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: Suzanne Barakat
B. Email: sbarakat87@gmail.com  C. Phone/cell number (optional): 9198897990
D. Graduating year from UNC Medical School: 2014
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? International Emergency Medicine
G. Faculty advisor: Dr. Jane Brice
H. Dates that you completed the elective: June 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: Turkey
B. City: Kilis & Gaziantep
C. Name of Program or Hospital where you worked: Gaziantep University School of Medicine
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   ☐ web site information from: _________________
   ☐ another student who went there   ☐ other: _________________________________

F. Name of program person you worked with and contact information: Dr. Behcet Ali, Emergency Medicine Attend behcetal@gmail.com

G. Costs
   Tuition: $1500
   Roundtrip travel: $2k
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   lodging: $500
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

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: university____________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. navigating fragmented system to provide care for patients
2. experience providing patient care in a very low resource setting
3. providing aid in a current humanitarian crisis.

B. Was the experience a good use of time for you during medical school? x YES   ____NO
C. Did you have adequate clinical supervision? x YES   ____NO
D. Did you have adequate opportunities for hands-on clinical work? x YES   ____NO
E. Would you recommend this elective to other medical students? x YES   ____NO

If YES, Why? great experience working in low resource environment
If NO, Why? not for everyone. student has to be okay being very independent. language barriers may be an issue

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:
Thank you OIA for your incredible support and help!

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