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: Jennica Siddle
B. Email: jacks@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? GLBE 201
G. Faculty advisor: Dr. Sylvia Becker-Dreps
H. Dates that you completed the elective: 06/08-06/22 Year: 2012
I. From the list below, select the one choice that best describes your motivation for taking this elective:
   X 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
   _____ global health research
   X _____ clinical care in an international setting
   X _____ community health/development
   _____ Other: _________________
K. Was this a X group experience or ____ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Morocco
B. City: Riad Imsouane, Agadir
C. Name of Program or Hospital where you worked: Volunteer Morocco
D. Website address (if available): volunteermorocco.org
E. From the list below, select the choice that best describes how you first learned about this program:
   _____ referral from a friend/personal contact  X _____ web site information from: above
   _____ another student who went there  _____ other: ___________________
F. Name of program person you worked with and contact information: Aziz El Madi azizelmadi@volunteermorocco.org
G. Costs
   Tuition: $1745  Roundtrip travel: $1400
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   $50 supplies/vaccine copay
   Food, stay included in tuition
   __________________________________________
   __________________________________________
H. Did this program/hospital have a religious affiliation? ____ YES  X ____ NO
If yes, with what group: ____________________________

I. Did this program/hospital have an academic affiliation? **YES** **NO**
   If yes, with what institution: Massachusetts College of Pharmacy & Health Sciences

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

A. List three educational outcomes you achieved with this elective
   1. I witnessed healthcare in a developing nation.
   2. I saw stark differences between rural and urban resources in a country.
   3. I had great exposure to a very rich and interesting culture.

B. Was the experience a good use of time for you during medical school? **YES** **NO**
C. Did you have adequate clinical supervision? **somewhat** **NO**
D. Did you have adequate opportunities for hands-on clinical work? **little** **NO**
E. Would you recommend this elective to other medical students? **YES** **NO**
   If YES, Why? I would recommend this highly to anyone interested in N. Africa/Middle Eastern culture & health
   If NO, Why? Good intro. to global health esp. with the UNC course but some may find it less clinically focused.

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? **somewhat** **NO**

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

Additional Comments:
Contact me. I would like to go back with more clinical experience/control. It would be even better if you tried to make your own project within it or establish a way to stay longer.