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

I. BACKGROUND INFORMATION

Resident Name: JONATHAN COPELAND
Email: copenhagen@unc.h.unc.edu
Residency Program: PSYCHIATRY
Year of training: PGY 4
Date/month of projected completion of residency: JUNE 2015
UNC faculty advisor for this elective: ROBERTO BLANCO, MD
Dates of elective (months/year): 2/11/15 - 3/7/15

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

interest in getting experience for CV/job opportunities

interest 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: BELIZE
City: BELIZE CITY (and others)
Name of Program or Hospital where you worked: MINISTRY OF HEALTH BELIZE
Website address (if available): kahn.mssm.edu/research/institutes/global-health/programs/mental-health

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)

X web site information from: kahn.mssm.edu/research/institutes/global-health/programs/mental-health

other: ____________________________________________

Name of program person you worked with and contact information:

MT. SIMAT | JAN SCHURZ-MUELLER - jan.schurz-mueller@mssm.edu

Costs
Any fees: _______ Roundtrip travel expenses: $696.45
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- **Lodging**: $675
- **Supplies**: ~$300
- **Miscellaneous**: ~$500 (weekend trip, eating out, souvenirs, etc.)

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: Mt. Sinai Department of Psychiatry

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective

1. Taught psychiatric nurse practitioners more advanced psychopharmacology
2. Taught PCTs and community health workers about emergency psychiatry
3. Worked at a mental illness ptsd in a more challenging international experience

Was the experience a good use of educational time for you during residency? YES ☒ NO

Did you have adequate clinical supervision? YES ☒ NO

Did you have adequate opportunities for hands-on clinical work? YES ☒ NO

If this was a research experience, did you have adequate supervision and support? YES ☒ NO ☒ NA

Were the duty hours expected of you appropriate for a UNC/H resident? YES ☒ NO

If no, please explain: ____________________________________________________________

Would you recommend this elective to other residents? YES ☒ NO

If so, from what disciplines? (e.g. primary care only, surgery?) ____________________________

- If YES, Why? The opportunity to travel, teach, practice and learn how to
  adapt medical knowledge in a resource poor but primarily English speaking and
  promnimal setting.
- If NO, Why? ____________________________________________

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

G. Did you have appropriate arrangements for housing, food and safety/health issues? YES ☒ NO

If NO, please describe: ________________________________________________

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

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