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, Perkins Burke, Medical Alumni Loyalty Fund Global Enrichment Fellowships and International Health Fellowships). Please complete and return to the Office of International Activities (shawes@med.unc.edu or Martha_carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: ______________________
B. Email: _____________________________ C. Phone/cell number (optional): ___________________
D. Graduating year from UNC Medical School: _________
E. Check when you took this elective:
   ☐Summer between 1st and 2nd year ☐3rd year ☐4th year ☐Other: ___________________
F. What UNC Department and course did you register for this elective through? __________________
G. Faculty advisor: ____________________________
H. Dates that you completed the elective: ____________________           Year: _______
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: ____________________________
   ☒ desire to learn/improve Spanish skills
J. What was the major emphasis of this elective:
   ☐ medical Spanish and Latino health
   ☒ clinical care in an international setting
   ☐ community health/development
   ☐ Other: _______________________________________________________________________
K. Was this a ☒ group experience or ☐ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: ____________
B. City: _____________________________
C. Name of Program or Hospital where you worked: ________________________________
D. Website address (if available): ___________________________________
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: ____________________________
F. Name of program person you worked with and contact information: ____________
G. Costs
   Tuition: $2,575                    Roundtrip travel: $2,473
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Vaccines (~$200)
   Supplies (~$100)
   ______________________________________________________________
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: ______________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   1. __________________________________________________________________________________
   2.  __________________________________________________________________________________
   3.  __________________________________________________________________________________
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? _______________________________________________________________________
   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 !!!

Additional Comments:

-My advice for this program would be to decide what you want to gain from the experience before you go. A month is not a long time, but the local coordinators are there to help shape your experience and will help you meet your goals if they are able and you can communicate them. Also, the most variable part will be the group with which you end up, so be prepared to be flexible. Feel free to contact me with any questions!