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_slijko@med.unc.edu) and martha_carlough@med.unc.edu

I. BACKGROUND INFORMATION

Resident Name: ___Jessica Waters___________________
Email: ___jswaters@unch.unc.edu__________________________
Residency Program: ___Family Medicine_______________
Year of training: ___PGY1___________________
Date/month of projected completion of residency: ___June 2016______________________________
UNC faculty advisor for this elective: ___Sylvia Becker-Dreps, MD______________________

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: ___Nicaragua___________________
City: ___Leon________________________________
Name of Program or Hospital where you worked: __Hospital Escuela Oscar Danilo Rosales Arguello

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: ___Jorge Aleman, MD ______

Costs

Any fees: _______     Roundtrip travel expenses: ___$550____
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):
  ____Lodging $200

__________________________________________________________________________
__________________________________________________________________________

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: __ Universidad Autonoma de Nicaragua, Leon ______________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. __Direct clinical experience in a global health setting______________________________
2. __ Increased medical Spanish__________________________________________________
3. __Perspective on public health questions in a developing country_____________________

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  ____n/a__ 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?) __Any discipline, as the experience can be tailored to your interests (in my case, I rotated in pediatrics & obstetrics but rotations can be arranged in most departments) ____________

    If YES, Why? __This was a great opportunity for direct clinical experience in a large teaching hospital where I was welcomed as a member of the health care team and encouraged to see patients, present them, and propose a plan (all in Spanish!). It was challenging and educational, and I would highly recommend it to any residents with adequate Spanish proficiency.______________________________________________

    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 !!!!