Survey of AGCT Resident Volunteer

Please type or print responses and use additional sheets if necessary for comments

Name of Resident___________________________________________

Name of Home Residency Training Program___________________________________________

Name of Accompanying North American Faculty Member_________________________________

Name of Home Institution___________________________________________________________

Dates of Service at MUHAS/MNH__________________________________________________

Pre-Tanzania Communication

1. Did the Orientation Letter and Credentials Package adequately prepare you for your trip to Tanzania? Yes______         No______
   Suggestions for Improvement ______________________________________________________

2. Did the staff at the MUHAS/MNH Department of Surgery communicate with you in a timely manner? Yes ______        No________
   Comments__________________________________________________________________

3. Did the AGCT staff communicate with you in a timely manner? Yes ______     No________
   Comments_____________________________________________________________

Arrival in Tanzania

4. Were you met at the airport? Yes____     No_____
   Comments____________________________________________

5. Any problems getting to your lodging? Yes_____     No_____
   Comments_____________________________________

Stay at the Kalenga House

6. Did you experience any problems at the Kalenga House? Yes_____     No_____
   Comments__________________________________________________________________

Experience at MUHAS/MNH

7. Did you have a positive interaction with the MUHAS/MNH surgeons? Yes_____     No_____
   Comments__________________________________________________________________

8. Did you have a positive interaction with the MUHAS/MNH residents?
   Yes_____     No____
   Comments:________________________________________________________________
9. Did you interact with the MUHAS medical students?
   
   Yes____  No_______
   Comments_________________________________________________________________

Experience with accompanying North American faculty member

10. Did you have a positive experience with your North American faculty surgeon?
    
    Yes_____  No_____
    Comments_______________________________________________________________

11. Did you have a positive clinical and social experience at MUHAS/MNH? Yes_____  No_____
    Comments________________________________________________________________

12. Did you have a defined role in the Department of Surgery? Yes_____  No_____ 
    Comments________________________________________________________________

Working in a resource limited environment and experiencing death and complications that would be preventable in another environment can be very stressful.

13. Did you experience feelings of stress when encountering these problems?
   Yes_____  No_____

14. If yes, what suggestions do you have to help others deal with these emotions?
    Comments_______________________________________________________________

15. Overall, would you describe your experience at MUHAS/MNH as positive or negative?
    Positive____  Negative____
    Comments________________________________________________________________

16. Do you plan or hope to return to MUHAS/MNH as a volunteer surgical educator in the future? Yes____  No_____ 
    Comments________________________________________________________________

17. Would you recommend the AGCT volunteer surgical resident program at MUHAS/MNH to a colleague interested in Global Surgery? Yes_____  No_____ 
    Comments________________________________________________________________