Global Health Survey Question Database Instructions

Winston Liaw, MD MPH Virginia Commonwealth University Fairfax Family Medicine Residency Program

Daniel Whitesides Fourth Year Medical Student University of North Carolina School of Medicine

Last revised: September 22, 2013

Tool Contents:

- Chapter 1: How to Use This Tool Page 2
- Chapter 2: Background Information / Methods Page 6
- Chapter 3: Original Survey Instruments Page 9
 - o Survey A: Duke Internal Medicine Residency Page 9
 - o Survey B: University of Cincinnati Family Medicine Residency Page 14
 - o Survey C: University of Rochester Family Medicine Residency Page 21
 - o Survey D: Wesley Family Medicine Residency (Residents) Page 22
 - o Survey E: Wesley Family Medicine Residency (Field Preceptors) Page 25
 - o Survey F: University of Arizona Page 28
 - o Survey G: Virginia Commonwealth University Page 32
 - o Survey H: University of Massachusetts Page 35
 - o Survey I: University of Massachusetts Page 37
 - o Survey J: University of Massachusetts Page 45
 - o Survey K: Rosalind Franklin School of Medicine Page 46
- Global Health Survey Question Database (in a separate excel file labeled: "Global Health Survey Question Database")

CHAPTER 1: How to Use This Tool

This tool is not a complete guide to evaluation. For an overview of program evaluation, please consult *Global Health Training in Graduate Medical Education: A Guidebook, 2nd Edition* (specifically pages 78-89), from the Global Health Education Consortium. Instead, this resource aims to address two common barriers to program evaluation: lack of time and expertise.

STEP 1:

Prepare for the development of the survey by determining the evaluation's purpose, the evaluation's audience, the program's goals and objectives, and the evaluation's medium.

As outlined in the guidebook referenced above, it's necessary to first determine:

1) The purpose of the evaluation

Is the evaluation **formative** (meaning that you are trying to determine which parts of the elective / program are working and which parts are not) or **summative** (meaning that you are trying to determine whether the elective / program is meeting specific outcomes or pre-specified goals)?

2) The audience of the evaluation

Are you trying to gather input from medical students, residents, faculty, staff, people from other organizations, or all of the above?

3) The goals and objectives of your global health elective or program

What is your program trying to accomplish (goals)? How are you planning on meeting those goals (objectives)?

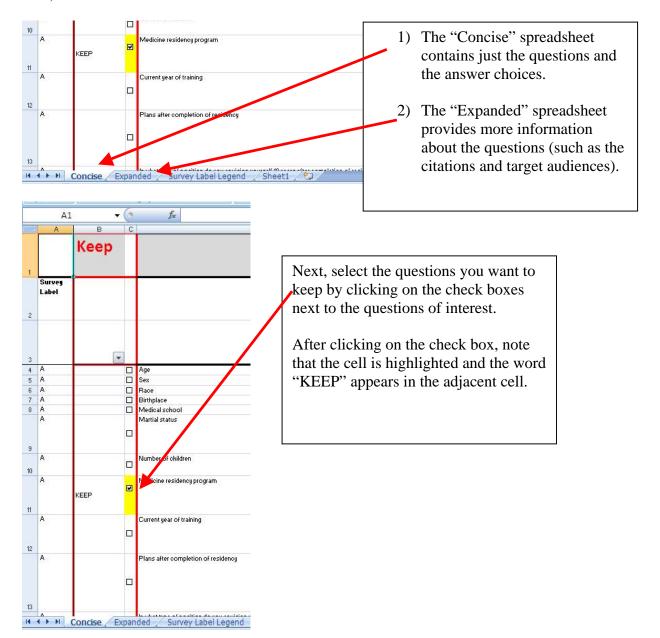
4) The medium of the evaluation

Will the questions be asked through a survey, focus group, or interview?

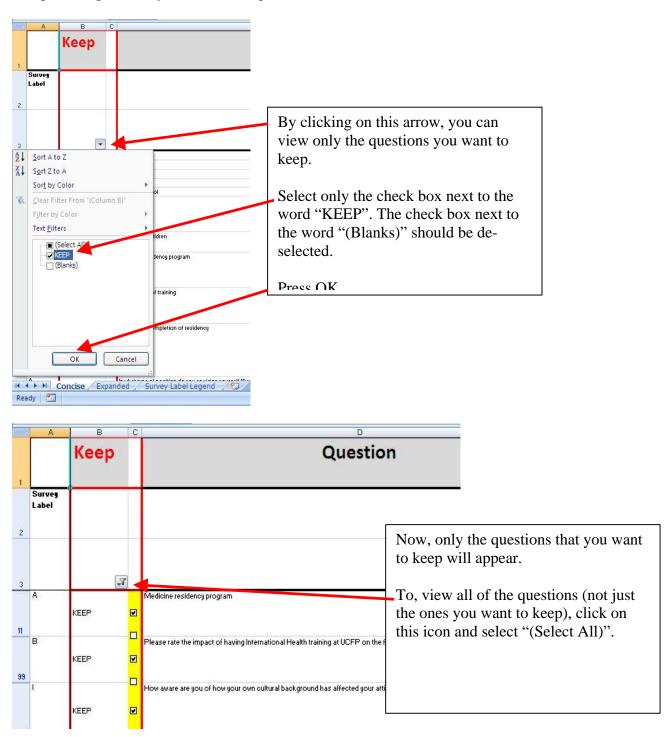
1

STEP 2: Select which questions to keep.

First, note that there are two versions of the database:



STEP 3: Compile the questions you want to keep.

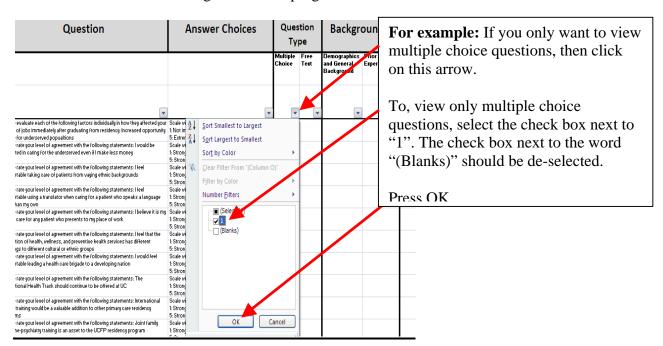


Please note that this tool is not designed to create the final survey instrument but rather to help you get started and introduce you to questions that have been used to evaluate other global health programs. To create a survey for your institution, you may need to tailor the question stems and answer choices to your program.

The preceding screen shots contained images from the "Concise" spreadsheet.

The following image is a screen shot from the "Expanded" spreadsheet. In this spreadsheet, you can filter the questions across several variables:

- Whether the survey is pre-experience or post-experience
- Target audience
- Multiple choice vs. free text
- Background questions
- Whether the question is assessing
 - o The knowledge, attitude, skills, and overall satisfaction of the trainees
 - o The impact of the experience on career plans
 - o The impact of the experience on recruitment for the residency or medical school
- Preceptor evaluations of the trainees
- Overall evaluation of the global health program



CHAPTER 2: Background Information / Methods

In 2011, the Society of Teachers of Family Medicine's (STFM) Group on Global Health (GOGH) started the SAGE project (Assessing the Social Accountability of Global Health Experiences). One aim of this project was to assess whether or not there is an association between care for underserved populations and participation in global health tracks during residency. While recruiting family medicine residencies to participate in this project, we came to appreciate how difficult it was for burgeoning global health programs to develop curricula and simultaneously evaluate the impact of these experiences.

A second SAGE aim was to provide support for residencies wanting to develop global health experiences. Faculty who were developing global health experiences reported that they lacked time to perform and expertise in program evaluation. Therefore, in order to address these perceived gaps, we created this database.

Methods:

We obtained survey instruments from two sources:

 We contacted the first authors of the articles within the two most recent systematic reviews evaluating the impact of global health electives on medical students and residents:

Thompson MJ, Huntington MK, Hunt DD, Pinsky LE, Brodie JJ. Educational effects of international health electives on US and Canadian medical students and residents: A literature review. Acad Med 2003; 78: 342-7.

Jeffrey J, Dumont RA, Kim GY, Kuo T. Effects of international health electives on medical student learning and career choice: Results of a systematic literature review. Fam Med 2011; 43: 21-8.

Within these two articles, we identified thirteen unique publications. We were able to obtain survey instruments from 4 of the studies. Seven of the authors either did not respond or no longer had access to the original surveys. One publication evaluated whether the global health elective participants scored higher on the preventive medicine and public health section of the Part II examination of the National Board of Medical Examiners and therefore, did not report on data from a survey. And one of the first authors was deceased.

2) We also sent a request for survey instruments via the Society of Teachers of Family Medicine Group on Global Health listserv.² From this query, we received responses from 3 family medicine residency programs and 2 medical schools.

We compiled the questions from each of the surveys into a spreadsheet, identified the target audience, determined whether the question was free text or multiple choice, and categorized the domain(s) that the question assessed (i.e. background information, knowledge, attitude, skills, satisfaction, career plans, recruitment, and overall assessment).

-

² The email was sent on December 15, 2012.

Institution	Citation (if applicable)	Target Audience (Med Students / Residents / Preceptors)	Pre-elective / Post-elective / Both	Survey Label	Notes
Survey A: Duke Internal Medicine Residency	Miller WC, et al. Am J Med 1995; 99(3): 291-297	Residents	Both	A	
Survey B: University of Cincinnati Family Medicine Residency		Residents	Post	В	
Survey C: University of Rochester Family Medicine Residency		Residents	Post	С	
Surveys D and E: Wesley		Residents	Post	D	
Family Medicine Residency		Field Preceptors	Post	E	
Survey F: University of Arizona	Pust PE, et al. Acad Med 1992; 67: 90- 94.	Medical Students / Residents	Post	F	
Survey G: Virginia Commonwealth University		Medical Students / Residents	Post	G	
Surveys H, I, and J: University of Massachusetts	Godkin MA, et al. Fam Med 2003; 35(3): 273- 278.	Medical Students	Pre	Н	
	Godkin MA, et al. Fam Med 2001; 33(3): 178- 186.	Medical Students	Both	I	Survey assesses cultural competence
		Medical Students	Both	J	Open-ended questions
Survey K: Rosalind Franklin School of Medicine		Medical Students	Post	K	

Comments / Feedback:

Please contact Winston Liaw (<u>winstonrliaw@gmail.com</u>) for any questions regarding this evaluation toolkit or if you have a survey instrument you would like to share.

Funder / Acknowledgements:

This work was funded by a grant from the Society of Teachers of Family Medicine Foundation Group Project Fund.

We would like to thank the residency programs and medical schools who participated in this project for their willingness to share their tools. Clearly, without their involvement, this project would not be possible.

We would also like to thank the members of the SAGE Advisory Committee:

Inis Bardella – Rosalind Franklin University

Andrew Bazemore - Robert Graham Center

Martha Carlough – University of North Carolina

Bill Cayley – University of Wisconsin

Diana Clemow – AnMed Health Family Medicine Residency Program

Bruce Dahlman – Institute of Family Medicine (Nairobi)

Paul Larson – University of Pittsburgh Medical Center St. Margaret Family Medicine Residency Program

Scott Loeliger – Contra Costa Family Medicine Residency Program

Rebecca Malouin – Michigan State University

Sam Matheny – University of Kentucky

Stephen Merry – Mayo Family Medicine Residency Program

Ranit Mishori – Georgetown University

Tony Valdini – Lawrence Family Medicine Residency Program

Imam Xierali – Association of American Medical Colleges

CHAPTER 3: Original Survey Instruments

Survey A: Duke Internal Medicine Residency

INTERNATIONAL HEALTH PROGRAM SURVEY FORM IA

BACKGROUND INFORMATION			
1. Age	2. Sex M F	3. Race (Option	al)
4. Birthplace	5. Medi	cal School	
6. Marital Status:			
Single	Engaged	Married Separated/Divorced	
7. Number of Children:			
8. Medicine Residency Program:			
Standard	Primary Care	Clinical Research	Med-Peds
9. Current Year of Training:	1 2 3 4		
10. Plans after completion of resid	lency:		
Fellowship Acaden Other	nic Faculty	Private Practice Military Public	Health Service
Institution: Division (if applicable):			

- 11. In what type of position do you envision yourself 10 years after completion of residency?
 - a. Private Practice General Internal Medicine
 - b. Private Practice Subspecialty
 - c. Academic Medicine Primarily clinical
 - d. Academic Medicine Primarily research
 - e. Military
 - f. Public Service (eg. Indian Health Service, Non-profit clinic, Missionary, etc.)

INTERNATIONAL HEALTH PROGRAM INFORMATION

12. Did gresidend	,	vel or wo	rk experience in a	a developed cour	try (eg. Europe, Japan, etc.) prior to
	Yes NoIf Yes, where? _				
choose	12a. What was the dura the longest.)	tion of y	our stay during t	he prior experien	ce? (If more than one experience,
	Travel:	None	<1 month	2-3 months	>3months
	Work:	None	<1 month	2-3 months	>3months
13. Did <u>y</u>	you have any overseas tra	vel or wo	rk experience in a	developing cour	ntry prior to residency?
	Yes NoIf Yes, where? _				
choose	13a. What was the dura the longest.)	tion of y	our stay during t	he prior experien	ce? (If more than one experience,
	Travel:	None	<1 month	2-3 months	>3months
	Work:	None	<1 month	2-3 months	>3months

Yes No Don't know yet (answer both 14a and 14b)	
14a. If yes, why? (Circle as many as apply)	
a. Interest in International Health/Tropical Medicine b. Thought patients would be interesting c. Like to travel d. Desire for cross-cultural experience e. Family heritage (i.e. Person of Chinese ethnic origin visiting China) f. Religious/Faith-based reasons g. Desire to serve less priviledged population h. Desire to escape Duke routine i. Other, please	specify
14b. If no, why not? (Circle as many as apply)	
 a. Cost b. Family reasons c. Concern regarding health risks overseas d. Concern regarding personal safety overseas e. Wanted to go but positions unavailable f. Schedule conflict g. No Interest h. Other 	
15. Were you aware of the International Health Program at the time of application for residency? Yes No	
Please rate the following:	
16. The significance of the International Health Program on your decision to come to Duke for residence	cy training:
-3 -2 -1 0 1 2 3	
significant no impact significant	tive impact

14. Do you plan to participate in the International Health Program during your residency?

	a. Use of routine	e laboratory tests (eg. CBC, Electrol	ytes, etc.)		
	-3	-2	-1	0	1	2
Signific Underu			Utilized Appropriately			Significantly Overutilized
	b. Use of sophis	sticated diagnostic	tests (eg. MRI, C	T scan, Cardiac ca	atheterization, etc.)
	-3 3	-2	-1	0	1	2
Signific Underu	antly		Utilized Appropriately			Significantly Overutilized
	c. Use of intens	ive care units				
	-3 3	-2	-1	0	1	2
Signific Underu	antly		Utilized Appropriately			Significantly Overutilized
	d. Frequency of	Do Not Resuscita	te orders			
	-3 3	-2	-1	0	1	2
Signific Underu	antly		Utilized Appropriately			Significantly Overutilized
	ase indicate your es today?	view of the 3 mos	st significant medi	cal problems (disc	eases/syndromes)	facing developing
	2					
19. Ple		r view of the 3 m	ost significant ob	stacles to improv	ement of health of	care in developing
	2.					

17. Please indicate your opinion regarding the general use of health care resources in the United States:

1 2		pose the greatest problems for th			
21. If you have the opp would you go?	ortunity to	o go overseas in the future (after	residency	y) to practice medici	ne or do research
Short term (< 6 mos):	No	Possibly, depends on circumsta	ances	Yes, without hes	itation
Long term (> 6 mos):	No	Possibly, depends on circumsta	ances	Yes, without hes	itation
22. Do you currently hav	-	o work overseas in the future? Academic/Research		Service/Missions	Other
23. Should the Internation	onal Heal	th Program be continued? Yes	No		
•		or additional pages to provide oth ank you for your cooperation!	ier comme	ents regarding your e	experience with the

SURVEY B: University of Cincinnati Family Medicine Residency

By completing this survey I indicate my consent to participate in this study.

University of Cincinnati Family Medicine Family Medicine Residency Graduate Survey

1) Gender: Male
Female 2) Year you Graduated from UC Family Medicine Residency: ☐1989 ☐1990 ☐1991 ☐1992 ☐1993 ☐1994 ☐1995 ☐1996 ☐1997 ☐1998 ☐1999 ☐2000 ☐2001 ☐2002 ☐2003
3) Country or U.S. state where you were born:
4) Which of the following describes your primary practice setting? (Select all that apply) Private Practice Urban (metropolitan area population >25,000) Private Practice Suburban (near to but distinct from central city area >25,000) Private Practice Rural (all others) Community Health Center/Public Health Service (e.g. Indian Health Service, Non-profit clinic, Missionary, etc.) Federally Qualified Health Center (FQHC) Academic Medicine/University Setting Military Other
5) Please check other settings where you work at least 10% of the time? (Select all that apply) Private Practice Urban Private Practice Suburban Private Practice Rural Community Health Center/Public Health Service (e.g. Indian Health Service, Non-profit clinic, Missionary, etc.) Federally Qualified Health Center (FQHC) Academic Medicine/University Setting Military Other None
6) Approximately what percentage of your patients is on Medicaid?%
7) Approximately what percentage of your patients is without insurance?%
8) If appropriate, is a government subsidized payment plan/sliding scale available for patients without insurance? Yes No Not Applicable

9a) Do you have any patients who are than English in your primary practice sett Yes No	_	sh speakin	g or speak	a primar	y language	other
9b) If Yes to '9a', approximately what p speaks a primary language other than Eng%					h speaking o	or
10) Is your primary practice setting in a Underserved Area (MUA), as defined by Yes No			_			lically
11a) Do you volunteer medical service women's shelter, etc.)? Yes No	es at any	charitabl	e health o	care facili	ities (free	clinic,
11b) If Yes to '11a', please estimate how	many hou	ırs per moı	nth (on ave	erage)?	# of Ho	ours
11c) Brief Description of your activity(io	es):					
12) During medical school, I:	Strongly agree				Strongly disagree	
	1	2	3	4	5	
a) Volunteered in community activities regularly						
b) Planned to work extensively with underserved populations after graduating residency						
c) Planned to work regularly in developing nations after graduating residency						
d)Planned to work in a rural area after graduating residency						

13) Rate the impact of the following factors on your choice of U.C. for residency training: $\begin{array}{c} \text{Significant} \end{array}$

Negative

Positive

	Impact			Neutral	1		Impact
	-3	-2	-1	0	1	2	3
Location							
Quality of faculty							
Quality of residents							
The International Health Track							
Program reputation							
Significant other's preference							
Ability to participate in international missions							
14) During residency:		Strongl agree	у				Strongly lisagree
		1	2		3	4	5
a) I volunteered in community activitie regularly	S						
b) I planned to work extensively with u							
served populations after graduating resi c) I planned to work regularly in develo					-		
nations after graduating residency	oping			L			
d) I planned to work in a rural area afte	r						
graduating residency							
15) Please evaluate each of the follow choice of jobs immediately after grad	_		•	in how	they aff	ected yo	ur
choice of jobs infinediately after grad	Not		iuency.			Extreme	ly
	Imp					Importa	nt
		1	2	3	4	5	
a) Climate or region's characteristics (i ideal physical environment, 'the kind o							
place I'd always wanted to live') b) Ability to work with patients of vary	ing						
cultures and languages in my practice	8						
c) Proximity to my significant other/family/friends							
d) Ability to reduce my educational del	ot						
e) Salary							
f) Increased opportunity to participate i international medical work	n						
g) Increased Opportunity to care for underserved populations							
			_				
16) Please rate your level of agreeme							
	nt with t		_	itements	S:	(Strongly
	nt with t	S	trongly	itements			Strongly lisagree

	1	2	3		4	5
a) I would be interested in caring for the underserved						
even if I make less money						
b) I feel comfortable taking care of patients from						
varying ethnic backgrounds						
c) I feel comfortable using a translator when caring						
for a patient who speaks a language other than my						
own		<u> </u>	_			
d) I believe it is my duty to care for any patient who						
presents to my place of work			_			
e) I feel that the perception of health, wellness and						
preventive health services has different meanings to						
different cultural or ethnic groups.						
f) I would feel comfortable leading a health care						
brigade to a developing nation						
g) The International Health track should continue to						
be offered at U.C.						
h) International Health training would be a valuable						
addition to other primary care residency programs						
i) Joint Family Medicine-Psychiatry training is an						
asset to the UCFP residency program						
17) Please rate the extent to which you do these thin	ngs:					
[rarely/never(R/N), occasionally(O), or frequen	_					
· · · · · · · · · · · · · · · · · · ·	_			R/N	О	F
· · · · · · · · · · · · · · · · · · ·	ntly(F)]			R/N	O	F
[rarely/never(R/N), occasionally(O), or frequents a) I see patients from ethnically and racially diverse based on the second of	ntly(F)]	ınds.	and	R/N	0	F
[rarely/never(R/N), occasionally(O), or frequents a) I see patients from ethnically and racially diverse bath b) I keep abreast of the major health concerns and issues	ntly(F)] ackgrou	nds.		R/N	0	F
a) I see patients from ethnically and racially diverse bab) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog	ntly(F)] ackgrou	nds.		R/N	O	F
a) I see patients from ethnically and racially diverse bab) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice.	ackgrou les for e	nds. ethnically locale ser	ved	R/N		F
a) I see patients from ethnically and racially diverse bab) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by my	ackgrounes for exaphic by practi	ethnically locale ser	ved nto	R/N	0	F
a) I see patients from ethnically and racially diverse bab) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and formation disseminated.	ackgrounes for exaphic by practi	ethnically locale ser	ved nto	R/N		F
a) I see patients from ethnically and racially diverse bab) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and fiservices.	ackgrounes for exaphic lay practifamilies	ethnically locale ser- ce takes i	nto	R/N		F
a) I see patients from ethnically and racially diverse bab) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by maccount the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of	ackgrounes for exaphic lay practifamilies	ethnically locale service takes is receiving	nto S han	R/N		F
a) I see patients from ethnically and racially diverse babby I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and faries. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their I	ackgrounes for expression dialection dialect	ethnically locale service takes is receiving ets other the so that I	nto S han	R/N		F
a) I see patients from ethnically and racially diverse bability is a patient of the major health concerns and issuracially diverse client populations residing in the geography my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their libetter able to communicate with them during assessments.	ackgrounes for expression dialection dialect	ethnically locale service takes is receiving ets other the so that I	nto S han	R/N		F
a) I see patients from ethnically and racially diverse babby I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and faries. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their I	ackgrounes for expression dialection dialect	ethnically locale service takes is receiving ets other the so that I	nto S han	R/N		F
a) I see patients from ethnically and racially diverse bability is a patient of the major health concerns and issuracially diverse client populations residing in the geography my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their libetter able to communicate with them during assessments.	ackgrounes for expression dialection dialect	ethnically locale service takes is receiving ets other the so that I	nto S han	R/N		F
a) I see patients from ethnically and racially diverse bability is a patient of the major health concerns and issuracially diverse client populations residing in the geography my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their libetter able to communicate with them during assessments.	ackgrounes for expression dialection dialect	ethnically locale service takes is receiving ets other the so that I	nto S han	R/N		F
a) I see patients from ethnically and racially diverse bability is a patient of the major health concerns and issuracially diverse client populations residing in the geography my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their libetter able to communicate with them during assessments.	ackgrounes for expression dialection dialect	ethnically locale service takes is receiving ets other the so that I	nto S han	R/N		F
[rarely/never(R/N), occasionally(O), or frequents a) I see patients from ethnically and racially diverse bate b) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and farely services. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their I better able to communicate with them during assessments other interventions.	ackgrounes for expression dialection dialection, trea	ce takes is receiving	nto S han	R/N		F
a) I see patients from ethnically and racially diverse bability is a patient of the major health concerns and issuracially diverse client populations residing in the geography my practice. c) I insure that printed information disseminated by my account the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their libetter able to communicate with them during assessments.	ackgrounes for expression dialection dialection, trea	ce takes is receiving	nto S han		trongly	
a) I see patients from ethnically and racially diverse babby I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by maccount the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their I better able to communicate with them during assessment other interventions.	ackgrounes for expression dialection dialection, trea	ce takes is receiving	nto S han	Si		
a) I see patients from ethnically and racially diverse bate b) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by maccount the average literacy levels of individuals and factorizes. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their libetter able to communicate with them during assessment other interventions.	ackgrounes for expression dialection dialection, trea	ce takes is receiving	nto S han	Si	trongly	
a) I see patients from ethnically and racially diverse bate b) I keep abreast of the major health concerns and issuracially diverse client populations residing in the geog by my practice. c) I insure that printed information disseminated by maccount the average literacy levels of individuals and faservices. d) For individuals and families who speak languages of English, I attempt to learn and use key words in their I better able to communicate with them during assessment other interventions. 18) During the first five years after graduating resistance. Strongly Agree	ackgrounces for expression dialection dialection, treasured dency,	ethnically locale service takes is receiving ets other the so that latment or	nto han am	Si	trongly	

b) Worked extensively with							
underserved populations as a clinician							
c) Worked regularly in developing							
nations as a clinician							
d) Worked in a rural area							
19) Please rate your level of knowledge	with	regard	l to the	se topics:			
		know				I know	a
	no	othing.	· · · · · · · · · · · · · · · · · · ·			great dea	<u>ıl</u>
		1	2	3	4	5	
a) Pre-travel counseling							
b) Immunizations for travel							
c) Malaria prophylaxis							
d) Food & water precautions during travel	l						
e) Safety issues during travel							
f) Traveler's diarrhea							
g) Pregnancy and travel							
h) Accessing websites for destination-							
specific recommendations for travelers				\perp	\perp		
i) Swimming Precautions during travel		Ц_					
j) Post-travel illnesses							
							_
20) Please rate the impact of having Intern			lth trair	ning at UC	CFP on the		
	nifica gative			No	1		gnificant Positive
	pact	,		Imp			Impact
	-3	-2	-1	0	1	2	3
a)Your training in Family Medicine							
b)Your physical diagnosis skills							
c)Your professional life							
d)Your personal life							
e)Your knowledge of Public Health							
f)Your knowledge of Tropical Disease							
g)Your knowledge of Travel Medicine							
21a)) Had you participated in an Internation Residency? Yes No b)If Yes, where: c)And for how many weeks in total		Health	experie.	nce to a d	eveloping	nation pr	rior to

22) Did you pa program? Yes	rticipate in the In	iternation	ıal H	lealth T	rack	when y	ou '	were in	the	residen	гу	
23a) Did you p Yes No	articipate in any	Internatio	onal	Health	Brig	gades du	ring	g residei	ncy'	?		
23b) If yes to '	23a', what year v	vas the tr	ip aı	nd wher	e w	as the tr	ip?					
	Year	Where o	did y	ou go?								
Trip One												
Trip Two												
Trip Three												
Yes No	to do it over agai								Не	alth Tra	.ck	?
20) 1110 0111 (0.	ising of Childrinian	- 15 u ppro	0-9			0-250		0-499	50	0-999	>	1000
a) My medical	school				Ť	1	Ť	.,,,	Ï]	ŕ	7
	at I called 'home	' prior	┢		┢	1]	Ħ	f
to medical scho		F		ı		_		ı		•		_
	ny first job post-				Г						Т	7
residency	<i>J J</i> 1			•		-		•		•		_
d) Where I nov	v live				Г						Т	7
26) Race/Ethni												
☐Non- ☐Hisp ☐Asia ☐Othe	n/Pacific Islande											
\$0-2	ducational debt a 4,999 000-49 999	t the end	of n	nedical s	scho	ool:						

\$50,000-74,999 \$75,000-124,999 >\$125,000	
29) Please list the up to thre participate in the Internatio	ee chief reasons that you chose either to participate or not to nal Health Track at U.C.?
1)	<u> </u>
2)	
3)	<u> </u>

SURVEY C: University of Rochester Family Medicine Residency

University of Rochester Family Medicine Residency

Patient Care

Learning goals or objectives for the rotation were clear? (Question 1 of 5 - Mandatory)

1	Not at all
2	Somewhat
3	As expected
4	More than expected

Medical Knowledge

This rotation provided relevant clinical and educational experience to my career in family medicine. (Question 2 of 5 - Mandatory)

1	Not at all
2	Somewhat
3	As expected
4	More than expected

Interpersonal and Communication Skills

I received and used feedback about my performance from supervisors (residents, staff, attending). (Question 3 of 5 - Mandatory)

1	Not at all
2	Somewhat
3	As expected
4	More than expected

Overall Rating

Overall, I rate this rotation: (Question 4 of 5 - Mandatory)

Unsatisfactory	Below Average	Average	Above Average	Outstanding
1	2	3	4	5

Comments

(Please write about Strengths, Weaknesses and Areas for Improvement.) (Question 5 of 5 - Mandatory)

SURVEY D: Wesley Family Medicine Residency Resident Evaluation

Wichita Council f or Graduate Medical Education International Medicine Resident Evaluation

Field Preceptor:							Lo	oca	tior	ı: _	
Signature:							_Da	ate:			
Resident Name:							Da	ates	s of	Ro	otation:
	een st	ipei Vic	vis hita	ing. ı , K	S (her 5 72	1 co	us	lete A	ed p	acrificed to do so. Please complete and sign the lease place it a sealed envelope and give it to the atisfactory, 7-9=Superior)
KNOWLEDGE Interest in Rotation											
Disinterested, bored, frequently tardy, misses unplanned days with no explanation] NA	. 1	2	3	4	5	6	7	8	9	Extremely interested, enthusiastic, on time, excellent attendance, asks insightful questions.
Medical Knowledge											
Limited and fragmented.	NA	. 1	2	3	4	5	6	7	8	9	Extensive and well-integrated.
Independent expansion of knowl	edge	bas	e								
Does not read or research about patients' medical problems. Demonstrates little interest in expanding personal knowledge base.	NA	. 1	2	3	4	5	6	7	8	9	Dedicated to reading and researching to improve patient care. Extremely interested in expanding personal knowledge base.
Comments:	.										
SKILL Problem Solving											
Fails to critically assess information, risks, and benefits; does not identify major issues or make timely decisions.] NA	. 1	2	3	4	5	6	7	8	9	Critically assesses information, risks, and benefits; identifies major issues and makes timely decisions.
Clinical Management Skills											
Very poor ability to diagnose and treat patients and coordinate their care.] NA	. 1	2	3	4	5	6	7	8	9	Excellent ability to diagnose and treat patients and coordinate their care.
Procedural Skill											
Poorly performs procedures. Clumsy and uncomfortable.	NA	. 1	2	3	4	5	6	7	8	9	Highly skilled in performing procedures. "Good with hands" Appropriately confident.
	J										

Psychosocial and Spiritual											
Does not recognize or respond to psychosocial or spiritual aspects of illness.	NA	1	2	3	4	5	6	7	8	9	Recognizes and responds to psychosocial and spiritual aspects of illness.
Paperwork Skills											
Fails to complete paperwork in a timely manner or quality is poor. (Histories, Chart Notes, etc)	NA	1	2	3	4	5	6	7	8	9	Always completes paperwork on time. Quality consistently excellent.
Supervisory Skills											
Very poor supervisor and teacher. Timid or authoritarian. Provides no effective feedback. Lacks organizational skills to lead a team effectively.	NA	1	2	3	4	5	6	7	8	9	Excellent supervisor and teacher. Clearly sets expectations and encourages compliance. Offers effective and timely feedback. Excellent organizational skills to lead a team.
Interpersonal Skills											
Frequent conflict with others, frequently avoided by colleagues, ignores or challenges input from other professionals, poorly accepted by non-MD staff.	NA	1	2	3	4	5	6	7	8	9	Negotiates well with others, sought out by colleagues, incorporates input from other professionals, acceptance by non-MD staff.
Communication Skills											
Inattentive to patients, lacks tact with emotional issues, does not check for patient understanding, frequently fails to appropriately involve family.	NA	1	2	3	4	5	6	7	8	9	Actively engages patient, listens attentively, tactfu with emotional issues, checks for patient understanding, consistently maintains appropriate contact with patient's family.
Comments:											
<u>ATTITUDE</u>											
Work Ethic	٦										
Frequently "hard to find" or "disappears." Prefers social interaction to medical work. Frequently lazy.	NA	1	2	3	4	5	6	7	8	9	Very hard-working and disciplined, but knows boundaries and when to quit.
Compassion											F
Shows inadequate appreciation of patients' and families' special needs for comfort and help or develops inappropriate emotional involvement.	NA	1	2	3	4	5	6	7	8	9	Always appreciates patients' and families' special needs for comfort and help but avoids inappropriat emotional involvement.

NA 1 2 3 4 5 6 7 8 9

Integrity

Shows inadequate commitment to honesty and

trustworthiness in patient care, or in evaluating and demonstrating own skills and abilities.

Always shows exceptional commitment to honesty and trustworthiness in both patient care, and in evaluating and demonstrating own skills and abilities.

Teachability

Frequently unteachable. Lacks humility regarding medical knowledge or skills. Inappropriately challenges authority or supervisor's instructions.

NA 1 2 3 4 5 6 7 8 9

Extremely teachable. Shows appropriate humility regarding medical knowledge or skills, with strong desire to learn more. Respects authority and supervisors.

	Overall Impression		
	Overall unsatisfactory.	NA 1 2 3 4 5 6 7 8 9	Overall outstanding.
	Comments:		
		-	
Resident S	Strengths (please explain any sco	res of 8 or 9 from above):	
Resident V	Weaknesses (please explain any s	cores of less than 4 from above):	

SURVEY E: Wesley Family Medicine Residency Field Preceptor Evaluation

Wichita Council f or Graduate Medical Education International Medicine Site Evaluation

Resident Name:						T	oda	y's	D	ate:	: _	
Residency Advisor:						Fie	eld	Pre	ceţ	301:		
Dates of Rotation:							Lo	cat	i on	ı: _		
KEY: (NA=Not observed or not applicable) Rotation	3≢Uns	ati	sf a	icto	ory,	, -6 =	-Sa	tisf	ac ac	tor	y,-	9=Superior)
How interesting was this trip?												
Uninteresting boring little variety, limited medical and spiritual opportunities	NA.	1	2	3	4	5	6	7	8	9		Extremely interested, varied, with many different opportunities.
Did this trip provide you with m	nany ed	luc	ati	ona	ıl le	arr	iing	g op	po	rtu	mi	ties?
Limited and fragmented.	NA.	l	2	3	4	5	6	7	8	9		Extensive and wellintegrated
How challenging was this trip?	_											
No challenging enough. Too much was done for me and I was bored.] NA	1	2	3	4	5	6	7	8	9		Extremely challenging. Many cultural, language, administrative and personality challenges arose.
SKILL DEVELOPMENT OPP Problem Solving Opportunities	<u>OR1</u>	ĽU	N.	<u>IT</u>	IE	<u>'S</u>						
No opportunities where given to critically assess information, risks, and benefits and make appropriate decisions] NA	_	_	3	4	5	6	7	8	9		Appropriate opportunities wheregiven to critically assess information, risks, and benefits, major issues and make appropriate decisions.
Clinical Management Skills Opp	ortun	itie	S								ſ	
No opportunities and resources to coordinate the care of the patients that were seen.] NA	l	2	3	4	5	6	7	8	9		Excellent opportunities and resources to diagnose treat, and coordinate the care of patients that were
Procedural Skill Training Oppo	rtunit	ies									r	
Were not able to perform anyprocedures.	NA.	l	2	3	4	5	6	7	8	9		Many opportunities to participate in skill training importuners
Psychosocial Environment	_											
A very stressful, unpleasant, unprofessional conflict filled, working environment.	NA	1	2	3	4	5	6	7	8	9		A pleasant professional, supportive, team centered working environment.
Comments:											l	

FIELD PRECEPTOR

Field Preceptor Supervisory Skills

V ery poor supervisor and teacher. Timid or authoritatian. Provides no effective feedback. Lacks organizational skills to lead a team effectively.

NA 1 2 3 4 5 6 7 8 9

Excellent supervisor and teacher. Clearly sets expectations and encourages compliance. Offers effective and timely feedback. Excellent organizational skills to lead a team.

Field Preceptor Relational Skills

Frequent conflict with others, frequently avoided by colleagues, ignores or challenges input from other professionals, poorly accepted by mon-MD staff.

NA 1 2 3 4 5 6 7 8 9

Negotiates well with others, sought out by colleagues, incorporates input from other professionals, acceptance by nonMD staff.

Field Preceptor CommunicationSkills

Inattentive to patients, lacks tact with emotional issues, does not check for patient understanding and frequently fails to appropriately involve family.

NA 1 2 3 4 5 6 7 8 9

Actively engages patient, listens attentively, tactful with emotional issues, checks for patient understanding, consistently maintains appropriate contact with patient's family.

Comments:

HOST ORGANIZATION

Work Ethic of the Host Organization

It is frequently it is "hard to find" personnel prefers social interaction to medical work.

Frequently laziness observed

NA 1 2 3 4 5 6 7 8 9

Very hard-working and disciplined personnel, but they know boundaries and when to quit.

Compassion Expressed by Host Organization

Shows inadequate appreciation of patients' and families' special needs for comfat and help or develors inappropriate emotional involvement

NA 1 2 3 4 5 6 7 8 9

Always appreciates patients' and families' special needs for comfort and help but avoids inappropriate emotional involvement.

Integrity of the Host Organization

Shows inadequate commitment to honesty and trustworthiness in patient care, or in evaluating and demonstrating own skills and abilities.

NA 1 2 3 4 5 6 7 8 9

Always shows exceptional commitment to honesty and trustworthiness in both patient care, and in evaluating and demonstrating own skills and abilities.

Comments:

OVERALL IMPRESSIONS

Host Organization

Overall unsatis factory.	NA 1	. 2	3	4	5	6	7	8	9	Overall outstanding
Rotation										
Overall unsatisfactory.	NA 1	. 2	3	4	5	6	7	8	9	Overall outstanding.
Assistance from Residency Prog	ram									
Overall unsatisfactory. They did not respond to my requests in a reasonable time frame. They where rude and unhelp ful	NA 1	. 2	3	4	5	6	7	8	9	Overall outstanding. They responded to the information and services in a reasonable time frame and helpful manner
Personal Preparation for this Ro	tation									
Overall unsatisfactory. I am not pleased with the time, research & preparation I invested in this trip	NA 1	. 2	3	4	5	6	7	8	9	Overall Satisfied. I invested sufficient time time, research & preparation I invested in this trip

Comments:

Rotation Strengths (please explain any scores of 8 or 9 from above):

Rotation Weaknesses (please explain any scores of less than 4 from above):

INTERNATIONAL HEALTH: EVALUATING ARIZONA'S SUMMER COURSE IN LIGHT OF SUBSEQUENT THIRD WORLD EXPERIENCE

I.	WI	IO/WHERE/WHEN: ABOUT YOU
	1.	Today's Date
	2.	Name
	3.	Medical School (If you are not a medical student, please complete this, and later, items with parallel information from your own professional career.)
	4.	Year of Medical School Graduation
	5.	Year of Arizona I.H. Summer Course (FCM 896A)
	6.	Current Address:
		ZIP (if USA)
	7.	PHONE ()
	8.	Is this address Home or Work
	9.	Best "permanent" contact address*: (Someone with a stable address who will always know how to reach you)
		*Contact Person's Name-
	1	0. Contact Person's Phone ()
Ι	I. S	PECIALTY AND CAREER CHOICES:
	1	What type of residency (medical specialty) did you enter?

	No	 	Yes			
13.	Name a	nd addres	s of residency pr	rogram you con	ipleted or expect to	o complete:
_						
14.			ion(Past or e:			
	Do you	r plans in	clude an M.P.H.	(or similar) pr	ogram?	— 2
16.	Brief d	escription	(and/or title) of	your current jo	b (if <u>not</u> in residen	ncy).
	<u>s</u>					
	Ş 					
			ly: CLINICAL		CAL OTHER	(Non-Medical)
			PLANS OR OB		IEFLY:	
18	. In No	rth Ameri	ca			
19	. In Int	ernational	Health			
TI	HIRD W	ORLD E	XPERIENCE:			
20		e the Ariz	ona International	l Health Course	did you have Thi	rd World expe
	(of m	ore than 2			, 0.0 , 0.0 1.0 1.0	

21. After the Arizona Course, have you had Third World health or medical experience? NO. If NO, go to Question #27.

If YES, Please tell us about your first experience after the course: a. When did it start? Month _____ Year ____ b. How long did it last? c. Where (name and address of program or site) Name of Program Address d. Name of contact person(s) regarding that site* Name Address *We would not "promote" site without permission e. Is this site usually open to: (Circle all that apply) e. Students Residents Volunteer physicians Type of experience? (Circle all that apply) Urban Rural Clinical Care Community Medicine/Public Health Brief description of roles experienced at the above site: Clinical ____ Teaching Research or Program Assessment

ınternatıoı	nal health experiences"?					
Further Comment	NO YES If Y	ES, how man	ny'?	_		
V. COUR	SE EVALUATION					
In light of prepared	f this subsequent Third World experientyou	ice, how wel	l do you	feel the A	Arizona (Course
22. 1	For a Third World role in:	Very Well				Not At All
	A. Clinical work	5	4	3	2	1
	B. Teaching others	5	4	3	2	1
	C. Program Assessment or Research	5	4	3	2	1
23.	For your Region (specific problems					
	of your Third World Continent)	5	4	3	2	1
24.	To deal with limited Resources	5	4	3	2	1
25.	To communicate and work cross culturally	5	4	3	2	1
26.	Would you recommend the Arizona co	ourse to peer	s:	YES		NO
VI. ALT	TERNATIVES					
27.	If you did not have post-summer inter please briefly describe any barriers yo go.					
VII.	COMMENTS ABOUT THE COURS	E from your	current	perspectiv	veand	or other
	news about you (as brief or as lengthboth in taking the Arizona course a	y as you wis	sh). We	really tha	nk you f	for your time

In addition to the first on-site experience after the Arizona course, have you had later post-course

Goals and Objectives HOMBRE Core Educational Series 2012

Goal 1 – Through participating in these sessions, students will improve their knowledge and understanding of cultural competency.

Objective 1 – students will know the core attributes of culture and understand the many ways various cultures impact patients.

Objective 2 – students will recognize key behaviors that they should avoid and that they should strive to emulate while working abroad.

Objective 3 – students will demonstrate an ability to work with language discordant patients using an interpreter.

Goal 2 – Through participating in these sessions, students will gain an introductory knowledge of the broader determinants of health.

Objective 1 – students will understand how poverty in developing countries impacts patients and their health.

Objective 2 – students will be able to identify important determinants of health in developing countries and distinguish these from those in developed nations.

Goal 3 – Through participating in these sessions, students will improve their basic clinical skills, so that they can be most effective in helping care for our patients abroad.

Objective 1 – students will be exposed to the common chief complaints they will encounter on the trip.

Objective 2 – students will be able to take a targeted history for each of these chief complaints.

Objective 3 – students will be able to create a differential diagnosis of at least three other possible diagnoses for each chief complaint.

Objective 4 – students will be able to identify and appropriately choose selected pharmaceuticals for each chief complaint.

Objective 5 – students will know the mechanism of action, key side effects, key drug-drug-interactions and contraindications for selected pharmaceuticals.

FINAL EVALUATION June 2012

Please indicate your status on the trip (faculty, student, resident, other):
Please indicate your site (NPH/Olanchito, Pinares, the D.R., Ghana):

For non-students, please just complete the BACK of this page only.

For students, please complete BOTH sides.

After completing our brigade, please reflect on the lecture series as a whole and on each of the individual sessions. Please rate each on its effectiveness in preparing you for the brigade and in meeting the lecture series goals and objectives. Please use the following scale:

etin	g the lecture series goals and objectives. I	Please use th		0,	U	0.18
	1 = not effective at all 2 = minimally effective 3 = moderately effective 4 = very effective					
		not at all effective	e)		(very	effective)
1.	Poverty (Steve)	1	2	3	4	DNA
2.	Social Determinants of Health (Steve)	1	2	3	4	DNA
3.	Global Health and Tropical Med 1 (Mike)	1	2	3	4	DNA
4.	Global Health and Tropical Med 2 (Mike)	1	2	3	4	DNA
5.	Quality of Care in Under-resourced settings (Austi	n) 1	2	3	4	DNA
6.	Intro to history taking and differential diagnosis (S	teve) 1	2	3	4	DNA
7.	Woman's health (Steve)	1	2	3	4	DNA
8.	Basic Dermatology (Steve)	1	2	3	4	DNA
9.	Tropical Dermatology (Alex)	1	2	3	4	DNA
10.	Adult with headache (high blood pressure) (Mark)	1	2	3	4	DNA
11.	Adult with increased thirst/urination (diabetes) (Ma	ark) 1	2	3	4	DNA
12.	Pediatric Growth and Nutrition (Pat)	1	2	3	4	DNA
13.	Child with stomachache (Peds resident)	1	2	3	4	DNA
14.	Child with breathing trouble (Peds resident)	1	2	3	4	DNA

Please turn over and complete back page as well!

2

3

3

Please list your site here:	Final Eval.
	Page 2.

15. Re-entry (Steve)

17. The entire core lecture series as a whole.

16. Q and A

DNA

DNA

DNA

Please	oive us	some	feedback	on vo	ur particu	lar site.
I icuse	give us	SUIILE	Jeeuvuen	OII VO	ui buiicu	uu suc.

What are the two best things about your site	What are	the	two	best	things	about v	vour	site	?
--	----------	-----	-----	------	--------	---------	------	------	---

What are two things you would like to see improved about your site?

Now please give us some feedback on the overall logistics and organization of the brigade. Please use the following scale to rate each of the following statements:

- 1 = disagree strongly
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 =strongly agree

	(strongly disagree)				(strongly agree)
1. I thought the brigade was well organized.	1	2	3	4	5
2. I was confident in the HOMBRE leadership.	1	2	3	4	5
3. I always knew who to ask if I had any questions.	1	2	3	4	5
4. Any questions I had were answered appropriately	. 1	2	3	4	5
5. I felt safe during the brigade.	1	2	3	4	5
6. I would like to go on another HOMBRE brigade.	1	2	3	4	5
7. I would recommend going on an HOMBRE brigad to others.	le 1	2	3	4	5

Thank you for taking the time to complete this evaluation!

MEASURES OF IMPACT OF INTERNATIONAL EXPERIENCE Pre-Experience Questionnaire

We would like you to fill out this questionnaire in order to study the impact of medical education on students' ideas and attitudes regarding a career in medicine. There are no right or wrong answers. Questionnaires are identified by social security number in order to see how responses change during the medical education years. However, no one in the Office of International Education or any other office will see individual responses in connection with names.

1.	Social Security Number: /_ /
2.	Today's date:
3.	Class Graduation Year:
4.	Year in school at the time of this questionnaire:
	1 st year (1)
	2 nd year (2)
	3 rd year (3)
	4 th year (4)
	Other (please specify):(5)
5.	Please check your current career preference (<u>ONE</u> choice only):
	Anesthesiology (1)
	Emergency Medicine (2)
	Family Practice (3)
	Internal Medicine – General (4)
	Internal Medicine – Specialty (e.g., Cardiology, Dermatology, GI) (5) Combined Medicine/Pediatrics (two year residency in Internal Medicine plus a two year residency in Pediatrics) (6) Obstetrics/Gynecology (7)
	Pathology (8)
	Pediatrics – General (9)
	Pediatrics - Specialty (10)
	Psychiatry (11)
	Radiology (12)
	Surgery – General (13)
	Surgery – Sub-Specialty (e.g., Orthopedics, Urology) (14) Other: (15)

MEASURES OF IMPACT OF MEDICAL EDUCATION

Please use the following scale to indicate how much your experiences with the UMMS curriculum to date have changed your perception of the following items. (Please circle <u>one</u> response for <u>each</u> item.)

husiasm about being a physician erest in Primary Care erest in working with the urban underserved e need to understand cultural differences in diagnosing and prescribing ense of idealism about my role as a physician owledge about humanism in medical care erest in having an international component to my career erest in rural medicine erest in having a public health component to my career ered to work collaboratively with other health professionals	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4	5 5 5 5 5
erest in Primary Care erest in working with the urban underserved e need to understand cultural differences in diagnosing and prescribing ense of idealism about my role as a physician owledge about humanism in medical care erest in having an international component to my career erest in rural medicine erest in having a public health component to my career	1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3	4 4 4 4	5 5 5 5
erest in working with the urban underserved e need to understand cultural differences in diagnosing and prescribing ense of idealism about my role as a physician ewledge about humanism in medical care erest in having an international component to my career erest in rural medicine erest in having a public health component to my career	1 1 1 1 1	2 2 2 2 2	3 3 3 3	4 4 4	5 5 5
e need to understand cultural differences in diagnosing and prescribing ense of idealism about my role as a physician owledge about humanism in medical care erest in having an international component to my career erest in rural medicine erest in having a public health component to my career	1 1 1 1	2 2 2 2	3 3 3	4 4	5 5
ense of idealism about my role as a physician owledge about humanism in medical care erest in having an international component to my career erest in rural medicine erest in having a public health component to my career	1 1 1 1	2 2 2	3	4	5
owledge about humanism in medical care erest in having an international component to my career erest in rural medicine erest in having a public health component to my career	1 1 1	2	3	4	-
erest in having an international component to my career erest in rural medicine erest in having a public health component to my career	1	2			J
rest in rural medicine rest in having a public health component to my career	1		-	4	5
rest in having a public health component to my career	-		3	4	5
		2	3	4	5
	1	2	3	4	5
Awareness of human values that are important to me as a physician					5
eed to be an advocate for a whole community of population	1	2	3	4	5
					5
· · · · · · · · · · · · · · · · · · ·					5
	1	2		4	5
	1	2		4	5
·	1	2		4	5
	1	2	3	4	5
	1	2	3	4	5
, -	1	2	3	4	5
and a projection.		_	•	•	•
	need to be an advocate for a whole community of population need to examine my own biases about people and health care need to know about the living and working situations of patients need to understand the politics of health care need to know about a patient's financial constraints need to know another language need for epidemiologic field work need for epidemiologic field work needs of obstacles to medicine's ability to change health risks neaverness about my future role as a physician needs about aspects of your experience that may have affected your answers:	teed to examine my own biases about people and health care 1 teed to know about the living and working situations of patients 1 teed to understand the politics of health care 1 teed to know about a patient's financial constraints 1 teed to know another language 1 teed for epidemiologic field work 1 awareness of obstacles to medicine's ability to change health risks 1	leed to examine my own biases about people and health care 1 2 leed to know about the living and working situations of patients 1 2 leed to understand the politics of health care 1 2 leed to know about a patient's financial constraints 1 2 leed to know another language 1 2 leed for epidemiologic field work 2 awareness of obstacles to medicine's ability to change health risks 1 2	leed to examine my own biases about people and health care 1 2 3 leed to know about the living and working situations of patients 1 2 3 leed to understand the politics of health care 1 2 3 leed to know about a patient's financial constraints 1 2 3 leed to know another language 1 2 3 leed for epidemiologic field work 1 2 3 leed for epidemiologic field work 1 2 3 lead for epidemiologic field work 1 2 3	leed to examine my own biases about people and health care 1 2 3 4 leed to know about the living and working situations of patients 1 2 3 4 leed to understand the politics of health care 1 2 3 4 leed to know about a patient's financial constraints 1 2 3 4 leed to know another language 1 2 3 4 leed for epidemiologic field work 1 2 3 4 leed for epidemiologic field work 1 2 3 4 lead for epidemiologic field work 1 2 3 4

CULTURAL ASSESSMENT SURVEY #2

Dear Student:

Please take a few minutes to fill out this survey. It will be used by the Office of Medical Education and International Education Office to evaluate the possible impact of its curriculum on students' approaches toward culture and medicine. It is important that you answer these questions as thoughtfully as possible in order for our measurement efforts to be worthwhile. Please bear in mind that aside from a few True-False questions, there are no right or wrong answers. We do ask for your social security number in order to compare each student's answers with answers from a similar survey given at the beginning of first year; however, the questionnaire will in no way permit identification of a specific student. In fact, no one who uses the information in these surveys will have any access to student identification numbers or names.

Please return the questionnaire to your small group leader.

To permit us to compare your answers now with those surveyed at the beginning of your first year, please list:

Your Social Security Number:	 	
Date:		

CULTURAL ASSESSMENT SURVEY (#2)

1.	How would y	ou describe	your race?					
	Black	Asian	Native American	_White	_Biracial	Other		
2.	Please check (check only t	• •	lanning to participate in one):	any of the fo	ollowing ex	periences	this sum	nmer
In th	Non-UNClinicalRecreati	funded lang IMC funded observation onal travel	guage/cultural immersion I language/cultural imme /shadowing abroad abroad e the response to indica	ersion abroad		von agre	ee/disag	ree with
			e one response per item	i):	oc to which	you ugi	oci albağı	ee with
				Strongly Disagree	<u>Disagree</u>	<u>Neutral</u>	Agree	Strongly Agree
3.	A patient who appointments we disrespect for the	vithout calli	ng ahead is showing	1	2	3	4	5
4.	-	1 .	vided to anyone on welfa	are. 1	2	3	4	5
5.			t a privilege but a right, or political status.	1	2	3	4	5
6.	-	-	h or economics, race, or d in the US if they try ha	ard 1	2	3	4	5
7.	•	al traditions	impact strongly on their	r 1	2	3	4	5
8.		ge if I knew	t feel obliged to learn that an interpreter would	d 1	2	3	4	5
9.	The principle o	f creating gualities amo	overnment policies that ong racial groups is no	1	2	3	4	5
10.	All patients, ev	en drug-abu	sers and those seeking uire their doctor's respec	et. 1	2	3	4	5
11.	should be eligib	ole is immu	nich illegal immigrants nizations, testing for id emergency medicine.	1	2	3	4	5

12.	I feel frustrated when I have difficulty understanding a foreigner's English pronunciation.	1	2	3	4	5
13.	I want to work with under-served patient populations.	1	2	3	4	5
14.	Patients who arrive late for appointments are probably not taking their health seriously.	1	2	3	4	5
15.	When people immigrate to the US, it is reasonable to expect that they learn enough English to manage					
	basic daily transactions on their own.	1	2	3	4	5

		Strongly	<u>Disagree</u>	<u>Neutral</u>	Agree	Strongly
		<u>Disagree</u>				Agree
16.	If a patient cannot speak English, it is his or her responsibility to ensure that an interpreter is available during the medical visit.	1	2	3	4	5
17. 18.	Coining, a Vietnamese remedy for migraines, where a hot coin is used to rub oils into the skin, often producing lesions and scars, is an example of a traditional medical practice that may be accepted when encountered by Western health practitioners. When it comes to alleviating poverty in this country, personal responsibility is more important and more	1	2	3	4	5
	effective than governmental assistance programs.	1	2	3	4	5
19.	I am more comfortable with patients from backgrounds similar to my own.	1	2	3	4	5
20.	It is reasonable that non-emergency medical services be denied to illegal residents.	1	2	3	4	5
21.	If I worked with a lot of patients in a community whose first language is not English, I would learn their language.	1	2	3	4	5
22.	It is not easy to treat all people the same way.	1	2	3	4	5
23.	I tend to feel uncomfortable with people whose cultural backgrounds differ from my own.	1	2	3	4	5
24.	I would have difficulty being compassionate to a neglectful mother or "dead-beat dad."	1	2	3	4	5
25.	Bilingual education programs, which use English as well as pupils' maternal language to teach daily coursework, should be offered in US public schools.	1	2	3	4	5
26.	The chronic and sometimes severe health complications frequently associated with foreign traditional practices like clitoridectomy and					
	infibulation (female circumcision) warrant their prohibition.	1	2	3	4	5

In this next section, please indicate whether you think each of the following statements is true or false:

27. Within any recent 2 year period, at least 50 to 60 million Americans were medically uninsured.

FALSE

TRUE

28. Approximately sixty percent of children in Los Angeles are on welfare.

		1	2
27.	Within any recent 2 year period, at least 50 to 60 million Americans were medically uninsured.	1	2
28.	Approximately sixty percent of children in Los Angeles are on welfare.	1	Z

29. Access to quality health care is available to approximately 75% of the US population.

<u>In this final section, please answer each question by circling one of the provided answers for each question:</u>

30.	How well can you describe the minority populations in Worcester?						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
31.	How familiar are you with the prevailing cultural beliefs of at least one of the major minority populations in Worcester? (Exclude your own group if you are a minority.						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Familiar (3)			
32.	2. How well do you know the prevailing health beliefs and practices of at least one of major minority populations in Worcester? (Exclude your own group if you are a minority.)						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
33.	How aware are you other cultures?	of how your own cultu	ral background affects	your attitudes toward			
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Aware (3)			
34.	How aware are you of the obstacles faced by minorities in seeking access to health in Worcester? (Exclude your own group if you are a minority.)						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Aware (3)			
35.	How well are you able to assess a patient's cultural background and culturally-specifi health beliefs and behaviors? (Exclude your own group if you are a minority.)						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
36.	How well can you in patient?	a treatment plan for a					
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
37.	How well do you know the greeting protocols within the major minority communities. Worcester? (Exclude your own group if you are a minority.)						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
38.			c perspectives of ments os in Worcester? (Excl				

	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
39.	How well do you understand the conceptual distinction between the terms "immigrant and "refugee?"						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
40.	How well do you know what languages are used by the populations in Worcester?						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
41.	. How well are you able to describe the common health needs of people of at least one the minority populations in Worcester? (Exclude your own group if you are a minor						
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Well (3)			
42.	•	ou of how your own cul ures other than your ow	<u> </u>	ffected your attitudes and			
	Not at all (0)	Minimally (1)	Fairly Well (2)	Very Aware (3)			
43.	How often do you attend cultural or racial group holidays or functions within minority communities? (Exclude your own group if you are a minority.)						
	Never (0)	Seldom (1)	Sometimes (2)	Often (3)			
44.	How much do you interact socially on an individual basis with minorities within your community? (Exclude your own group if you are a minority.)						
	Never (0)	Seldom (1)	Sometimes (2)	Often (3)			
45.	How often do you interact socially on a group basis with minorities within your community? (Exclude your own group if you are a minority.)						
	Never (0)	Seldom (1)	Sometimes (2)	Often (3)			
46.	•	How often do you attend community forums or neighborhood meetings within minority communities? (Exclude your own group if you are a minority.)					
	Never (0)	Seldom (1)	Sometimes (2)	Often (3)			
47.		n patronize businesses or on group if you are a mi		your community?			

	Never (0)	Seldom (1)	Sometimes (2)	Often (3))		
48.	How much do you pursue recreational or leisure activities within minority communities? (Exclude your own group if you are a minority.)					
	Never (0)	Seldom (1)	Sometimes (2)	Often (3)		
49.	9. How often do you feel unsafe within minority communities? (Exclude your own group you are a minority.)					
	Never (0)	Seldom (1)	Sometimes (2)	Often (3)		
50.	How often do you attend community or culturally-based advocacy group meetings within minority communities? (Exclude your own group if you are a minority.)					
	Never (0)	Seldom (1)	Sometimes (2)	Often (3)		

SURVEY J: University of Massachusetts Open-Ended Questions

University of Massachusetts

- 1. How comfortable are you caring for patients who speak a prevalent language other than English;
 - Has medical school affected your comfort level?
- 2. Based on your interaction with 1st visit patients what role, if any, do the patient's culturally related health beliefs have in the care you provide?
 - What if they are foreign born?
- 3. Has your medical school training influenced the type of population you wish to serve?
 - Your career choice; the type of location in which you wish to work?
 - What were some of the most important curriculum influences?
- 4. Where do you see yourself and your eventual practice in terms of an advocacy continuum of individual patient vs. population health?
- What parts of the UMMS curriculum have been important influences on your thinking?
- 5. Do you see volunteering and civic engagement as part of your role as a physician;
 - How about providing free care?

SURVEY K: Rosalind Franklin School of Medicine

MCUR607 Course Evaluation

Student Name:					
Global Health Electiv	ve Location: City	Countr	У		
How would you rate	vour overall exper	ience during vou	r Global Health 1	Elective?	
•	Fair	Good	Excellent		
	2	3	4		
Please rate your agre <i>Elective</i> :	ement with the fol	lowing statement	s. As a result of	my Global Health	
I learned new knowled the country of my Glo	•		cal practices and	cultural practices in	
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Strongly Disagree	Disagree	11041141	119100	Strongly rigite	
Strongly Disagree I developed skills which	Disagree ch enhance my abil-	Neutral ity to provide com	Agree petent and compa	Strongly Agree ssionate care in	
international settings a	-	• •	-		
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
I developed attitudes which enhance my ability to provide competent and compassionate care in international settings and in the multicultural society of the United States. Strongly Disagree					
I participated in activities that directly impacted medical services provided to underserved communities beyond the borders of the United States. Strongly Disagree					
I refined personal goal			229	2 42 02-19-1 1-19-1 V	
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
I refined professional strongly Disagree	goals in internations Disagree	al health. Neutral	Agree	Strongly Agree	
Sadigi, Disagice	Disagree	1 wan ar	115100	Diffusion 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Please 1. 2. 3.	list the strengths o	of your Global	Health Elective	e:		
Please 1. 2. 3.	list any weaknesse	es of your Glob	oal Health Elect	tive:		
How w	vould you rate you	r clinical expe	rience on this el	lective?		
Poor	Fair	•	Good	Excellent		
1	2		3	4		
If appl Poor	licable, how would Fair	•	language imme	ersion program on th Excellent	is elective? N/A	
1	2		3	4	5	
2. 3. How w Poor	vell did IHIG cours Fair	-	ts reflect the go Good	eals and objectives of Excellent	the course?	
1	2		3	4		
How well did IHIG provide access to clinical program resources to support planning of your Global Health Elective?						
Poor 1	Fair 2		Good 3	4		
How adequate where IHIG reminders about course assignments?						
Inadeq	uate	Appropriate		Excessive		
How do you prefer to submit IHIG assignments?						
	Site Application	Paper	Dropbox	No preference		
	Patient Log	Paper	Dropbox	No preference		

No preference

Dropbox

Paper

Essay