

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
Office of International Activities – UNC School of Medicine
1066 Bondurant Hall, CB 9535
Chapel Hill, NC 27599-9535*