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

I. STUDENT INFORMATION
A. Student Name: Molly Duffy
B. Email: molly_duffy@med.unc.edu
C. Phone/cell number (optional): (336)870-2265
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? __________________________
G. Faculty advisor: Marco Aleman
H. Dates that you completed the elective: 5/26/16-6/30/16
   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:
   __ x medical Spanish and Latino health
   ___ global health research
   ___ clinical care in an international setting
   ___ community health/development
   ___ Other: __________________________
K. Was this a x group experience or ___ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Peru
B. City: Otuzco and Cuyuchugo
C. Name of Program or Hospital where you worked: Vive Peru
D. Website address (if available): www.viveperu.org
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: __________________________
   Rachel Jurkowski, rachel@viveperu.org
G. Costs
   Tuition: __ $2000
   Roundtrip travel: $900
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   $100-vaccines/medications
   $60 travelers insurance
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
H. Did this program/hospital have a religious affiliation? ___ YES   ___ NO

1
If yes, with what group: ________________________________

I. Did this program/hospital have an academic affiliation? ____ YES   x NO
If yes, with what institution: ________________________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. Completed a public health project in parasite prevention
2. Improved medical and conversational Spanish
3. Gained insight into providing care in resource poor and rural areas

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?  ____YES  ____NO
E. Would you recommend this elective to other medical students?  x__YES  ____NO

If YES, Why? This was a unique experience in that, not only did we get direct, hands-on clinical and public health experience, we were able to live with a wonderful host family and be fully immersed in the Peruvian culture, with great support from an in-country non-profit.

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: __________________________________________________________________

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:

This is an excellent opportunity for students looking to customize their international experience. We worked directly with Vive Peru to design a project that suited both their needs, and our own, making it an incredibly fulfilling 5 weeks. I would say that advanced Spanish is a requirement for this experience, as my colleague and I worked in very rural areas where speaking English was not an option. I would also recommend this for students that have traveled internationally before, as we worked/traveled independently quite often. Our program included everything from clinical medicine, to parasite prevention, to teaching nutrition at a local pre-school. Please feel free to contact me and I will be happy to talk with you about the specifics of what we did.

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

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