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: __Denise Jones____________________
Email: ___denisefro.jones@gmail.com____________________
Residency Program: __Pediatrics____________________
Year of training: ____2nd year____________________
Date/month of projected completion of residency: ___June 2017____________________
UNC faculty advisor for this elective: _Dr. Rick Hobbs____________________

Dates of elective (months/year): ___May-June 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:

Was this a __X__ group experience or ____ individual experience?

(Although it was kind of an individual experience, with 3 residents that happened to go in the same month).
II. PROGRAM INFORMATION

Country where you completed the elective: __Nicaragua_____________________
City: ___Leon________________________________
Name of Program or Hospital where you worked: _HEODRA______________________________
Website address (if available): ___________________________________

From the list below, select the choice that best describes how you first learned about this program:

___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. Rick Hobbs (UNC Attending)_______________________________________________________

Costs: $1500 total (Roughly)

Any fees: __$0____ Roundtrip travel expenses: _$800_____  

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Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):
___Supplies: $40 (to bring down in separate suitcase)

Entrance fee to country $10

Housing: $280

Spanish Classes: $125________________________________

H. Did this program/hospital have a religious affiliation? _no___YES If yes, with what group:

I. Did this program/hospital have an academic affiliation? _X___YES If yes, with what institution: ___UNAN/LEON (medical school)_____________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

___NO ___NO

List three educational outcomes you achieved with this elective

1. I learned how a public hospital in a developing country operates with minimal funds and low resources, especially in terms of the interactions between the house staff, med students, and attendings. I was able to compare and contrast our own hospital with their teaching hospital, and noted many similarities, but even more differences.
2. I learned how a NICU in a developing country urban setting functions, in terms of their capabilities and patient care. For instance they did not have access to many of the things we take for granted, such as high frequency ventilators, frequent x-ray ability, or even donor breast milk.

3. My Spanish speaking and comprehension skills were able to improve both in the medical and non-medical environments.

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, OB/GYN, Family med, surgery ____________

If YES, Why? _It was not only eye-opening and educational, but extremely fun and rewarding overall. ____________

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

Please describe: ________________

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 J. Please include any additional information or feedback you would like to include for students engaging in future international rotations:

____NO

____NO

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

THANK YOU!!!