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: _________________________________________
Email: ________________________________________________
Residency Program: _____________________________________
Year of training: _________________________________________
Date/month of projected completion of residency: ________________
UNC faculty advisor for this elective: ___________________________
Dates of elective (months/year): ________________________________

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: __________________________________________

J. Was this a ___ group experience or _X__ individual experience?

II. PROGRAM INFORMATION

Country where you completed the elective: _______________
City: _________________________________________________
Name of Program or Hospital where you worked: _______________
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: ___ Mina Hosseinipour, MD, MPH; UNC Project Malawi; mina_hosseinipour@med.unc.edu

Costs
Any fees: $150-Medical Council of Malawi
Roundtrip travel expenses: $1430
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- Malaria prophylaxis: $35
- Housing in Malawi: $345
- International insurance: $32
- Food $300

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: University of Malawi School of Medicine; UNC

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. Exposure to the practice of Internal Medicine in a resource-limited setting
2. Learn about common medical conditions seen in Sub-Saharan Africa
3. Learn about a variety of global health careers

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?) Med/Peds, Internal Medicine, Emergency Medicine, Family Medicine

If YES, Why? Exposure to large number of patients with a wide range of medical problems and how they are cared for in a resource-limited setting

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  ____X_NO
If NO, what would have been helpful: Contact information for the people one works with every day

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 !!!!