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: Maureen Kimani
Email: mkimani@unch.unc.edu
Residency Program: Internal Medicine
Year of training: PGY-2
Date/month of projected completion of residency: June 2016
UNC faculty advisor for this elective: Dr. Ian Martin
Dates of elective (months/year): February 2015

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: Kenya
City: Nairobi
Name of Program or Hospital where you worked: Kenyatta National Hospital
Website address (if available): http://knh.or.ke/

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. Thomas Mutie +254 722 849 337

Costs
Any fees: see below Roundtrip travel expenses: $982.40

Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):
Taxi to Airport: $24.95
Airfare: $982.40
Housing: 140,000 Ksh
Transport: 30,000 KSh
Visa: $50USD
Medical License: 20,000 KSh
Protocol: 2,000 Ksh
Protocol Copies/Binding: 447 KSh
Airtime: 5,100 Ksh
Taxi from airport: $34.31

Dollars Total: $1091.66
+
KSh Total: 197,547 KSh= $2194.97 USD (1USD=90 Ksh)

TOTAL: $3286.63

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: University of Nairobi School of Medicine

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. Working alongside faculty in the field of gastroenterology in the endoscopy suite watching procedures
2. Assisting with management for patient’s seen in the Hepatology Clinic
3. Submitted IRB for research for next international rotation, where I hope to return to KNH to do more work

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?  ____YES  X NO
If this was a research experience, did you have adequate supervision and support?  X 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?) IM, EM, surgery

If YES, Why? A lot of faculty with experience in these fields.
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 !!!!