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. It is being funded through the Office of International Activities (Becton-Tannenbaum, Perkins Burke, Medical Alumni Loyalty, 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: Abhilash Guduru
   B. Email: abhilash.guduru@med.unc.edu
   C. Phone/cell number (optional):
   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:
   F. What UNC Department and course did you register for this elective through? 
   G. Faculty advisor: 
   H. Dates that you completed the elective: 1/15 - 2/12 Year: 2017
   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: 
   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 ☑ group experience or ☑ individual experience?

II. ELECTIVE PROGRAM INFORMATION
   A. Country where you completed the elective: India
   B. City: Hyderabad
   C. Name of Program or Hospital where you worked: Llanares Eye Institute
   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
      ☑ website information from: Dr. D.K., Dr. Gilliland
      ☑ other: 
   F. Name of program person you worked with and contact information: Srijana Chopra ( Coordinator) srijana.elupie.org
   G. Costs:
      Tuition: 
      Roundtrip travel: 1000
      Other expenses you incurred, including vaccinations, supplies (please list type and amount):
      fecal: 500
   H. Did this program/hospital have a religious affiliation? ☑ YES ☑ NO
III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   1. ________________
   2. ________________
   3. ________________

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? ____________________________
   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:
   _____________________________________________________________
   _____________________________________________________________

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 !!!!