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 (shay.sifko@med.unc.edu or Martha.carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: Kyle Richardville
B. Email: kyle@richardville.com
C. Phone/cell number (optional): 704.654.6022
D. Graduating year from UNC Medical School: 2018
E. Check when you took this elective:
   X Summer between 1st and 2nd year __ 3rd year X 4th year __ Other:
F. What UNC Department and course did you register for this elective through?
G. Faculty advisor: Ivester
H. Dates that you completed the elective: 7/15 – 8/1 _______________ Year: ____________
I. From the list below, select the one choice that best describes your motivation for taking this elective:

   X interest in global health __ desire to get experience for CV/job opportunities
   X 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
   X __ clinical care in an international setting
   __ community health/development
   __ Other: ______________________________________________________________

K. Was this a ___ group experience or X ___ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Belize ________________
   Belize City
B. City:
C. Name of Program or Hospital where you worked: Karl Heusner Memorial Hospital
D. Website address (if available):
E. From the list below, select the choice that best describes how you first learned about this program:

   X __ referral from a friend/personal contact
   __ another student who went there
   __ web site information from: ______________________________
   __ other: ____________________________________________

F. Name of program person you worked with and contact information: Theresa Johnson
   Theresa.Johnson@CarolinasHealthcare.org
G. Costs
   Tuition: $0 ________________ Roundtrip travel: $200
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
H. Did this program/hospital have a religious affiliation? ___ YES X ___ NO
I. Did this program/hospital have an academic affiliation? ☒ YES ☐ NO
If yes, with what institution: ________________________________

II. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. Developed clinical skills
2. Organized and ran a community outreach event
3. Developed relationships with international medical providers

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? __________________________________________________________________________
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
Please describe: _______________________________________________________________________

H. Did you have adequate information about what to expect in advance? ☒ YES ☐ NO
What would have been helpful: __________________________________________________________________________

I. Did you feel that you had adequate support from UNC in setting up this opportunity? ☒ YES ☐ NO

J. Please include any additional information or feedback you would like to include for students engaging in future international rotations:
Don’t be afraid to step out of the UNC zone and make your own elective. UNC has phenomenal and established programs, but if you have a passion or a place in mind that isn't included, they will provide adequate support for you. And once you're out there, be assertive – you're in a new place with new people who might feel just as uncomfortable as you. Make yourself known to make the most out of it.

K. What could the OIA have done differently or better to support you in your international elective? :

My international experience was coordinated and set up independently of OIA, though I was fortunate enough to receive funding. Most of my support came through CHS, and that seems appropriate. The OIA support was near adequate.

THANK YOU!!! THIS INFORMATION WILL HELP FUTURE STUDENTS !!!

Return to: Shay Slifko, MA, Program Manager  shay_slifko@med.unc.edu
Office of International Activities – UNC School of Medicine
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Chapel Hill, NC 27599-9535