

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: _____
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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