TOURO UNIVERSITY CALIFORNIA GLOBAL HEALTH PROGRAM

2012 SUMMER INTERNSHIP

Local Providers’ Evaluation of Touro Students at Summer Elective Sites

Dear Doctor or Other Healthcare Provider:

We are in the process of evaluating our Global Health Summer Electives and would very much appreciate you devoting about 5 minutes of your time and to help us by answering the following three questions. Thank you very much!!

Demographic Information:

1. Your organization name and connection with the Touro GHP:

________________________________________________________________________

2. The site where you are located

________________________________________________________________________

3. The number of years you have worked with Touro students

________________________________________________________________________

Survey Questions:

Please circle a number between 1 and 10 for each answer, with a grade of ‘1’ representing the lowest, or least positive answer, and a grade of ‘10’ being the highest, or most positive answer.

1. Generally, how sensitive to local customs and protocols are the students?

1------2------3------4------5------6------7------8------9------10

(not sensitive at all) (very sensitive)

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2. To what extent does the Touro program benefit your facility (resources, patients, community)?

1------2------3------4------5------6------7------8------9------10

(no benefit at all) (a very significant benefit)

Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

3. What might we do to improve the current program in your location?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Thank you very much for taking the time to complete this survey, your assistance is much appreciated!