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: Madison Foushee
B. Email: madison_foushee@med.unc.edu
C. Phone/cell number (optional): ___________________
D. Graduating year from UNC Medical School: 2015
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? Division of Cardiology
G. Faculty advisor: Dr. Brian C. Jensen
H. Dates that you completed the elective: 06/01/2012-07/01/2012 Year: 2012
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 x ___ other: to improve my German and travel
   ___ desire to learn/improve Spanish skills

J. What was the major emphasis of this elective:
   ___ medical Spanish and Latino health
   ___ global health research
   ___ clinical care in an international setting
   ___ community health/development
   x ___ Other: clinical research in Germany

K. Was this a ___ group experience or ___ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Germany
B. City: Magdeburg
C. Name of Program or Hospital where you worked: IFMSA- Otto von Guericke Uni Klinikum
D. Website address (if available): http://www.med.uni-magdeburg.de/
E. From the list below, select the choice that best describes how you first learned about this program:
   x ___ 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: Dr. Senad Medunjanin
   senad.medunjanin@med.ovgu.de

G. Costs
   Tuition: ? Roundtrip travel: $800
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   ________________________________________________
   ________________________________________________
   ________________________________________________

H. Did this program/hospital have a religious affiliation? ___ YES x ___ NO
II. Did this program/hospital have an academic affiliation? **YES**  **NO**
If yes, with what institution: **Otto von Guericke Uni**

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

A. List three educational outcomes you achieved with this elective
   1. Achieved German fluency
   2. Learned/observed German healthcare in action
   3. Learned/observed/conducted German clinical research

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? **It was a fantastic way to immerse yourself in another culture, while still getting research credit**
   If NO, Why? **It...**
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: **they told me to bring stuff that was actually provided (no big deal)**
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:

Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
Office of International Activities – UNC School of Medicine
1066 Bondurant Hall, CB 9535
Chapel Hill, NC 27599-9535