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.slifko@med.unc.edu or Martha.carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name:  **Fola Omofoye**
B. Email:  omofoye@med.unc.edu  C. Phone/cell number (optional):  **919-937-3762**
D. Graduating year from UNC Medical School:  **2019**
E. Check when you took this elective:  
   X Summer between 1st and 2nd year  3rd year  4th year  Other:  
F. What UNC Department and course did you register for this elective through?  **N/A**
G. Faculty advisor:  **Dr. Kenan Penaskovic**
H. Dates that you completed the elective:  **June 3rd - July 1st**  Year:  **2016**
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  
   ____ 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:  **Nigeria**
B. City:  **Abeokuta**
C. Name of Program or Hospital where you worked:  Federal Medical Centre Abeokuta (FMCA)
D. Website address (if available):  **http://www.fmcabeokuta.com/**
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  ____ web site information from:  
   ____ another student who went there  ____ other:  

F. Name of program person you worked with and contact information:  
   Dr. (Mrs) Cynthia O. Akisanya (Head of Clinical Services); +(234) 809-594-8007, +(234) 809-594-7913

G. Costs  
   Tuition:  **N/A**  Roundtrip travel:  **$1100**  
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):  
   **UNC Travel Clinic (Vaccinations etc) -> $60-75**  
   **Budget for Transportation (1month) -> $100**  
   **Budget for Pre-Paid Cell Phone (1month) -> $30**  
   **Gloves (personal use) -> $30**

H. Did this program/hospital have a religious affiliation?  ____ YES  X  NO
If yes, with what group: _N/A____________________________________

I. Did this program/hospital have an academic affiliation? _X_ YES ___ NO
If yes, with what institution: Multiple -> It is a Teaching Hospital

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   Paediatrics; Internal Medicine:
   1. Engaged in a 3-week Observership Rotation in the following departments & wards: Cardio-Renal; Accidents & Emergency
   2. Gained Insight into the structure, infrastructure, and general healthcare landscape in Nigeria
   3. Learned about care of disease burdens unique to Nigeria (Malaria, Sickle Cell, Hypertension, Diabetes etc)

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, but with appropriate on-ground support logistically

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: ________________________________________________
   (All Self-Organized - Supported by family & friends)

H. Did you have adequate information about what to expect in advance? _X_ YES ___ NO
   If NO, what would have been helpful: ______________________________________
   (Based on Personal Research)

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

J. Please include any additional information or feedback you would like to include for future students:
   - Written & printed documentation goes a long way in fast-tracking your ability to navigate any administrative hurdles.
   - On-ground contacts & support are vital at the least at the beginning of your experience (both in the community and at the hospital / clinical facility)
   - You will only get what you negotiate for, be vocal and clear but respectful with your goals & desires
   - Knowledge of local language/dialect really does impact your experience. (I used Yoruba way more than i anticipated, more so while interacting with patients and everyone else outside of clinical sphere)
   - Patience & Flexibility are necessary virtues.

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

Return to: Shay Slifko, MA, Program Manager shay_slifko@med.unc.edu
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