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.slijko@med.unc.edu) and martha.carlough@med.unc.edu.

I. BACKGROUND INFORMATION

Resident Name: __Serena Zhou-Talbert_____________________
Email: __serenazhou1@gmail.com_________________________
Residency Program: __Family Medicine_____________________
Year of training: ___PGY2______________________________
Date/month of projected completion of residency: ______June 2018_________________________
UNC faculty advisor for this elective: _____Martha Carlough_________________________
Dates of elective (months/year): _____October 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
__x__ 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: __Managua and la Danta______________________________
Name of Program or Hospital where you worked: __AMOS Health & Hope_________________________
Website address (if available): ___ http://www.amoshealth.org/_____________________________

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:
Renee Kusler: renee.kusler@amoshealth.org
Laura Parajon: lauraparajon@amoshealth.org
Costs

<table>
<thead>
<tr>
<th>Costs</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any fees</td>
<td>$1458</td>
</tr>
<tr>
<td>Roundtrip travel expenses</td>
<td>$700</td>
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</tbody>
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Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

- Airline tickets: $700
- Insurance: $41
- Rent: $100
- Program fees: $375
- Food: $90
- Project expenses: $50
- Transportation: $60
- Visa: $42

H. 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. Learn how community based primary health care functions in a rural setting in Nicaragua
2. Learn how to practically apply a community-based Positive Deviance Inquiry in a resource limited setting
3. Learn about the role of community health workers and strategies to utilize team work and local involvement to empower communities and ultimately improve community health

Was the experience a good use of educational time for you during residency?  
   ____ YES  
   ____ NO

Did you have adequate clinical supervision?  
   ____ YES  
   ____ NO

Did you have adequate opportunities for hands-on clinical work?  
   ____ 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?  
   ____ YES  
   ____ NO

If no, please explain:

Would you recommend this elective to other residents?  
   ____ YES  
   ____ NO

If so, from what disciplines? (e.g. primary care only, surgery?) primary care, public health

   If YES, Why? __________________________________________________________________________

   If NO, Why? __________________________________________________________________________

F. Was the program responsive to your needs?  
   ____ YES  
   ____ NO

G. Did you have appropriate arrangements for housing, food and safety/health issues?  
   ____ YES  
   ____ NO

   Please describe: _______________________________________________________________________

H. Did you have adequate information about what to expect in advance?  
   ____ YES  
   ____ NO

   What would have been helpful: _______________________________________________________________________

I. Did you feel that you had adequate support from UNC in setting up this opportunity?  
   ____ YES  
   ____ NO

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

   I had a wonderful time, highly recommend AMOS! Only feedback is I often had difficulty getting in touch with the organization’s leadership (for variety of reasons, namely, the unreliable internet in Nicaragua). This made it sometimes difficult for planning purposes and further follow-up, but overall loved the experience.

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

   Nothing I can think of!

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

Return to: Shay Slifko, MA, Program Manager shay_slifko@med.unc.edu
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Chapel Hill, NC 27599-9535