

EVALUATION

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General

Few medical educators who have worked with medical students and residents have doubted the value and contribution of international health rotations in the education of a physician-in-training. Not uncommonly students enthusiastically proclaim international health experiences are the overall most valuable components of their education. The great variety of experiences available to medical students and residents defy standardization. This section will attempt to provide some guidelines related to the evaluation of the experience from a student's point of view and evaluation of student experiences by faculty members.

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Personalizing the Experience

It is difficult to construct rigid guidelines to represent universal criteria for defining and evaluating all international health experiences. Nevertheless, guidelines and evaluations should be comprehensive, and as objective about experiences as practically possible. Perhaps one of the most valuable experiences for students and residents is to personalize experiences by daily entries into journal notebooks.

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This activity allows them to reflect on issues such as cultural differences, understanding emotions involved in living and working with poverty,

reverse cultural shock, and identifying and coping with interpersonal conflicts. To reinforce this concept faculty advisors may consider providing blank notebooks to students and residents to bring on international electives.

Student and Resident Evaluation of International Health Site

In general, international health sites should be evaluated from a wide variety of perspectives including:

- Clinical/Community/Research experience
- Level of responsibility
- Personal health and safety issues
- Cross cultural experience
- Living conditions
- Expenses
- Level of supervision
- Compatibility with co-workers

A suggested student Evaluation Form and an International Health Site Evaluation Form is included at the end of this chapter.

**IHMEC International Health Rotation
STUDENT EVALUATION**

NAME: _____ YEAR: 1 2 3 4 ROTATION/LOCATION: _____	REPORT COVERS PERIOD _____ TO _____ MO. DAY YEAR MO. DAY YEAR
SUPERVISING PHYSICIAN: _____ SIGNATURE: _____ DATE: _____	NOTE PLEASE EVALUATE THIS STUDENT'S PERFORMANCE RELATIVE TO OTHER STUDENTS WITH EQUIVALENT EXPERIENCE. A COPY OF THIS FORM SHOULD BE REVIEWED BY THE STUDENT.

<u>DATA GATHERING</u>	NEEDS IMPROVEMENT	ACCEPTABLE	OUTSTANDING
1. LOGICALLY PURSUES INFORMATION			
2. SYSTEMATIC AND THOROUGH PHYSICAL EXAMS AND/OR			
3. COMMUNITY EVALUATIONS			
3. LEGIBLE AND COMPLETE WRITTEN RECORDS			
COMMENTS:			

<u>PROBLEM DEFINITION AND INTERVENTION PLANNING</u>	NEEDS IMPROVEMENT	ACCEPTABLE	OUTSTANDING
1. DEFINES IMPORTANT ISSUES (CLINICAL OR COMMUNITY HEALTH)			
2. PLANS EFFECTIVE INTERVENTIONS OR PROGRAMS			
3. USES OTHER COMMUNITY WORKERS APPROPRIATELY TO SOLVE PROBLEMS			
COMMENTS:			

<u>FUNCTIONING IN A CLINICAL SETTING</u>	NEEDS IMPROVEMENT	ACCEPTABLE	OUTSTANDING
1. ORGANIZED IN USE OF TIME			
2. CORRECTLY PERFORMS AND INTERPRETS CLINICAL PROCEDURES			
3. INTELLIGENT MANAGEMENT OF PATIENTS			
COMMENTS:			

<u>INTERPERSONAL SKILLS</u>	NEEDS IMPROVEMENT	ACCEPTABLE	OUTSTANDING
1. AWARENESS AND SENSITIVITY TO PATIENT NEEDS			
2. CULTURAL SENSITIVITY			
3. WILLINGNESS/FLEXIBILITY IN WORK HABITS			
4. LANGUAGE SKILLS			
5. HARMONIOUS RELATIONS WITH OTHER HEALTH PROFESSIONALS			
6. PERCEPTIVE AND UNDERSTANDING OF OTHERS			

<u>OVERALL EVALUATION</u>				
UNSATISFACTORY	EFFECTIVE AND COMPETENT			OUTSTANDING
1	2	3	4	5

What are the strengths of this student?
What are the areas that NEED IMPROVEMENT?
GENERAL COMMENTS:

INTERNATIONAL HEALTH SITE EVALUATION

International Health Medical Education Consortium (IHMEC)

FACILITY

DATE UPDATED

Facility Name:	
City:	Country:
Key Contract Person:	
Address:	
Phone No. : ()	
U.S. Contact Person (if applicable):	

Health Facility Sponsorship:

	YES	NO
Government	___	___
Private	___	___
Church based	___	___
(If yes to any, please list name _____)		
Other	___	___

INPATIENT

Number of beds: _____
Estimated occupancy: _____
Breakdown of inpatient beds (%):
Medicine: _____ Surgery: _____
Obstetrics: _____ Pediatrics: _____
Inpatient surgical facilities: YES _____ NO _____
Average number of operations performed(per wk): _____

OUTPATIENT

Number of outpatient visits per day: _____
Feeding center: YES ___ NO ___
Vaccination program: YES ___ NO ___
Other special Programs: YES ___ NO ___

STAFF

Full-time Physicians

NAME:	SPECIALTY:	NATIONALITY:	≈ AGE:
NAME:	SPECIALTY:	NATIONALITY:	≈ AGE:
NAME:	SPECIALTY:	NATIONALITY:	≈ AGE:

MEDICAL EXPERIENCE

Average number of outpatients seen per day? _____

Average number of inpatients seen per day? _____

Average number of procedures done per day? _____

If applicable, Five (5) most common procedures performed or assisted:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____

Please list the illnesses encountered that should be reviewed prior to a rotation at this site. _____

Please list medications one should become familiar with prior to this rotation.

Were medications available at this site? YES _____ NO _____
(If no, what were the critical shortages?) _____

LEISURE/FREE TIME

How often were you on call at night? _____

How many weekends per month were you on call? _____

What were the usual working hours during the weekends? _____

Was the amount of work: (please circle one) excessive about right too little

What interesting places were/are available to visit?

in a single day _____ on the weekend _____ for longer periods _____

COMMUNITY

Estimated population: _____

Estimated population served by health facility: _____

Estimated walking distance for patients to
get to facility (include both median and range):
_____ median _____ range

Types of employment (typical of most patients): _____

Estimated literacy rate (%): _____

Language spoken: _____

Were adequate translators available: YES _____ NO _____

Is potable water available: YES _____ NO _____

Food available locally: _____

Predominant religion(s) of the community: _____

Other types of healers present in the community:	YES	NO
Traditional healers	_____	_____
Village health care workers	_____	_____
Village health nurse	_____	_____
Public health officer	_____	_____
Others _____	_____	_____

CLIMATE

Average daily temperature: Month _____ Temp _____

Estimated days with rainfall: Month _____ Number of Days _____

Altitude: _____

Other interesting geological or historical features of the community:

HOUSING:

Describe your housing while working at this facility: _____

	YES	NO
Did you share space with another person	_____	_____
Electricity?	_____	_____
Running water?	_____	_____
Hot water?	_____	_____
Cooking facilities?	_____	_____

If yes, please describe

If no, where did you eat your meals?

Was food generally available?

What was the quality of the food?

Toilet facilities:

YES NO

Indoor?	_____	_____
Outdoor?	_____	_____
Adequate?	_____	_____

Sleeping facilities:

Was your sleeping facility free from mosquitoes and other insects?	_____	_____
Was your housing facility secure?	_____	_____
Were there concerns for your safety?	_____	_____
Could valuables be locked-up during your absence?	_____	_____

EXPERIENCE – GENERAL

Please rate this experience according to the following scale:

	Excellent 5	4	OK 3	2	Poor 1
Educational experience:	5	4	3	2	1
Cultural experience:	5	4	3	2	1
Work relations:	5	4	3	2	1
Living conditions:	5	4	3	2	1

FINANCIAL

What was the cost of your round-trip plane fare? _____

Was this a discounted fare? _____

What was the average daily cost of food? _____

What was the approximate cost of transportation from the airport to the facility (one way)? _____

What was the cost of housing per week? _____

Were there other costs associated with working at this site? _____

Total cost? _____

Total amount of scholarships, loans or other assistance: _____

Grand total cash to you? _____

NAME: _____ **DATE:** _____