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: Charles Kyriakos Vorkas
Email: cvorkas@gmail.com
Residency Program: IM
Year of training: PGY2
Date/month of projected completion of residency: June 2014
UNC faculty advisor for this elective: Mina Hosseinipour, MD
Dates of elective (months/year): March 30-April 21, 2013

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

____ interest in global health clinical experience
X  ____ 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
____ interest in service opportunity
____ other: ____________________________________

What was the major emphasis of this elective:
____ medical Spanish and Latino health
X  ____ global health research
____ clinical care in an international setting
____ public/community health
____ Other: _______________________________________________________________________

Was this a ____ group experience or ____ individual experience?

II. PROGRAM INFORMATION

Country where you completed the elective: Malawi
City: Lilongwe
Name of Program or Hospital where you worked: UNC Project/Kamuzu Central Hospital
Website address (if available): www.med.unc.edu/infdis/malawi

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

____ referral from a friend/personal contact
____ referral from internal UNC contacts (faculty or other resident)
____ web site information from:
X  ____ other: Fogarty Intertanation Research Scholar at this site 2009-10

Name of program person you worked with and contact information:
Mina Hosseinipour, MD  mina_hosseinipour@med.unc.edu

Costs
Any fees: Please see attached.  Roundtrip travel expenses: Please see attached.
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- Please see attached itemized list.
- ____________________________________________
- ____________________________________________
- ____________________________________________
- ____________________________________________

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? X ___ YES ___ NO
If yes, with what institution: UNC School of Medicine

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. Participation in the design and execution of a clinical trial.
2. Design of data dictionary, case report forms, database.
3. Participation of direct patient care.

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

Would you recommend this elective to other residents? X ___ YES ___ NO
If so, from what disciplines? (e.g. primary care only, surgery?) all disciplines can benefit

If YES, Why? UNC already has partnerships with the departments of Medicine, Surgery and Ob/Gyn.
If NO, Why? ____________________________________________

F. Was the program responsive to your needs? X ___ YES ___ NO

G. Did you have appropriate arrangements for housing, food and safety/health issues? X ___ YES ___ NO
If NO, please describe: ____________________________________________

H. Did you have adequate information about what to expect in advance? X ___ 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? X ___ YES ___ NO

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