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: Kumara Raja Sundar
B. Email: kumara_sundar@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? Family Medicine
G. Faculty advisor: Dr. Sylvia Becker-Dreps
H. Dates that you completed the elective: Summer  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: Public Policy (Global Health)

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: GAVI Alliance (Duke Sanford School of Public Policy)
D. Website address (if available): http://graduate.sanford.duke.edu/genevaa
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: ____________

F. Name of program person you worked with and contact information: __________________

G. Costs
   Tuition: 2699  Roundtrip travel: 1300
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Lodging (2950)
   Food (1200)
   Transportation (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: **Duke**

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. Exposure to global health public policy field
2. Understood the supply chain of vaccines from procurement to delivery
3. Analyzed surveys conducted to validate work of McKinsey & Co.

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? Exposure to health outside of medical school and clinical care

   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:

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