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: Christine Cruz
Email: ccruz1@unch.unc.edu
Residency Program: General Psychiatry
Year of training: PGY-3
Date/month of projected completion of residency: September 2017
UNC faculty advisor for this elective: Brad Gaynes, MD
Dates of elective (months/year): April 16-30, 2016

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
___ desire to learn/improve Spanish language skills
___ interest in travel
___ family of origin reasons
x___ interest in service opportunity
___ other: ________________________________

What was the major emphasis of this elective:

___ medical Spanish and Latino health
___ global health research
___ clinical care in an international setting
___ public/community health
x___ Other: public health/community health intervention

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

II. PROGRAM INFORMATION

Country where you completed the elective: India
City: Darjeeling, West Bengal
Name of Program or Hospital where you worked: Broadleaf Health and Education Alliance
Website address (if available): www.broadleaf.org

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

x___ referral from a friend/personal contact
___ referral from internal UNC contacts (faculty or other resident)
___ web site information from: ________________________________
___ other: ________________________________

Name of program person you worked with and contact information:
Michael Matergia, MD, 919 Main Street, Stroudsburg, PA 18360

Costs

Any fees: __________ Roundtrip travel expenses: $1591
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- Medications/vaccines - $150
- Visa - $180
- Supplies - $40
- Food - $75

II. Did this program/hospital have a religious affiliation?  ____ YES  ___ NO
   If yes, with what group: ________________________________

I. Did this program/hospital have an academic affiliation?  ____ YES  ___ NO
   If yes, with what institution: ________________________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. _________________________________________________________
2. _________________________________________________________
3. _________________________________________________________

Was the experience a good use of educational time for you during residency?  x  YES  ___ NO
Did you have adequate clinical supervision?  N/A  YES  N/A  NO
Did you have adequate opportunities for hands-on clinical work?  N/A  YES  N/A  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?) __________

If YES, Why?  ____________________________________________________________________________
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:

If possible, involving yourself in public health or policy work in addition to clinical work will give you a richer understanding of maintaining health at your chosen site.

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

Provide information that Occupational health provides travel health services to residents doing an international rotation. Unfortunately, I had already paid for some medications and vaccines elsewhere before randomly learning of this service available at UNC.

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

Return to: Shay Sifikos, MA, Program Manager shay_sifikos@med.unc.edu
Office of International Activities — UNC School of Medicine
1066 Bondurant Hall, CB 9525
Chapel Hill, NC 27599-9525

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