

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](mailto:shay_slifko@med.unc.edu)) and [martha\\_carlough@med.unc.edu](mailto:martha_carlough@med.unc.edu))*

**I. BACKGROUND INFORMATION**

Resident Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Residency Program: \_\_\_\_\_  
Year of training: \_\_\_\_\_  
Date/month of projected completion of residency: \_\_\_\_\_  
UNC faculty advisor for this elective: \_\_\_\_\_  
Dates of elective (months/year): \_\_\_\_\_

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  
\_\_\_\_ 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  
\_\_\_\_ Other: \_\_\_\_\_

J. Was this a \_\_\_\_ group experience or \_\_\_\_ individual experience?

**II. PROGRAM INFORMATION**

Country where you completed the elective: \_\_\_\_\_  
City: \_\_\_\_\_  
Name of Program or Hospital where you worked: \_\_\_\_\_  
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  
\_\_\_\_ referral from internal UNC contacts (faculty or other resident)  
\_\_\_\_ web site information from: \_\_\_\_\_  
\_\_\_\_ other: \_\_\_\_\_

Name of program person you worked with and contact information:

\_\_\_\_\_

Costs

Any fees: \_\_\_\_\_

Roundtrip travel expenses: \_\_\_\_\_

Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):

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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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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?) \_\_\_\_\_

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: \_\_\_\_\_P

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:

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

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

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