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-Tammenbaum, 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: Indira Gouda
B. Email: Indira_gouda@med.unc.edu
C. Phone/cell number (optional):
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? OB (4th)
G. Faculty advisor: Dr. Weil
H. Dates that you completed the elective: 3/31/14 - 4/12/14 Year: 2014
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: Ethiopia
B. City: Addis Ababa and others
C. Name of Program or Hospital where you worked: Paulos (St. Paul's) Hospital
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 ☐ website information from: __________________________
   ☒ another student who went there ☐ other: __________________________

F. Name of program person you worked with and contact information: Dr. Lia Tadesse
   jialadesse@yahoo.com

G. Costs
   Tuition: $500
   Roundtrip travel: $1300
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   vaccines/vaccines - $100.00
   visa - $920.00
   food - $300.00
   travel inside country (transportation, hotels, tickets...) - $1000.00

H. Did this program/hospital have a religious affiliation? ☐ YES ☐ NO ☐ uncertain
If yes, with what group: ________________________________

I. Did this program/hospital have an academic affiliation? X YES NO
If yes, with what institution: University of Michigan, St. Paul's Millennium Medical College - Ethiopia

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. Understanding how to work in a setting with limited resources
2. Patient care/support in a system with little litigation
3. Delivered babies!

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? Yes, primarily for those who want to go to Ethiopia for other reasons.
If NO, Why? ________________________________

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: Running water and WiFi/Internet were difficult to find

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:

Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
Office of International Activities – UNC School of Medicine
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Chapel Hill, NC 27599-9535