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: Blair Golden
B. Email: blair.golden@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? FMME 225
G. Faculty advisor: Dr. Carlough
H. Dates that you completed the elective: May 28-August 3  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  ☐ other: 
   ☑ 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
   ☑ Other: Global Health Policy experience
K. Was this a group experience or individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Switzerland
B. City: Geneva
C. Name of Program or Hospital where you worked: World Health Organization (WHO)
D. Website address (if available): www.who.int
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: Duke Global Health Fellows Program
F. Name of program person you worked with and contact information: Dr. Michelle Funk, mfunk@who.int
G. Costs
   Tuition: 2500  Roundtrip travel: 1200
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Housing: 2450 
   Food/expenses: 1800
   
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?  x __ YES   ___ NO
If yes, with what institution: Duke Global Health Fellows Program (Sanford School of Public Policy)

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?  x __ YES   ___ NO
C. Did you have adequate clinical supervision?  ___ YES  (na) NO
D. Did you have adequate opportunities for hands-on clinical work?  ___ YES   x __ NO
E. Would you recommend this elective to other medical students?  x __ YES   ___ NO
   If YES, Why?  The program was a great experience to see first hand how global health policy is developed.
   If NO, Why? ________________________________________________________________

F. Was the program responsive to your needs?  x __ YES   ___ NO

G. Did you have appropriate arrangements for housing, food and safety/health issues?  x __ YES   ___ NO
   If NO, please describe: __________________________________________________________

H. Did you have adequate information about what to expect in advance?  x __ 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?  x __ 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
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Chapel Hill, NC 27599-9535