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

I. BACKGROUND INFORMATION

Resident Name: Andrew Campbell
Email: andrew.campbell@unchealth.unc.edu
Residency Program: Med-Peds
Year of training: PGY-2
Date/month of projected completion of residency: June 2018
UNC faculty advisor for this elective: Richard Hobbs MD
Dates of elective (months/year): 1/2016 to 2/2016

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: 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:
Mina Hosseinipour MD mina_hosseinipour@med.unc.edu

Costs
Any fees: ________ Roundtrip travel expenses: $1519
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Insurance</td>
<td>$36</td>
</tr>
<tr>
<td>Housing</td>
<td>$375</td>
</tr>
<tr>
<td>Medical registration</td>
<td>$150</td>
</tr>
<tr>
<td>Visa</td>
<td>$75</td>
</tr>
</tbody>
</table>

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: Malawi College of Medicine

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective

1. Observe the structure and function of a medical school and academic hospital in a resource limited setting
2. Learn about the clinical features of common diseases in sub-Saharan Africa including Malaria, Tuberculosis, Schistosomiasis
3. Learn about a variety of global health careers with a focus on global medical education

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? 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?) Medicine, Pediatrics, Family Medicine

If YES, Why? Excellent environment to learn about global health and tropical medicine with exposure to adults and children
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
   Please describe: UNC Guest House adjacent to clinical site with full kitchen P
H. Did you have adequate information about what to expect in advance? x___YES ___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
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?:

THANK YOU!! THIS INFORMATION WILL HELP FUTURE RESIDENT PHYSICIANS!!!
Return to: Shay Slifko, MA, Program Manager shay_slifko@med.unc.edu
Office of International Activities – UNC School of Medicine
1066 Bondurant Hall, CB 9535
Chapel Hill, NC 27599-9535