UNC School of Medicine
Global Health Elective
Student Feedback Form

Information that you provide will be made available for future UNC students to use in planning educational electives in global health and international medicine. It must be completed in order to receive elective credit for your rotation OR funding through the Office of International Activities (Becton-Tannenbaum, Burke Center for International Health and Global Enrichment Fellowships and International Health Fellowships). Please complete and return in electronic form to the Office of International Activities (shawes@med.unc.edu or martha_carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: Matthew DeAugustis
B. Email: matthew.deaugusta@med.unc.edu
C. Phone/cell number: [redacted]
D. Graduating year from UNC Medical School: 2011
E. Check when you took this elective:
   - Summer between 1st and 2nd year
   - 3rd year
   - 4th year
   - Other: [redacted]
F. What UNC Department and course did you register for this elective through? Emergency Department
G. Faculty advisor: [redacted]
I. From the list below, select the one choice that best describes your motivation for taking this elective:
   - interest in global health
   - desire to get experience for CV/job opportunities
   - interest in travel
   - family of origin reasons
   - interest in helping others
   - other: [redacted]
   - desire to learn/improve Spanish skills
J. What was the major emphasis of this elective:
   - medical Spanish and Latino health
   - global health research
   - [redacted] clinical care in an international setting
   - community health/development
   - Other: [redacted]
K. Was this a ___ group experience or [redacted] individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: New Zealand
B. City: [redacted]
C. Name of Program or Hospital where you worked: Wellington Regional Hospital
D. Website address (if available): [redacted]
E. From the list below, select the choice that best describes how you first learned about this program:
   - referral from a friend/personal contact
   - web site information from:
   - another student who went there
   - other: [redacted]
F. Name of program person you worked with and contact information: Daniel Watson
G. Costs
   - Tuition: $500
   - Roundtrip travel: $2,300
   - Other expenses you incurred, including vaccinations, supplies (please list type and amount):

H. Did this program/hospital have a religious affiliation? ___ YES ___ NO
If yes, with what group: ________________________________

I. Did this program/hospital have an academic affiliation?  YES  NO
If yes, with what institution:  [Insert Institution Name]

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   1. Experience a National Health System
   2. Experience a Public Health Model
   3. Experience a Unique Patient Population

B. Was the experience a good use of time for you during medical school?  YES  NO
C. Did you have adequate clinical supervision?  YES  NO
D. Did you have adequate opportunities for hands-on clinical work?  YES  NO
E. Would you recommend this elective to other medical students?  YES  NO

   If YES, Why?  Amazing international location

   If NO, Why? __________________________________________

F. Was the program responsive to your needs?  YES  NO
G. Did you have appropriate arrangements for housing, food and safety/health issues?  YES  NO
   If NO, please describe: _______________________________________

H. Did you have adequate information about what to expect in advance?  YES  NO
   If NO, what would have been helpful: _____________________________

I. Did you feel that you had adequate support from UNC in setting up this opportunity?  YES  NO

THANK YOU!!! THIS INFORMATION WILL HELP FUTURE STUDENTS !!!!