

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
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