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: Ogar Effie Ogar
B. Email: ogar_ogar@med.unc.edu
C. Phone/cell number (optional): (704)771-3508
D. Graduating year from UNC Medical School: May 2019
E. Check when 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?  FMME 471/271
G. Faculty advisor: Evan Ashkin
H. Dates that you completed the elective: July 6th, 2016  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  x desire to get experience for CV/job opportunities
   x interest in travel  Other: family of origin reasons
   x interest in helping others  Other: ________________________________
   x desire to learn/improve Spanish skills

J. What was the major emphasis of this elective:
   x medical Spanish and Latino health
   x global health research
   ___ clinical care in an international setting
   ___ community health/development
   ___ Other: __________________________________________________________________

K. Was this a group experience or individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Mexico
B. City: Juventino Rosas/San Miguel De Allende
C. Name of Program or Hospital where you worked: Proyecto Puentes De Salud
D. Website address (if available): www.med.unc.edu
E. From the list below, select the choice that best describes how you first learned about this program:
   ___ referral from a friend/personal contact
   x another student who went there
   ___ web site information from: ________________________________
   ___ other: __________________________________________________________________

F. Name of program person you worked with and contact information: Sandra Clark & Evan Ashkin
   sandy_clark@med.unc.edu; evan_ashkin@med.unc.edu

G. Costs
   Tuition: x  
   Roundtrip travel: ______
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   vaccination & prophylactic medication $45
   __________________________________________________________________________
   __________________________________________________________________________

H. Did this program/hospital have a religious affiliation?  x  YES  ___  NO
If yes, with what group: Juventino Rosas Delegation

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. Further Developed my Blood Pressure Checking Skills & Glucometer Use Skills
2. Improved my medical spanish communication and bedside manner
3. Learned how to conduct patient education for adults and children

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? This was a great experience to immerse yourself into Spanish/ Latino culture
   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
   Please describe: I stayed with host families that provided meals and transportation via the organization supporting our stay (Dif/Delegation)

H. Did you have adequate information about what to expect in advance? x____YES  ____NO
   What would have been helpful: Understanding what type of research question we could develop to ensure what we could create after collecting data

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 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
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Chapel Hill, NC 27599-9535