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: ________________________________  C. Phone/cell number (optional): ______________________
B. Email: ________________________________  D. Graduating year from UNC Medical School: _________
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: ________________ Year: __________
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:
   ____ 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: ________________________________
B. City: ________________________________
C. Name of Program or Hospital where you worked: ________________________________
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: ________________________________
   __ another student who went there  __ other: ________________________________

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

G. Costs
   __ Tuition: _______  __ Roundtrip travel: _______
   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: __________________________

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. _________________________________________________
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 !!!

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