. in Asia
- Creditor economy: holds the world’s fourth-largest stock of foreign exchange reserves ($332 billion as of 9/2009)
- Rapid growth in the past 50 years is due to foreign trade
- GDP (2008): $391 billion
  - Agriculture: 1.69% of GDP
  - Services: 73.27% of GDP
  - Industry: 25.04% of GDP
- Real annual growth rate (2008): 0.06%
- Per capita GDP (2008): $17,083
- Unemployment (8/2009): 6.13%
- Natural resources: coal, natural gas, limestone, marble and asbestos
- Export-oriented economy: composition changed from mainly agricultural commodities to industrial goods (now 98%); electronics sector is the most important and is the largest recipient of U.S. investment
  - Agricultural exports include frozen fish, aquaculture and sea products, canned and frozen vegetables, and grain products
- Major Imports: coal, oil, and gas for energy
  - Agricultural imports include wheat, corn, soybeans
- 2002: member of the World Trade Organization (WTO) as a special customs territory

Government

- 18 Counties, 5 provincial municipalities, and 2 special municipalities—Taipei and Kaohsiung
- Constitution – 1946 (amended numerous times)
- 5 administrative branches: Executive, Legislative, Judicial, Control and Examination Yuan
- Major political parties: Nationalists party (KMT) and Democratic Progressive Party (DPP)
- The President is
  1. the Head of State,
  2. the leader of Taiwan and Commander-In-Chief of its armed forces,
  3. elected by popular vote for a five-year term; eligible for a second term.

Please read more at http://www.state.gov/r/pa/ei/bgn/35855.htm

Health Status

- Life expectancy: 75.12 years (male) and 81.05 years (female)
- Proportion of elderly people has Increased
- Chronic cardiovascular diseases have replaced Infectious Diseases as the major health problems among adults
- Higher rates of occupational and traffic accidents
- Increased substance abuse among young people
- There is an increased incidence of cancer attributed to an increasingly westernized diet and higher fat intake. Other problems include habits of chewing betel nuts, smoking and drinking.
Current Health Prevention Efforts

- Control of Tobacco – 42.8% of the male population and 4.5% of females are smokers. The Tobacco Hazards Prevention Act was passed to prevent people under 18 from smoking or buying tobacco products and prohibiting smoking in certain areas. A health and welfare tax was also placed on tobacco products to decrease tobacco usage.

- Cancer Detection – a National Health Insurance program was instituted covering cervical Pap smear tests for all women over 30 and breast cancer screening for women over the age of 50. A five year national cancer control program was also implemented in 2005.

Health Prevention Efforts

- The Department of Health’s Center for Disease Control has launched a program to halve the number of new TB patients over a ten-year period, projecting an expenditure of about NT$800 million (US$24 million).

- First country to implement immunization program

- Practice of wearing surgical masks when sick more common

- Heightened awareness of the health risks of coughing and spitting in public

- Strengthen the nation’s communicable disease prevention networks by integrating systems and surveillance.
B. TAIWAN INTERNATIONAL HEALTHCARE TRAINING CENTER (TIHTC)

The Taiwan International Healthcare Training Center (TIHTC) is the institution that Touro University has chosen for the organization and coordination of the program in Taiwan. TIHTC was established on August 29, 2002 by Taipei Hospital of the Department of Health, Executive Yuan. The center offers training and exchange programs for medical workers from allied countries to train in Taiwan. In addition, through the center, delegates and guests from allied countries are also able to participate in health related activities and make significant contributions to the international community. Taiwan’s health initiative has highlighted its dedication to advancing international health awareness.

Website: [http://www.ptph.gov.tw/tihtc](http://www.ptph.gov.tw/tihtc)
C. TIHTC OBJECTIVES & MISSION

In September 2000, various countries have signed the United Nations Millennium Declaration; in the declaration, Millennium Development Goals was the key for Taiwan to join an international program. The goals that were expected to strive and be accomplished by various nations in 2015 include the followings:

1. Eradicate extreme poverty and hunger;
2. Achieve universal primary education;
3. Promote gender equality and empower women;
4. Reduce child mortality;
5. Improve Maternal Health;
6. Combat HIV/AIDS, malaria and other diseases;
7. Ensure environmental sustainability;
8. Develop a global partnership for development.

The eight goals described above are all related to medical treatment. An international medical cooperation project will assist the development of Taiwan’s diplomatic space and provide feedback to Taiwanese society. The “International Healthcare Training Center” will fulfill this professional role. The objective for its establishment is to provide training for international medical human resources, so that recipient countries would possess professional medical technical capabilities. People worldwide agree that human resources are the most important factor among total regional resources, and today, Taiwan is able to make a contribution to international society. The medical profession forms the basis of this contribution for Taiwan, by using the public resources, domestically and internationally, to develop people’s medical diplomacy. By assisting nations to eliminate poverty, illness, and hunger, Taiwan will become an essential international partner. The world will see and further confirm Taiwan’s efforts in the medical field, providing a new diplomatic opportunity for Taiwan.

The TIHTC Mission includes:

1. Developing international medical relationships
2. Providing international medical training programs
3. Offering international medical services
4. Set up overseas medical health center
D. PROGRAM LAYOUT

Type of Program
● Site is ideal for clinical rotation, public health study, and scholarly activity
● Summer internship for first year Touro students
● Potential elective rotation for 3rd and 4th medical students
● Preliminary Departure date: Early June
● Duration: Four weeks
● Program Cost (Appendix A)
● Application form (Appendix B)

Pre Departure arrangements

HEALTH

Advised Vaccinations
- Hepatitis
- Typhoid
- Japanese encephalitis (recommended for long-term travelers or travelers visiting rural farming areas)

Visa Requirements
- Fee: $155, $131

Checklist
- PASSPORT/VISA/Permanent resident card
- Travel health insurance ID/document
- Contact info
- Evaluation forms & Logbook
- $$$

To Do List
- Hand in evaluation form at the beginning of each rotation
- Daily log (include SOAP notes if possible)
- Site evaluation (Appendix E and F)
- Prepare for campus presentation
- APPRECIATION

Students are required to buy travel insurance to cover at least hospitalizations and emergency medical evacuations. These typically cost approximately $30 for a one-month trip. We will ask you for a photocopy of your insurance plan; both to make sure that you have it and so that we have your plan on record in case of emergency.

Sources of Insurance
- www.insuremytrip.com is an excellent way to compare prices and policies.
- www.mnui.com is a good source of cheap medical-only insurance. The International Student Identification Card (ISIC) is cheap, and includes some travel insurance.
Schedule

<table>
<thead>
<tr>
<th></th>
<th>Week 1 (06/04-06/8)</th>
<th>Week 2 (06/11-06/15)</th>
<th>Week 3 (06/18-06/22)</th>
<th>Week 4 (06/25-06/29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Han</td>
<td>TCM</td>
<td>Cardiology</td>
<td>General Surgery</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Charlie Huang</td>
<td>Nephrology</td>
<td>Hematology/Oncology</td>
<td>Cardiology</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Eric Lau</td>
<td>Pulmonology</td>
<td>Hematology/Oncology</td>
<td>Cardiology</td>
<td>Nephrology?</td>
</tr>
<tr>
<td>Christabel Moy</td>
<td>TCM</td>
<td>Cardiology</td>
<td>Infectious Diseases</td>
<td>Hepatology</td>
</tr>
<tr>
<td>CJ Quach</td>
<td>Pulmonology</td>
<td>TCM</td>
<td>Nephrology</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Peggy Wu</td>
<td>Dermatology</td>
<td>TCM</td>
<td>Pediatrics</td>
<td>Cardiology</td>
</tr>
<tr>
<td>Jimmy Yu</td>
<td>TCM</td>
<td>Hematology/Oncology</td>
<td>General Surgery</td>
<td>Cardiology</td>
</tr>
</tbody>
</table>

Transportation and Travel Tips

- Register your name and address with your embassy in Taiwan
- Register online at [https://travelregistration.state.gov/ibrs/](https://travelregistration.state.gov/ibrs/)
- Typhoid and Hepatitis A vaccination is recommended.
- Communication: country code is 886.
- More info:
  - [http://eng.taiwan.net.tw/](http://eng.taiwan.net.tw/)
  - [http://www.sinica.edu.tw/tit/](http://www.sinica.edu.tw/tit/)

Accommodation

Hospital dormitory is available for free of charge to accommodate students for the duration of the program participation.

E. Safety Issues

*If you are the victim of a crime abroad, you should contact the local police and the nearest U.S. embassy or consulate.*

*The embassy/consulate staff can, for example, help you find appropriate medical care, contact family members or friends and explain how funds may be transferred. Although the investigation and prosecution of the crime are solely the responsibility of local authorities, consular officers can help you to understand the local criminal justice process and to find an attorney if needed.*

American Institute in Taiwan

No.7 Lane 134, Hsin Yi Road Section 3
Taipei, Taiwan
Telephone: (886) 2-2162-2000
Fax: (886) 2-2162-2239

National Immigration Agency
Taipei (02) 2389-9983; Kaohsiung (07) 282-1400; Tainan (06) 293-7641; Taichung (04) 2254-9981; Taitung (089) 342-251; Pingtung (08) 721-666

For the latest security information, U.S. citizens traveling abroad should regularly monitor the Department of State’s Bureau of Consular Affairs’ website, which contains current the Travel Warnings and Travel Alerts as well as the Worldwide Caution.

Up-to-date information on safety and security can also be obtained by calling 1-888-407-4747 toll-free within the U.S. and Canada, or by calling a regular toll line, 1-202-501-4444, from other countries. These numbers are available from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday (except U.S. federal holidays).

The Department of State urges American citizens to take responsibility for their own personal security while traveling overseas. For general information about appropriate measures travelers can take to protect themselves in an overseas environment, see the Department of State’s extensive tips and advice on traveling safely abroad.

Check for notices from US Embassy (for US Citizens)
Taiwan site- Taiwan International Healthcare Training Center (TIHTC)

127, SU-YUAN ROAD  
HSIN-CHUANG DISTRICT  
NEW TAIPEI CITY  
TAIWAN, R.O.C.  
TEL: #2000  FAX: 886-2-66352516  E-mail: imtcimtc@yahoo.com.tw

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Airfare                     | $1200-$1500| SFO-Taipei  
Cost may vary depending on the departure dates/airports |
| Visa                        | $0-$100    | Depends on citizenships                                   |
| Accommodation in Taiwan     | $0 (hospital dormitory) |                                                 |
| Food                        | $10-$20 per day | Total weeks= 4 weeks                              |
| Hospital preceptor Fee      | $300       | Paid by TUC                                               |
| Vaccination                 | $0         |                                                            |
| Travel Insurance            | $30-$50    | Cost may vary depending on individual’s age & choice     |
Taiwan International Healthcare Training Center

Application Form

Training Program: ________________________________________________
Training Duration: ______________________________________________

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Middle Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Last Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phone</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Phone</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fax</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mailing Address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State/Province</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Postal Code</strong></td>
<td></td>
</tr>
<tr>
<td>Passport Information</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Passport Number</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
</tr>
<tr>
<td>Date of Expiration</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td></td>
</tr>
<tr>
<td>Department/Section</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Highest education attained:</td>
<td></td>
</tr>
<tr>
<td>Institution</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Major</td>
<td></td>
</tr>
<tr>
<td>Field</td>
<td></td>
</tr>
<tr>
<td>Current Year</td>
<td></td>
</tr>
<tr>
<td>Language Ability</td>
<td></td>
</tr>
<tr>
<td>Please describe your language capabilities: None, Basic, Intermediate or Fluent?</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>Emergency contact person:</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

### Contact person in Taiwan:

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship</strong></td>
</tr>
<tr>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
</tbody>
</table>

---

**2. Statement of Purpose**

*Please* write a statement of purpose in English or Chinese, approximately 500-600 words about yourself and indicate the following:

1. Why do you want to participate in this program?
2. What do you hope to gain or contribute to Taiwan through this program?
3. What are the current challenges in Medicine in your country?
4. Study Plan

**3. Supporting Documents**

*Please* provide all the information listed below. The following documents should be scanned and converted into PDF format. If any document contains more than one page, please save all pages for that document into a single file.

*Notice:* Incomplete or missing documents will delay your application process, and in case that any of the diplomas, certificates or licenses are not in English, please submit the English translations.

1. Photocopy of the Passport : Personal Information Page (showing name, date of birth, passport number, issue date, and expiry date)
2. Passport-size photo of the applicant (please write your name in English characters on the back of the photo)
3. If you apply for Clinical Training : Photocopy of diploma for Degree in Medicine, or which is related to Medicine
4. If you apply for Project Training : Photocopy of diploma for Degree which is related to Public Health, Health Insurance, Health Care Management, or Medicine
5. Photocopy of qualified Medical License
6. Curriculum Vitae
7. Recommendation letter
8. Others : Copy of any awards, achievements, or academic certificates
Appendix C

**Student Information**
*Please print legibly!*

Name: ___________________________  School: _________________________
Program: _________________________  Email: _________________________
Phone number(s): __________________  _____________________________
Date of Birth: _____________________  Place of Birth: ________________
Passport Number: _________________  PP Place of Issue: _____________
Mailing _________________________  PP Date of Issue: _____________

______________________________

Emergency Contact #1
Name: ___________________________  Relation to you: _________________
Phone number: _____________________  Email: _________________________

Emergency Contact #2
Name: ___________________________  Relation to you: _________________
Phone number: _____________________  Email: _________________________

Do you have any allergies or medical conditions? Please explain.

______________________________

What kind of malaria prophylaxis will you be taking? ________________

**Insurance Coverage**
*Touro requires that you buy travel insurance to cover at least hospitalizations and emergency medical evacuations. We will ask you for a photocopy of your insurance plan, both to make sure that you has it and so that we have your plan on record in case of emergency.*
Please read carefully; if you are unable to accept these terms do not participate in this rotation. If you accept, print out and return to Clinical Education prior to your departure.

I, ____________________________, hereby acknowledge that I am voluntarily selecting to participate in an elective rotation at (country) ______________________ in ______________________________________ (specialty). I understand that the malpractice insurance coverage of Touro University does not extend to lawsuits filed outside the United States. I am aware that living and working in a foreign country presents unique risks and hazards that may include but are not limited to personal safety, finance, medical care, and housing. I further understand that I have the responsibility to obtain and maintain health insurance coverage including an evacuation insurance policy for repatriation to the US as well as reasonable and necessary health care services in the foreign location I have chosen. I acknowledge that Touro University assumes no responsibility for any costs relating to this rotation, including but not limited to travel, housing, personal injury, property damage, or uninsured professional liability (malpractice). I voluntarily agree to personally assume all such risks and responsibilities. I release the University, its' faculty, directors, and employees from any and all injury, loss, financial responsibility, and/or liability of any kind which may arise out of my participation in this clinical experience.

________________________________________ (signature of student) _________ (date)

________________________________________ (witness) ______________________ (date)
Appendix E

Students Participation Agreement

Please print or type all of the information:

Student Name: _____________________

I am a student attending Touro University. I have agreed to participate in the Global Health Summer Internship in -------------------------------, and I understand that my participation in this Program is voluntary.

Personal health considerations

I will obtain a policy of comprehensive medical and accident insurance ("Policy") for the period that I am participating in the Program. The Policy will provide coverage for injuries and illnesses I may sustain or experience in the Program countries and those in which I will live or through which I will travel while on the Program. I certify that my Policy will adequately cover me while outside the United States and includes coverage for emergency evacuation and repatriation. I also Touro university at which I am matriculated, their agents and employees from all responsibility and liability for any injuries (including death), illness, claims, damages, charges, bills, or expenses I may incur while I am abroad. I assume full responsibility and liability for any injuries (including death), illness, claims, damages, charges, bills, or other expenses I may incur while I am abroad.

I am aware of all applicable personal medical needs and, at least 60 days prior to departure, I will report, in writing to Touro University any physical or mental condition that may affect my participation in any Touro University–Global Health–organized Program.

I have arranged, through insurance or otherwise, to pay for all of my medical expenses during my participation in this Program. I agree to pay for any immunization, services, etc. required by the countries in which I will be resident or through which I will travel as part of this program.

I understand that any medical requirements and/or restrictions placed on my participation in my Summer Internship Program (including disabled persons’ access to facilities or availability of special accommodations for visually-impaired or deaf persons) are determined by the laws of the countries in which the Program is head and/or by the policies or procedures of the institution(s) through which I have arranged for my Summer Internship Program. I acknowledge that, with the exception of Touro University Global Health Programs, Touro University Global health is not responsible for securing or supporting any other accommodations.
For Touro University Global Health –organized Programs, I understand that Global Health program reserves the right to change the Program itinerary, at any time and for any reason, with or without notice, and neither Global Health nor its co-organizers will be liable for any loss to me by reason of any cancellation of change. Global Health Program may substitute hotels, accommodations, or housing at any time. Specific room and housing assignments are within the sole discretion of Global Health program and its co-organizers. For any other activity, Global Health Program is not responsible for securing or supporting housing necessary for my participation in any activity or program I have chosen.

General travel advisory

I understand that Global Health Program at Touro University assumes no responsibility or liability for any losses that I may incur arising from: any delays; delayed or changed departure or arrival times; fare changes; dishonors of hotel, airline, or vehicle rental reservations; missed carrier connections; sickness, disease, or injuries (including death); losses or damages arising from weather; strikes; acts of nature; circumstances beyond the control of Global Health program; force majeure; war; quarantine; civil unrest; public health risks; criminal activity; terrorism; accident; damage to property; bankruptcies of airlines or accommodations, restaurants, transportation, or other service or for any substitution of hotels or of common carriers beyond Global Health Program’s control, with or without notice, or for any additional expense occasioned by liability for my hotel, transfers, meal costs, or other expenses; Global Health Program will not be responsible for these. My baggage and personal property are transported entirely at my risk, and Global Health Program is not responsible for the loss of or damage to my baggage and/or personal property while in transit, in residence, or in storage for the duration of my chosen Program. I assume full responsibility and liability for any losses that I may incur arising from such events.

I assume full responsibility and liability for any losses that may incur arising from: any delays; delayed or changed departure or arrival times; fare changes; dishonors of hotel, airline or vehicle rental reservations; missed carrier connections; sickness disease, or injuries (including death); losses or damages arising from weather; strikes; acts of nature; circumstances beyond the control of Global Health Program; force majeure; war; quarantine; civil unrest; public health risks; criminal activity; terrorism; accident; damage to property; bankruptcies of airlines or accommodations, restaurants, transportation, or other service or for any substitution of hotels or of common carriers beyond Global Health Program’s control, with or without notice, or for any additional expense occasioned by any of these events. If due to weather, flight schedules, or other uncontrollable factors, I am required to spend additional nights away from home of my intended destination, I assume full responsibility and liability for my hotel, transfers, meal costs, or other expenses; Global Health Program will not be responsible for these. My baggage and personal property are transported entirely at my risk, and Global Health Program is not responsible for loss of or damage to my baggage and/or personal property while in transit, in residence, or in storage for the duration of my chosen Program.
I am aware and understand the risks and dangers of travel to, in, and around the Program countries, including but not limited to the dangers of my own health and personal safety posed by the use of public transportation and by civil unrest, political instability, terrorist, crime, violence, and disease. I will examine and periodically review the US Consular information <http://www.state.gov/> and the Centers for Disease Control information <http://www.cdc.gov/travel/> website for information and updates regarding the risks of travel to these countries prior to my departure. By my participation in the Program I have chosen, I assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travel. Global Health Program reserves the right, in its sole discretion, to cancel any Program it organizes or withdraw its support of my participation in the Program or any aspects of it prior to departure or after departure, requiring that I return to the United States, if Global Health Program determines or believes that I or any person is or will be in danger if I continue in the Program or any aspect of it.

Responsibility for behavior

I understand that each country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug and alcohol use, and behavior. I recognize that behavior that violates those laws or standards can harm the relationship between the host country and the United States; the reputation of Touro University and the Global Health Program sponsors or co-sponsors; and my own health and safety. I will become informed of, and abide by, all such laws and standards for each country to or through which I will travel during the Program by reviewing the relevant travel guides and by consulting available US government resources <www.state.gov>. I assume full responsibility and liability for any consequences or violations thereof. I also understand that the Touro University is not responsible for providing any assistance, legal or otherwise, in dealing with the laws or standards of foreign countries.

Touro University Global Health Program reserves the right to decline or accept or retain me in any Global Health-organized Program at any time if my actions or general behavior impedes the operation of Global Health program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the university at which I am matriculated, I understand that I may be required to leave the Program at the sole discretion of Global Health program advisor, and I may be referred to the appropriate university officials for disciplinary or other action. In such an event, no refund will be made for my program costs.

At my own expense, I shall defend, indemnify and hold Touro University –Global Health Program harmless (including GHPs directors and advisors) from and against any and all loss, liability, claims, suits, actions, proceedings, judgments, awards, damages and expenses (including attorney’s fees) that they, or any of them may incur or suffer by reason of my participation in GHP summer internship.

Withdrawing from or declining participation in the Program
In the event that I should decide to cancel my participation in or am forced to withdraw from my chosen Program for any reason, I am still responsible for all Program costs that cannot be refunded. I will pay such expenses from my own funds and will hold Global Health Program harmless from any obligations irrespective of the date of or reason for my cancellation or withdrawal. These costs will not be replaced or replenished.

I hereby acknowledge that I have read, understand, and will abide by each of the terms and conditions of this agreement. I further state that I am of legal age to accept these responsibilities.

It is my express intent that this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue Touro University.

I hereby further agree that this agreement shall be construed in accordance with the laws of the State of California.

This agreement constitutes the entire agreement, and supercedes any prior contemporaneous agreements, understandings and negotiations, regarding this subject matter. This agreement (i) may not be amended, by course of conduct or otherwise, and (ii) may not be assigned, in whole or in part, except in writing duly executed by me and Touro University-Global Health Program.

If any provision of this agreement is held unenforceable by a court, such unenforceability shall not affect any other provision, and this agreement shall be construed as if such a provision, to the extent of such unenforceability, had not been incorporated herein.

Dated: __________________________

Student’s signature: __________________________
Student Self Assessment

Student: _________________ Internship Dates: ______________ Site: ______________ Rotation: _______________

<table>
<thead>
<tr>
<th>Competency Specific Outcome (check off)</th>
<th>Context/ Avenue SE, SIS, SIR, SIC*</th>
<th>Below Expectations</th>
<th>Met Expectations</th>
<th>Exceeded Expectations</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with physicians and allied healthcare professionals</td>
<td>Describe the activity: conferences, fund raising, community outreach, inter-professional collaboration, research publication, presentations, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate for patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear ethical standards and proper conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professionalism** in the practice of osteopathic medicine

<table>
<thead>
<tr>
<th><strong>Competency</strong></th>
<th><strong>Context/Avenue</strong></th>
<th><strong>Below Expectations</strong></th>
<th><strong>Met Expectations</strong></th>
<th><strong>Exceeded Expectations</strong></th>
<th><strong>Not Applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with physicians and allied healthcare professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate for patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear ethical standards and proper conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Knowledge** of behavioral and social sciences that provide foundation for the professionalism and competency

<table>
<thead>
<tr>
<th><strong>Competency</strong></th>
<th><strong>Context/Avenue</strong></th>
<th><strong>Below Expectations</strong></th>
<th><strong>Met Expectations</strong></th>
<th><strong>Exceeded Expectations</strong></th>
<th><strong>Not Applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of how personal values influence patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to plan, publicize, and execute fund-raising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social accountability and responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appreciate the context of patient’s socio-economic situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe patient’s capacity for self care, ability to participate in shared decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognizant of the impact of social inequalities in health care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aware of the social factors determining health outcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the interaction between health, social, cultural, and environmental issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Humanism**: humanistic behavior, including respect, compassion, probity, honesty, and integrity

<table>
<thead>
<tr>
<th><strong>Competency</strong></th>
<th><strong>Context/Avenue</strong></th>
<th><strong>Below Expectations</strong></th>
<th><strong>Met Expectations</strong></th>
<th><strong>Exceeded Expectations</strong></th>
<th><strong>Not Applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serve the needs global communities and develop sense of altruism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate politeness, consideration, and compassion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Continuous learning**: milestones and ongoing professional development underscore the commitment to excellence and continuous learning

<table>
<thead>
<tr>
<th><strong>Competency</strong></th>
<th><strong>Context/Avenue</strong></th>
<th><strong>Below Expectations</strong></th>
<th><strong>Met Expectations</strong></th>
<th><strong>Exceeded Expectations</strong></th>
<th><strong>Not Applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in regular educational activities to further competency and performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed to teaching and collaborative learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cultural competency**: awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental or physical disabilities

<table>
<thead>
<tr>
<th><strong>Competency</strong></th>
<th><strong>Context/Avenue</strong></th>
<th><strong>Below Expectations</strong></th>
<th><strong>Met Expectations</strong></th>
<th><strong>Exceeded Expectations</strong></th>
<th><strong>Not Applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrain from imposing personal beliefs and values on patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate effectively with various audiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24
<table>
<thead>
<tr>
<th>Overall performance</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas for improvement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*SE-Spring Elective; SIS-Summer Internship Service; SIR-Summer Internship Research; SIC-Summer Internship Clinical

Student Signature: ________________________________ Date: ______________
### TOURO STUDENT SITE EVALUATION FORM

**Student:**

**Site:** TIHTC, Taiwan

**Rotation Type:** Summer Internship / Elective Rotation

**Start Date:**

<table>
<thead>
<tr>
<th>DISCRIMINATORS</th>
<th>Excellent &lt;-&gt; Poor</th>
<th>N/A</th>
</tr>
</thead>
</table>

**PRECEPTOR**

- Preceptor’s Attitude and Willingness to Teach
- Overall Rating of Preceptor

**EDUCATIONAL PROGRAM**

- Adequacy of Patient Contacts
- Average Number of Patient Contacts a Day
- Average Number of History & Physical Exams a Day
- Exposure to History & Physical Exams a Day

Rate the following items as they relate to your ability to achieve the focus topic objectives:

- Scope of Pathology
- Volume of Pathology
- Didactics (i.e. Lectures, Reading, Rounds, etc…)
- Number of Observed Procedures
- Performance of Procedures

**INTERNSHIP SITE**

- Attitude of Other Personnel
  - Staff
- Living Arrangement
- Overall Summer Internship Evaluation

Please briefly describe what you liked about this summer internship.

Please briefly describe what you did not like about this summer internship.

**Evaluation grade:**

- A = Outstanding (90 & above)
- B = Average (90 – 89)
- C = Pass (70 – 79)
- U = Unsatisfactory (69 & below)
Academic Clearance Form

This form is to be signed by the chair of the student promotion committee, and submitted to the office of the Global Health Program with the application for summer internship.

Student’s Name: ________________________________

The above mentioned student is applying for the summer internship program at

______________, from the period _________ to ___________.

Based on the applicant’s academic record please indicate whether his/her participation in the summer internship program is

o Approved

o Not recommended

To be submitted no later than January 21st 2008.

Signature of Chair of Student Promotion Committee:

________________________________