

Jefferson Global Health
Resident Elective Experience
Evaluation Form

Information that you provide will be made available for future Jefferson residents to use in planning electives in global health and international medicine. Please complete and return in electronic form to Dr. Anton (Kevin.Anton@jefferson.edu) and Neiressa Croom (Neiressa.Croom@jefferson.edu).

I. BACKGROUND INFORMATION

Resident Name: _____

Email: _____

Residency Program: _____

Year of Training: _____

Date/Month of projected completion of residency: _____

Jefferson 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 gain experience for CV/job opportunities

_____ Desire to learn/improve foreign language skills

_____ Interest in travel

_____ Interest in service opportunity

_____ Other (please describe): _____

What was the major emphasis of this elective (Choose one):

_____ Global health research

_____ Clinical care in an international setting

_____ Public/community health

_____ Other (please describe): _____

Was this a _____ group experience or _____ individual experience?

II. PROGRAM INFORMATION

Country where you completed this 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 or personal contact

_____ Referral from internal Jefferson contacts (faculty or other resident)

_____ Website information from: _____

_____ Other (please describe): _____

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):

Did this program/hospital have a religious affiliation? _____ YES _____ NO

If yes, with that group: _____

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/support? _____ YES _____ NO

Were the duty hours expected of you appropriate for a Jefferson resident? _____ YES _____ NO

If no, please explain: _____

Would you recommend this elective to other residents: _____ YES _____ NO

If YES, why? _____

If NO, why? _____

If so, from what disciplines? (e.g. radiology only, surgery, primary care): _____

Was the program responsive to your needs? _____ YES _____ NO

Did you have appropriate arrangements for housing, food, and safety/health issues?

_____ YES _____ NO; Please describe: _____

Did you have adequate information about what to expect in advance? _____ YES _____ NO

What additional information would have been helpful? _____

Did you feel you had adequate support from Jefferson in setting up this opportunity?

_____ YES _____ NO

Please include any additional information you would like to include for students engaging in future international rotations:

What could we have done differently or better to support you in your international elective?

THANK YOU!!

This information will help future resident physicians.

Return to: Kevin Anton MD, PhD, Program Director

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