**EVALUATION OF GLOBAL HEALTH SITE**

**Directions:** Turn in completed evaluation to the Graduate Medical Education Office within four (4) weeks of completion of the rotation.

<table>
<thead>
<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>RESIDENCY PROGRAM/PGY</td>
<td></td>
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<tr>
<td>SITE LOCATION (City, Country)</td>
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<tr>
<td>PROGRAM/HOSPITAL/CLINIC ASSOCIATED WITH THE SITE</td>
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<tr>
<td>TOTAL TRIP DURATION</td>
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<tr>
<td>TOTAL DURATION AT ELECTIVE SITE</td>
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<tr>
<td>PRIMARY LANGUAGE SPOKEN AT SITE</td>
<td>Are adequate translators available? □ Yes □ No</td>
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<tr>
<td>ELECTIVE WAS: (check all that apply)</td>
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<tr>
<td>□ Clinical</td>
<td>□ Urban</td>
</tr>
<tr>
<td>□ Research</td>
<td>□ Rural</td>
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<tr>
<td>□ Public Health</td>
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**SITE SUPERVISORS** (please note primary supervisor and their preferred way to be contacted)

1. NAME / EMAIL / PHONE #
2. NAME / EMAIL / PHONE #
3. NAME / EMAIL / PHONE #
4. NAME / EMAIL / PHONE #

**UWHC FACULTY MENTOR**

NAME
EMAIL

**COSTS OF ELECTIVE**

TOTAL:
### HOUSING (PER WEEK)

### TRANSPORTATION

### FOOD (DAILY AVERAGE)

### TRAVEL INSURANCE

### VISA

### TRAVEL VACCINES

### TRAVEL MEDS

### OTHER

<table>
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<tr>
<th>Did you receive any funding for the elective?</th>
<th>Yes</th>
<th>No</th>
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<td>If yes, from what source(s)?</td>
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### HOUSING ARRANGEMENTS

#### WHERE DID YOU STAY?
(check all that apply)

- Hospital housing (dorm/house on hospital or clinic grounds)
- Apartment
- Host family
- Hostel/Hotel
- With friends
- Other:

#### AVAILABLE SERVICES
(check all that apply)

- Electricity
- Telephone
- Potable water
- Hot water
- Cooking facilities
- Indoor toilet facilities
- Internet access
- Food available locally

### SECURITY CONCERNS/ISSUES?

### CLIMATE

#### AVERAGE DAILY TEMPERATURE

### WHAT TYPE OF CLINICAL SETTING CLOTHING IS APPROPRIATE FOR CLIMATE & SETTING?

### PRE-TRAVEL PREPARATION

#### WHAT COMPANY DID YOU OBTAIN TRAVEL INSURANCE FROM?

### ADVICE FOR FUTURE PARTICIPANTS

#### SPECIAL EQUIPMENT, EDUCATION OR INFORMATION REQUIRED TO CARRY OUT THE ELECTIVE
## RECOMMENDED READING ABOUT COUNTRY/SITE/HEALTH ISSUES, ETC.

## OTHER ORGANIZATIONS/CONTACTS THAT HELPED WITH THIS ELECTIVE

### SUMMARY OF ACTIVITIES
Submit a 500 word reflective essay about your experience to globalhealth@uwhealth.org. Due **four weeks** after your arrival home.

### DESCRIBE THE NATURE AND QUALITY OF YOUR INTERACTIONS WITH LOCAL HEALTH CARE PERSONNEL INCLUDING YOUR ROTATION SUPERVISION

### 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?

### HOW CAN THE EXPERIENCE BE IMPROVED?

### WOULD YOU RECOMMEND THIS SITE/ORGANIZATIONAL CONTACT TO FUTURE RESIDENTS?
☐ Yes, if yes why?  ☐ No, if no why?

### OVERALL ASSESSMENT

#### RATE THIS ELECTIVE 1 - 10

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<thead>
<tr>
<th></th>
<th>Low value/ease</th>
<th>Moderate value/ease</th>
<th>High value/ease</th>
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<tbody>
<tr>
<td>EDUCATIONAL VALUE</td>
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<tr>
<td>EASE OF ARRANGING EXPERIENCE</td>
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<tr>
<td>LEVEL OF SUPERVISION PROVIDED</td>
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<td>SERVICE/SUPPORT VALUE</td>
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<td>CAREER VALUE</td>
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<td>PERSONAL GROWTH</td>
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<tr>
<td>OVERALL RATING</td>
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Site Evaluation adapted from Cindy Howard, MD; University of Minnesota Center for Global Pediatrics