## 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 (<a href="mailto:shay\_slifko@med.unc.edu">shay\_slifko@med.unc.edu</a>) and <a href="mailto:martha\_carlough@med.unc.edu">martha\_carlough@med.unc.edu</a>)

## I. BACKGROUND INFORMATION

Resident Name: Kelsey Budd	
Email: kelsey.budd@unch.unc.edu Residency Program: Radiology	
Residency Program: Radiology	
Year of training: PGY-5	
Date/month of projected completion of resider	ncy: July 31, 2019
UNC faculty advisor for this elective: Brett Murde	ock
Dates of elective (months/year): Aug - Sept 2018	
From the list below, select the <b>one choice</b> that  interest in global health clinical experie interest in global health research experiedesire to get experience for CV/job oppodesire to learn/improve Spanish language interest in travel  family of origin reasons interest in service opportunity other:	ence ortunities e skills
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  Other:	
J. Was this a group experience or x	
II. PROGRAM INFORMATION	
Country where you completed the elective: Mitchigan City: Lilongwe	alawi
Name of Program or Hospital where you work	red· Kamuzu Central Hospital (UNC project)
Website address (if available):	
From the list below, select the choice that bes	t describes how you first learned about this program:
referral from a friend/personal contact	7
x referral from internal UNC contacts (fact	ulty or other resident)
web site information from:	
other:	
Name of program person you worked with and Dr. Suzgo Mzumara	
Costs	
Any fees:	Roundtrip travel expenses:
11111 1000.	TO MILWITH MAY OF PRINCES

Other expenses you incurred, in \$500: typhoid vaccing	ncluding vaccinations, supp	olies, visa (please list t	ype and amount):
~ \$4000: family trave		_	
		_	
		_	
H. Did this program/hospital If yes, with what group:			NO
I. Did this program/hospita If yes, with what institution	al have an academic affiliati a: UNC (UNC project Malawi)	on? × YES	NO
III. GLOBAL HEALTH EX	PERIENCE CHARACTE	ERISTICS	
List three educational outcomes  1. Observe as much pathology unique to the		ective	
2. Observe the challenges of providing rad			
3. Partner with radiology staff to attempt to	o improve radiology services to the popular	ulation of Malawi.	
Was the experience a good use Did you have adequate clinical Did you have adequate opportu If this was a research experience Were the duty hours expected of If no, please explain:  Would you recommend this ele If so, from what disciplines? (e	supervision? X YES unities for hands-on clinical ce, did you have adequate su of you appropriate for a UN ective to other residents? X e.g. primary care only, surge	NO work? × YES upervision and support [C/H resident? × YI  YES N Pediatric, Surgery	NO t? YES NO ES NO
If YES, Why? Excellent opportu	unity to observe pathology unique to the	e tropics, face challenges of rad	ology in the developing world
If NO, Why?			
F. Was the program responsive	to your needs? X YES	NO	
G. Did you have appropriate and Please describe:  H. Did you have adequate inform What would have been help I. Did you feel that you had ade J. Please include any addition include for students engaging	rmation about what to experped in the composition of the composition o	ct in advance? X Y  n setting up this opporack you would like t	ES NO NO NO
K. What could the OIA have Perhaps alter policy rega	•		

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

too close to the deadline so I wasn't eligible for the scholarship (rolling deadline?)

Return to: Shay Slifko, MA, Program Manager shay\_slifko@med.unc.edu Office of International Activities – UNC School of Medicine 1066 Bondurant Hall, CB 9535 Chapel Hill, NC 27599-9535