

## MUHAS ELECTIVE PROGRAM

### FEEDBACK ON COMPLETION OF ELECTIVE PERIOD IN TANZANIA

To be filled by students who have completed an elective period at the Muhimbili University of Health and Allied Sciences in order to provide input into the program for future improvement.

1. Name ..... Sex.....
2. Name of home institution.....
3. School/ Department of the Home Institution .....
4. Country of Origin..... Citizenship.....
5. Full address .....
- .....
6. School/Department which you were attached in Tanzania .....
- .....
7. Hospital of attachment in Tanzania .....
8. Area of interest .....
9. Duration of Elective .....
10. Did the training meet your expectations? Yes..... No.....  
If Yes go to question 11.  
If No, go to question 12
11. To what extent?  
Great extent..... Moderate extent..... Small extent.....  
Explain .....
- .....
12. If no, please explain .....
- .....
- .....
13. What was the most interesting thing which you can recommend to future elective students?  
.....
- .....
14. What will you not recommend to future elective students?.....
- .....
15. What was the most exiting exposure in the training? .....
- .....

.....  
16. What was the most frustrating experience? .....  
.....  
.....

17. Will the training and experience gained be applicable to your planned career?  
Yes..... No.....

If Yes, go to number 18  
If No, go to number 19

18. To what extent?  
Great extent..... Moderate extent..... Small extent.....  
Explain .....

19. If no, please explain .....  
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20. Please give suggestions on how to improve the training  
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21. Give some general comments on the conduct of the tutors/lecturers and students you worked with  
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22. Did you like the social/cultural exposure? Yes..... No.....  
If Yes, go to number 23  
If No, go to number 24

23. To what extent?  
Great extent..... Moderate extent..... Small extent.....  
Explain .....

24. If no, please explain.....  
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**THANK YOU FOR TAKING YOUR TIME TO FILL THIS FORM.  
YOUR FEEDBACK IS HIGHLY VALUED.**