

Name: \_\_\_\_\_ Dates (include year) I spent at this site: \_\_\_\_\_  
UA Class of: \_\_\_\_\_

Fill this out during your stay at this site (on this paper) and when you return fill it out at <http://globalhealth.arizona.edu/global-health-learning-sites> -> Site Evaluation (bottom of page)

CLINICAL SITE LOGISTICS/DESCRIPTION  
UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

**Required** Data on Global Health Preceptorship site by UofA student.  
For our site files orienting future students.

I. Site: \_\_\_\_\_  
Continent \_\_\_\_\_ Country \_\_\_\_\_

Name and place/local address of Hospital and/or Program: \_\_\_\_\_

A.

Contact Person in USA:	Contact Person in Country:
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip code: _____	City, Province, Country _____
Email: _____	Email: _____
Phone: _____	Phone: _____
(area code) Phone	(Country Code) Local Phone
Cell Phone: _____	Cell Phone: _____
Fax: _____	Fax: _____
(area code) Fax no.	(Country Code) Local Fax no.
Job Title: _____	Job Title: _____

Program web site: http: \_\_\_\_\_

B. How far in advance need to apply: \_\_\_\_\_

Preferred means of communication: Mail \_\_\_ Phone \_\_\_ Fax \_\_\_ Email \_\_\_ other \_\_\_

Comments on Contacting site? \_\_\_\_\_

C. Language(s) useful: \_\_\_\_\_

Fluency level required at site: \_\_\_ None \_\_\_ Basic \_\_\_ More than basic

Can you "get by" if only know English? \_\_\_\_\_

D. Approximate costs (US\$)

Airfare: \$ \_\_\_\_\_ Room/Month: \$ \_\_\_\_\_ Program Fee: \$ \_\_\_\_\_

Other travel: \$ \_\_\_\_\_ Board/Month: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

II. Student Site Experience:

Type (circle all that are available to students at this site):

Urban          Rural          Clinical Care          Community Care/ Public Health

Facility / Hospital: Beds: \_\_\_\_\_ Lab/xray?\_\_\_\_\_ Surgery?\_\_\_\_\_ OB? \_\_\_\_\_

Does hospital serve defined area? \_\_\_\_\_ Approx. area population: \_\_\_\_\_

Is there a community outreach program? (describe) \_\_\_\_\_

Sponsoring agency: Government \_\_\_\_\_ Church (faith-based)\_\_\_\_\_

NGO or Other(list): \_\_\_\_\_

III. Evaluation of Site Experience:

I went to this site during (or after) my \_\_1<sup>st</sup>. \_\_2<sup>nd</sup>, \_\_4<sup>th</sup> year of medical school

A. How well did this elective site meet your professional learning goals in these categories?

	Very well			Not at all	
Clinical	5	4	3	2	1
Community/Public Health	5	4	3	2	1
Cultural/Personal	5	4	3	2	1
Other (Specify below and rank)					
_____	5	4	3	2	1
_____	5	4	3	2	1

B. Does this site accept (circle all that apply)?

Preclinical med students    Clinical students    Residents    Volunteer physicians    Other students

C. Are there any unique rules and regulations at this site (describe)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. How strongly would you recommend this site to future global health students?

Highly				Not at all
5	4	3	2	1

IV. Helpful comments or suggestion for future students and faculty: (Please attach longer comments on a sheet of paper): \_\_\_\_\_

\_\_\_\_\_

When you return, transfer this data to our online Evaluation Form, see first page for web address.