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: Neha Verma
B. Email: neha_verma@med.unc.edu
C. Phone/cell number (optional): ________________
D. Graduating year from UNC Medical School: 2019
E. Check when you took this elective:
   \( \times \) Summer between 1\(^{st}\) and 2\(^{nd}\) year  \( \_ \) 3\(^{rd}\) year  \( \_ \) 4\(^{th}\) year  \( \_ \) Other: ________________
F. What UNC Department and course did you register for this elective through? FME
G. Faculty advisor: Martha Carlough
I. From the list below, select the one choice that best describes your motivation for taking this elective:
   \( \_ \) 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:
   \( \times \) medical Spanish and Latino health
   \( \_ \) global health research
   \( \_ \) clinical care in an international setting
   \( \_ \) community health/development
   \( \_ \) Other: ________________

K. Was this a \( \times \) group experience or \( \_ \) individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Honduras
B. City: El Corpus
C. Name of Program or Hospital where you worked: Honduran Health Alliance
D. Website address (if available): ________________
E. From the list below, select the choice that best describes how you first learned about this program:
   \( \_ \) referral from a friend/personal contact  \( \_ \) web site information from: ________________
   \( \times \) another student who went there  \( \_ \) other: __________________

F. Name of program person you worked with and contact information: __________________

G. Costs
   Tuition: $500  Roundtrip travel: Covered by OIA
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   $250 for supplies like hammock,
   scrubs, shoes for clinic
   __________________
   __________________

H. Did this program/hospital have a religious affiliation? \( \_ \)YES \( \times \) NO
If yes, with what group: 

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

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   1. Improved medical Spanish
   2. Strengthened physical exam skills, primarily with regard to women’s health
   3. Developed understanding about different aspects of global health work

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
   Great way to develop confidence and improve skills before second year, it also makes a big
   impact on the communities served

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:  I would bring something like high-protein meal bars as a vegetarian to fill in gaps

H. Did you have adequate information about what to expect in advance?  YES  NO
   If NO, what would have been helpful:  More specific information from trip leaders

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:

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

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