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: Enn Hayes
Email: enn.hayes@unchealth.unc.edu
Residency Program: UNC Pediatrics
Year of training: PGY-3
Date/month of projected completion of residency: 05/2016
UNC faculty advisor for this elective: Dr. Richard Hobbs
Dates of elective (months/year): 01/2016

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:

- x medical Spanish and Latino health
- ______ 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: Nicaragua
City: Leon
Name of Program or Hospital where you worked: HEO-DRA-UNAN Leon
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:
Amanda Jarquin: amandajarquin@yahoo.com.mx  Augusto Guevara: augustoguevara2000@yahoo.es

Costs
Any fees: ______  Roundtrip travel expenses: $858.00
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- Vaccinations: $107.00
- Visa: $10 (30-day visitor visa paid on arrival to Managua)
- Supplies: approx $60
- Food/Housing: $700

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: UNAN-Leon

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. Experience practicing medicine in a resource-limited area
2. Improvement of general Spanish and medical Spanish
3. Exposure to a public medical system 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  ___ 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?) Pediatrics

If YES, Why? Great learning opportunity, chance to improve Spanish/medical Spanish

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: Lived with a family locally who hosts other international travelers including previous UNC Pediatric residents

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 Shiffko, MA, Program Manager shay_shiffko@med.unc.edu
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Chapel Hill, NC 27599-9535

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