UNC/H Resident Physicians
Global Health Elective
Experience Evaluation Form

Information that you provide will be made available for future UNC/H residents to use in planning electives in global health and international medicine. Please complete and return in electronic form to the Office of International Activities (shawes@med.unc.edu and martha_carlough@med.unc.edu)

I. BACKGROUND INFORMATION

Resident Name: Jason Franasiak
Email: jfranasi@unch.unc.edu
Residency Program: OB/GYN
Year of training: PGY4
Date/month of projected completion of residency: 6/2013
UNC faculty advisor for this elective: Gretchen Stuart
Dates of elective (months/year): 5-6/2012

From the list below, select the one choice that best describes your motivation for taking this elective:

____ interest in global health clinical experience
____ interest in global health research experience
____ desire to get experience for CV/job opportunities
____ desire to learn/improve Spanish language skills
____ interest in travel
____ family of origin reasons
X interest in service opportunity
____ other: ____________________________________

What was the major emphasis of this elective:

____ medical Spanish and Latino health
____ global health research
____ clinical care in an international setting
X public/community health
____ Other: _______________________________________________________________________

Was this a ____ group experience or ____ individual experience?

II. PROGRAM INFORMATION

Country where you completed the elective: Lilongwe, Malawi
City: Lilongwe
Name of Program or Hospital where you worked: Bwaila/KCH
Website address (if available):__________________________________________

From the list below, select the choice that best describes how you first learned about this program:

____ referral from a friend/personal contact
X referral from internal UNC contacts (faculty or other resident)
____ web site information from: ________________________________
____ other: _______________________________________________________________________

Name of program person you worked with and contact information:
Gretchen Stuart, Gstuart@med.unc.edu

Costs
Any fees: $300          Roundtrip travel expenses: $2200
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- Vaccinations: $80
- Lodging: $550

H. Did this program/hospital have a religious affiliation?  ____YES  ____NO
If yes, with what group: ____________________________

I. Did this program/hospital have an academic affiliation?  ____YES  ____NO
If yes, with what institution:  ____UNC______________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. Gained understanding and participated in global health research
2. Gained an appreciation of health resources for maternal child health in developing countries
3. Gained an understanding of and participated in the care of obstetric fistula patients

Was the experience a good use of educational time for you during residency?  ____YES  ____NO
Did you have adequate clinical supervision?  ____YES  ____NO
Did you have adequate opportunities for hands-on clinical work?  ____YES  ____NO
If this was a research experience, did you have adequate supervision and support?  ____YES  ____NO
Were the duty hours expected of you appropriate for a UNC/H resident?  ____YES  ____NO
If no, please explain: _______________________________________________________________________

If yes, recommend this elective to other residents?  ____YES  ____NO
If so, from what disciplines? (e.g. primary care only, surgery?)  ____OB/GYN, Surgery______________

   If YES, Why?  invaluable experience to those interested in clinical or research opportunities in developing world.

   If NO, Why? ___________________________________________________________________________

F. Was the program responsive to your needs?  ____YES  ____NO

G. Did you have appropriate arrangements for housing, food and safety/health issues?  ____YES  ____NO
   If NO, please describe: ___________________________________________________________________

H. Did you have adequate information about what to expect in advance?  ____YES  ____NO
   If NO, what would have been helpful: ___________________________________________________________________

I. Did you feel that you had adequate support from UNC in setting up this opportunity?  ____YES  ____NO

THANK YOU!!! THIS INFORMATION WILL HELP FUTURE RESIDENT PHYSICIANS !!!!