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: Steven Weinberg  
Email: steven.weinberg@unchealth.unc.edu  
Residency Program: pediatrics  
Year of training: PGY-2  
Date/month of projected completion of residency: June 2019  
UNC faculty advisor for this elective: Dr. Carl Bose, Dr. Jackie Petterson  
Dates of elective (months/year): September 1-20, 2017

From the list below, select the one choice that best describes your motivation for taking this elective:

___ interest in global health clinical experience  
___X___ 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  
___X___ global health research  
___ clinical care in an international setting  
___ public/community health  
___ other: ________________________________

J. Was this a ____ group experience or ___X__ individual experience?

II. PROGRAM INFORMATION

Country where you completed the elective: Ethiopia  
City: Addis Ababa  
Name of Program or Hospital where you worked: Ethiopian Pediatric Society  
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  
___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: Dr. Bogale Worku  
bogaleworku@EPS.com

Costs  
Any fees: ________  
Roundtrip travel expenses: $1,350
Other expenses you incurred, including vaccinations, supplies, visa (please list type and amount):
  Lodging - $385
  Recording device for interviews - $52
  Transportation to/from US airport $52
  Transportation in Addis Ababa $20 per day
  Visa $50

H. Did this program/hospital have a religious affiliation? ____YES ___X__NO
If yes, with what group: ____________________________

I. Did this program/hospital have an academic affiliation? __X__YES _____NO
If yes, with what institution: Ethiopian Pediatric Society

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

List three educational outcomes you achieved with this elective
1. Introduction to working with international partners to complete research initiatives.
2. Familiarity with qualitative research best-practices including interview techniques.
3. How to navigate language barriers through partnerships.

Was the experience a good use of educational time for you during residency? XYES _____NO
Did you have adequate clinical supervision? X YES ____NO
Did you have adequate opportunities for hands-on clinical work? X YES ____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?) pediatrics

If YES, Why? Great research opportunity. Lots of strong framework in place to conduct research.
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:

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

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