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: Jared Gallaher  
Email: jared.gallaher@unchealth.unc.edu  
Residency Program: General Surgery  
Year of training: 5  
Date/month of projected completion of residency: June, 2018  
UNC faculty advisor for this elective: Anthony Charles, MD, MPH  

From the list below, select the one choice that best describes your motivation for taking this elective:

____ interest in global health clinical experience  
____x_ 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  
____x_ 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: Malawi  
City: Lilongwe  
Name of Program or Hospital where you worked: Kamuzu Central Hospital  
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: Anthony Charles, MD, MPH, anthony_charles@med.unc.edu  

Costs  
Any fees: ___n/a___  
Roundtrip travel expenses: paid by research fellowship
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

__________________________________
__________________________________
__________________________________
__________________________________

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: UNC, Malawi Surgical Initiative

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. Strategies for setting up global health research projects
2. Cross-cultural learning skills
3. Database implementation and management skills

Was the experience a good use of educational time for you during residency? _x__YES  ____NO
Did you have adequate clinical supervision?  _x__YES  _x___NO
Did you have adequate opportunities for hands-on clinical work?  _x__YES  _x___NO
If this was a research experience, did you have adequate supervision and support?  _x__YES  _x___NO
Were the duty hours expected of you appropriate for a UNC/H resident?  _x__YES  _x___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?) ____________________________________

If YES, Why? Excellent long-term opportunity for global health research
If NO, Why? ________________________________

F. Was the program responsive to your needs? _x__YES  _x___NO

G. Did you have appropriate arrangements for housing, food and safety/health issues?  _x__YES  _x___NO
Please describe: _____________________________________________________________P
H. Did you have adequate information about what to expect in advance?  _x__YES  _x___NO
What would have been helpful: ________________________________________________
I. Did you feel that you had adequate support from UNC in setting up this opportunity? _x__YES  _x___NO
J. Please include any additional information or feedback you would like to include for students engaging in future international rotations:

K. What could the OIA have done differently or better to support you in your international elective?:

None

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

Return to: Shay Slifko, MA, Program Manager shay_slifko@med.unc.edu
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Chapel Hill, NC 27599-9535