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.shifko@med.unc.edu) and martha.curlough@med.unc.edu

I. BACKGROUND INFORMATION

Resident Name: Erin Sukhu
Email: erin.sukhu@unchealth.unc.edu
Residency Program: Pediatrics
Year of training: 2nd
Date/month of projected completion of residency: June 2017
UNC faculty advisor for this elective: Rick Hobbs
Dates of elective (months/year): 05/16-06/16

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

___ interest in global health clinical experience
___ interest in global health research experience
___ desire to get experience for CV/job opportunities
X ___ 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
X ___ global health research
___ clinical care in an international setting
___ public/community health
___ Other: __________________________

J. Was this a ___ group experience or ___ individual experience?

II. PROGRAM INFORMATION

Country where you completed the elective: Nicaragua
City: Leon
Name of Program or Hospital where you worked: MEOGRA
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:
Rick Hobbs - richard.hobbs@unchealth.unc.edu

Costs
Any fees: N/A
Roundtrip travel expenses: $786
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

Housing $280
Vaccines (through occupational health) $0
Supplies $0
Visa n/a

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 (medical school)

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. learned about clinical care in an international and resource-poor setting
2. learned about tropical and endemic diseases in an international setting
3. improved medical Spanish

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? ___ 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, family medicine

If YES, Why? there was a good mix of clinical time and time outside the hospital to take one-on-one spanish lessons
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: __________________________ 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:
n/a

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

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