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

I. STUDENT INFORMATION
A. Student Name: Anna McKinsey
B. Email: amckinsey3@gmail.com  
C. Phone/cell number (optional): 822.450.1758
D. Graduating year from UNC Medical School: 2019
E. Check you took this elective:
   X Summer between 1st and 2nd year  X 3rd year  X 4th year  Other: 
F. What UNC Department and course did you register for this elective through?  GLBE201/401
G. Faculty advisor: Dr. Martha Carlough
H. Dates that you completed the elective: June 4th - July 24th  
Year: 2016
I. From the list below, select the one choice that best describes your motivation for taking this elective:
   X interest in travel  
   ___ desire to get experience for CV/job opportunities  
   ___ interest in helping others  
   ___ family of origin reasons  
   ___ 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 X group experience or ___individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: India
B. City: Region - Pangi Valley, Himachal Pradesh
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
D. Website address (if available): himalayanhealthexchange.com
E. From the list below, select the choice that best describes how you first learned about this program:
   ___ 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: Dr. Swati Avashia  swati_avashia@me.com
G. Costs
   Tuition: 3090.00  
   Roundtrip travel: 1200.00  
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   travel insurance ($30)  
   vaccinations ($60)  
   outdoor gear ($100)  
   Indian Visa ($63)  
H. Did this program/hospital have a religious affiliation?  YES  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. Improved physical exam skills
2. Improved differential diagnosis skills
3. Gained a broader understanding of what it is like and the challenges that arise when you are working in a low-resource area.

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? The program was the perfect combination of being given a lot of responsibility, but always having supervision and guidance when necessary.

   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: camping, amazing food was provided.

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:

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

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
1066 Bondurant Hall, CB 9535
Chapel Hill, NC 27599-9535