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: Mariah Hoffman
B. Email: mhoffman@med.unc.edu
C. Phone/cell number (optional): 919-417-1183
D. Graduating year from UNC Medical School: 2013
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? Family Medicine
G. Faculty advisor: Dr. Martha Carlough
H. Dates that you completed the elective: January 25-February 20  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: ____________________________
   ☑ 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: Guatemala
B. City: Xela
C. Name of Program or Hospital where you worked: Celas Maya Spanish School and Centro de Salud of Xela
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
   ____ another student who went there
   ____ web site information from: ____________________________
   ____ other: ____________________________________________________________
F. Name of program person you worked with and contact information: Petra Post (502) 7761-9528, www.celasmaya.edu.gt
G. Costs
   Tuition: ~$300 per week incl
   Roundtrip travel: ~$600
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
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? Celas Maya offered an amazing opportunity to learn medical Spanish at my level with one on one
  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:
I cannot endorse this experience enough for other students. Celas Maya was an amazing school that was well organized and taught me a remarkable amount of Spanish in the time I was there. They also were very flexible and worked with each student to fulfill their individual needs and goals. They helped me work in a clinic with a very wonderful preceptor in the Centro de Salud of Xela. Celas Maya is well equipped to teach medical Spanish with many resources and clinical role playing. As much as I valued my clinical experience there, I actually think that the medical Spanish aspect of my trip was the most valuable. I think that the experience of taking classes at Celas Maya is robust enough to constitute a course in and of itself without the clinical component. I am so glad I had this opportunity.