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 (shay_slifko@med.unc.edu) and martha_carlough@med.unc.edu.

I. BACKGROUND INFORMATION

Resident Name: Allison Leung
Email: aleung
Residency Program: medicine-pediatrics
Year of training: PGY 2
Date/month of projected completion of residency: June 2015
UNC faculty advisor for this elective: Dr. Ann Stephens
Dates of elective (months/year): March 2013

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
- ___ x ______ 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:

- ___ x ______ medical Spanish and Latino health
- ______ global health research
- ______ clinical care in an international setting
- ______ public/community health
- ______ Other: _______________________________________________________________________

J. Was this a _____ group experience or ___ x__ individual experience?

II. PROGRAM INFORMATION

Country where you completed the elective: Spain
City: Barcelona
Name of Program or Hospital where you worked: Amerispan
Website address (if available): http://www.amerispan.com/language_schools/Spain/Barcelona/school/3665/

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: __Arianna Braschi admin@amerispan.com

Costs

Any fees: 1,800 (lodging and classes) Roundtrip travel expenses: $900
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- ___ Book fees- $75___________
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? ____YES  _x___NO  
If yes, with what institution: ____________________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. _improve comfort level in speaking spanish__________________________________________________________
2. __improve medical spanish________________________________________________________________
3. __better understanding of Spanish culture______________________________________________________________

Was the experience a good use of educational time for you during residency? _x_YES  ____NO
Did you have adequate clinical supervision? N/A
Did you have adequate opportunities for hands-on clinical work? N/A
If this was a research experience, did you have adequate supervision and support? N/A
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___________________________________

If YES, Why? _All physicians could improve their Spanish as increasing number of our patients’ first language is Spanish. It will facilitate their ability to care for patients
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 !!!!