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: Christopher Cowden
B. Email: christopher_cowden@med.unc.edu
C. Phone/cell number (optional): (404) 345-9874
D. Graduating year from UNC Medical School: 2017
E. Check when you took this elective: Summer between 1st and 2nd year 3rd year 4th year Other: Fourth year block 1 (March/April 2016)
F. What UNC Department and course did you register for this elective through? I didn't; this was personal travel/clinical work.
G. Faculty advisor: Moe Lim, MD
H. Dates that you completed the elective: April 19-April 30 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
   - ___ 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
   - X 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: Peru
B. City: Chiquian
C. Name of Program or Hospital where you worked: Group of providers organized through Ardmore Baptist Church (Winston-Salem, NC)
D. Website address (if available): N/A
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: I previously worked with them on the same trip.
F. Name of program person you worked with and contact information: Robert Kelly, MD; rkelly1245@aol.com
G. Costs
   - Tuition: N/A
   - Roundtrip travel: $800
   - Fee: $600
   - Other expenses you incurred, including vaccinations, supplies (please list type and amount):
H. Did this program/hospital have a religious affiliation? ___ YES  ___ NO
If yes, with what group: **Ardmore Baptist Church (Winston-Salem, NC)**

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

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

A. List three educational outcomes you achieved with this elective

1. **Diseases prevalent to the rural mountain region of Peru.**
2. **Health care organization and resources specific to Peru and this particular rural region.**
3. **I improved my Spanish vocabulary and conversational skills.**

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?  **Excellent hands-on clinical experience; however, this is not a formal group that frequently hosts students.**
   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
   If NO, please describe: ________________________________

H. Did you have adequate information about what to expect in advance? ____ 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? ____ YES  ____ NO

J. Please include any additional information or feedback you would like to include for future students:

It is important to note that this was not a clinical experience organized to serve as an elective. I did not participate formally as a medical student but rather as a private person who traveled with a group of providers who I know personally and with which previously I have worked. This clinic lasted one week and was not an academic activity.

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