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: ___Monica Selak___________________
Email: ______mselak@unch.unc.edu_______________________
Residency Program: __Family Medicine_________________
Year of training: ___PGY-3___________________
Date/month of projected completion of residency: __6/2014_____________________________
UNC faculty advisor for this elective: ___Beat Steiner_________________________
Dates of elective (months/year): ________6/30-7/11/2013____
From the list below, select the one choice that best describes your motivation for taking this elective:
___x__ 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
____ interest in service opportunity
____ other: ____________________________________
What was the major emphasis of this elective:
____ medical Spanish and Latino health
____ global health research
___x__ clinical care in an international setting
____ public/community health
_____ Other:
_______________________________________________________________________

Was this a __x__ group experience or ____ individual experience?

II. PROGRAM INFORMATION
Country where you completed the elective: _____Honduras__________________
City: ___El Corpus_______________
Name of Program or Hospital where you worked: __HHA (through UNC)
Website address (if available): www. med.unc.edu/hha
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:
Dr. Susan Bliss (Attending Physician) susan.bliss@carolinashealthcare.org

Costs
Any fees: __$400_____ Roundtrip travel expenses: __$900____
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):
vaccines, travel medications $125, food $50, transportation $30

H. Did this program/hospital have a religious affiliation? ___ YES ___ x NO
If yes, with what group: __________________________
I. Did this program/hospital have an academic affiliation? ___ x YES ____ NO
If yes, with what institution: _____________ UNC

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. implementing preventative health measures outside the US
2. providing focus medical care in a rural international setting
3. exposure to challenges/limitations of global health

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? ____ 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?) primary care only
If YES, Why? focus is women's health/preventative services, contraception education and options
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? ____ YES ___ x NO
If NO, what would have been helpful: I felt very unprepared for this experience. In the future it is critical that student leaders of HHA work more closely with the resident physicians to help maximize this experience for everyone. It would be helpful to have had more information about the program, its purpose, what to expect in the clinics, common clinic scenarios, information regarding housing, transportation, and expectations for the clinical setting and teaching

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 !!!