

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: Eric Burgh
- B: Email: eric_burgh@med.unc.edu C. Phone/cell number (optional): _____
- D. Graduating year from UNC Medical School: 2016
- 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? Did not
- G. Faculty advisor: Dr. Edward Kernick
- H. Dates that you completed the elective: 5/28/13 - 6/29/2013 Year: 2013
- 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: brother living in Brazil
____ 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: _____
- K. Was this a ____ group experience or individual experience?

II. ELECTIVE PROGRAM INFORMATION

- A. Country where you completed the elective: Brazil
- B. City: Sao Paulo
- C. Name of Program or Hospital where you worked: University of Sao Paulo
- D. Website address (if available): www.fm.usp.br/
- 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: Google and discovered connection between UNC and USP
- F. Name of program person you worked with and contact information: Dr. Valeria Aoki
- G. Costs
Tuition: \$0 Roundtrip travel: \$600 (normal is \$1200)
Other expenses you incurred, including vaccinations, supplies (please list type and amount):
Rent - \$500
Meals - \$400
Metro/transport - \$100
Travel bus/flight (weekends) - \$300
- 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: University of Sao Paulo. Academic Hospital

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

A. List three educational outcomes you achieved with this elective

1. Experiencing a new form of medical education and hospital system
2. Observing diseases that are endemic to Brazil or that I would never see in the United States
3. Learned about the Brazilian culture and language (Portuguese)

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 you speak Portuguese or have a large desire to learn this is THE best hospital in Brazil.

If NO, Why? I think that it is possible to get a similar experience without the language barrier or expenses (Sao Paulo is expensive)

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:

*Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
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Chapel Hill, NC 27599-9535*