

Global health elective site evaluation (sample)

Adapted with permission from the University of Minnesota Center for Global Pediatrics

Please submit to your residency program director or global health faculty mentor upon return

YOUR NAME			
LOCATION OF ELECTIVE			
SITEPROGRAM/HOSPITAL/CLINIC			
ELECTIVE DATES			
TOTAL TIME SPENT AT SITE			
PRIMARY LANGUAGE SPOKEN AT SITE			
TOOK PREPARATORY LANGUAGE TRAINING? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ELECTIVE WAS: (check all that apply)	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Public Health	<input type="checkbox"/> Urban
	<input type="checkbox"/> Clinical	<input type="checkbox"/> Research	<input type="checkbox"/> Other:
	<input type="checkbox"/> Community-based	<input type="checkbox"/> Rural	
ON-SITE MENTORS			
1. NAME/CERTIFICATION/POSITION AT SITE			
2. NAME/CERTIFICATION/POSITION AT SITE			
3. NAME/CERTIFICATION/POSITION AT SITE			
4. NAME/CERTIFICATION/POSITION AT SITE			
FACULTY ADVISOR			
NAME			
COSTS OF ELECTIVE			
AIRFARE		TRAVEL VACCINES	
HOUSING		MEDICAL LICENSE	
FOOD		GROUND TRANSPORT	
TRAVEL INSURANCE		VISA	
TRAVEL MEDS		OTHER	
Comments re: costs:		TOTAL:	
DID YOU RECEIVE ANY FUNDING FOR THE ELECTIVE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, FROM WHAT SOURCE(S)?	
HOUSING ARRANGEMENTS			
WHERE DID YOU STAY? (check all that apply)	<input type="checkbox"/> With friends	MEALS PREPARED BY: <input type="checkbox"/> Housing <input type="checkbox"/> Ourselves COMMENTS ON FOOD:	
	<input type="checkbox"/> Hostel		
	<input type="checkbox"/> Host family		
	<input type="checkbox"/> Apartment		
	<input type="checkbox"/> Other:		
SECURITY CONCERNS OR ISSUES WITH HOUSING?			

MODE OF TRANSPORT TO/FROM HOSPITAL?			
PRE-TRAVEL PREPARATION			
DID YOU OBTAIN TRAVEL INSURANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TAKE TRAVEL MEDS/GET VACCINATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADVICE FOR FUTURE PARTICIPANTS			
REQUIRE ANY SPECIAL EQUIPMENT, EDUCATION OR INFO TO CARRY OUT THE ELECTIVE?			
RECOMMENDED READING ABOUT COUNTRY/SITE/HEALTH ISSUES, ETC.			
OTHER ORGANIZATIONS/CONTACTS THAT HELPED WITH THIS ELECTIVE			
SUMMARY OF ACTIVITIES			
WHAT LEVEL OF AUTONOMY DID YOU HAVE IN REGARD TO PATIENT CARE?			
DESCRIBE THE NATURE AND QUALITY OF YOUR INTERACTIONS AND RELATIONSHIPS WITH LOCAL HEALTH CARE PERSONNEL, INCLUDING MEDICAL STUDENTS, RESIDENTS, NURSES, AND ATTENDING			
PLEASE RATE THE QUALITY OF YOUR ORIENTATION TO THE HOSPITAL AND CLINICAL SYSTEMS (1=POOR; 5=SUPERIOR)	RATING: COMMENTS ON YOUR ORIENTATION PROCESS:		
DESCRIBE YOUR ABILITY TO OBTAIN SUPPORT IN THE FOLLOWING ARENAS: (1) CLINICAL SUPPORT (i.e. LAB, CONSULTS, ETC); (2) CLINICAL ADVICE; (3) NAVIGATION OF THE HOSPITAL SYSTEM	(1) CLINICAL SUPPORT (2) CLINICAL ADVICE (3) NAVIGATION		
DESCRIBE YOUR ABILITY TO EASILY COMMUNICATE WITH PATIENTS AND PROVIDERS (ACCESS TO TRANSLATORS, QUALITY OF TRANSLATORS, ETC)			
PLEASE DESCRIBE ANY SAFETY CONCERNS THAT YOU HAD DURING YOUR ROTATION RELATED TO HOUSING, TRANSPORTATION, THE CLINIC SETTING, OR OTHER	(1) HOUSING (2) TRANSPORTATION (3) HOSPITAL/CLINICS (4) OTHER		
HOW CAN THE EXPERIENCE BE IMPROVED?			
WOULD YOU RECOMMEND THIS SITE TO FUTURE RESIDENTS? IF SO, PLEASE PROVIDE COMMENTS ON HOW YOU THINK THE SITE CAN BEST BECOME A SUSTAINED ACADEMIC PARTNER	<input type="checkbox"/> Yes <input type="checkbox"/> No What would need to happen for the site become a sustained academic partner?		
FOR FUTURE RESIDENTS ROTATING AT THE SITE, PLEASE LIST EFFORTS THAT WOULD BE HELPFUL FOR THE CLINICAL SITE AND ITS COMMUNITY	(1) ACADEMIC PRESENTATIONS FOR OTHER PROVIDERS (2) EDUCATION FOR THE COMMUNITY (3) PROGRAM DEVELOPMENT (4) OTHER		

LIST THE PREPRATION CURRICULUM TOPICS THAT WOULD BE MOST BENEFICIAL FOR RESIDENTS ROTATING AT THAT SITE (MALNUTRITION, APPROACH TO FEVER, ETC)										
HOW DID THE EXPERIENCE AFFECT YOUR CAREER DECISIONS, IF AT ALL?										
HOW DID THE EXPERIENCE IMPACT YOUR APPROACH TO AND THOUGHTS ON PROVIDING CARE TO U.S. FAMILIES?										
RATE THIS ELECTIVE 1-10	Low value/ease			Moderate value/ease				High value/ease		
	1	2	3	4	5	6	7	8	9	10
EDUCATIONAL VALUE	<input type="checkbox"/>									
EASE OF ARRANGING EXPERIENCE	<input type="checkbox"/>									
SERVICE/SUPPORT VALUE	<input type="checkbox"/>									
CAREER VALUE	<input type="checkbox"/>									
PERSONAL GROWTH	<input type="checkbox"/>									
RATE YOUR PRECEPTOR(S) 1-10	Unhelpful			Moderately helpful				Very helpful		
	1	2	3	4	5	6	7	8	9	10
NAME	<input type="checkbox"/>									
Other:	<input type="checkbox"/>									
Other:	<input type="checkbox"/>									
Other:	<input type="checkbox"/>									
Other:	<input type="checkbox"/>									
Other:	<input type="checkbox"/>									
RATE YOUR PREPARATION PROCESS 1-10	Unhelpful			Moderately helpful				Very helpful		
	1	2	3	4	5	6	7	8	9	10
NAME OF FACULTY MENTOR	<input type="checkbox"/>									
OTHER	<input type="checkbox"/>									
COMMENTS ABOUT YOUR PRECEPTORS										
COMMENTS ABOUT YOUR PREPARATION PROCESS										
OTHER COMMMENTS OR SUGGESTIONS										