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)

| | TUDENT INFORMATION |
|----|---|
| A | Student Name: |
| В | Student Name: C. Phone/cell number (optional): D. Graduating year from UNC Medical School: |
| D | O. Graduating year from UNC Medical School: |
| E | . Check when you took this elective: |
| - | Summer between 1 st and 2 nd year 4 th year Other: |
| F. | . What UNC Department and course did you register for this elective through? |
| G | Faculty advisor: |
| H | From the list below, select the one choice that best describes your motivation for taking this elective: |
| 1. | From the list below, select the one choice that best describes your motivation for taking this elective: |
| | interest in global healthdesire 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 |
| | 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: |
| A | LECTIVE PROGRAM INFORMATION Country where you completed the elective: City: Name of Program or Hospital where you worked: Website address (if enables) |
| D | Website address (if available): |
| F | 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: |
| | |
| | . Name of program person you worked with and contact information: |
| | d. Costs |
| | Tuition: Roundtrip travel: |
| | Other expenses you incurred, including vaccinations, supplies (please list type and amount): |
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| | Diddia |
| Н | I. Did this program/hospital have a religious affiliation? YES NO |

| If yes, with what group: |
|---|
| I. Did this program/hospital have an academic affiliation?YESNO If yes, with what institution: |
| III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS A. List three educational outcomes you achieved with this elective 1 |
| B. Was the experience a good use of time for you during medical school?YESNO C. Did you have adequate clinical supervision?YESNO D. Did you have adequate opportunities for hands-on clinical work?YESNO E. Would you recommend this elective to other medical students?YESNO If YES, Why? |
| If NO, Why? |
| F. Was the program responsive to your needs?YESNO |
| G. Did you have appropriate arrangements for housing, food and safety/health issues?YESNC If NO, please describe: |
| H. Did you have adequate information about what to expect in advance?YESNO If NO, what would have been helpful: |
| I. Did you feel that you had adequate support from UNC in setting up this opportunity?YESNC |
| THANK YOU!!! THIS INFORMATION WILL HELP FUTURE STUDENTS !!! |

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