

UNC School of Medicine  
International Health and/or Medical Spanish Immersion Elective  
Student Feedback Form

*Information that you provide will be entered into a database that future students can use in planning educational electives in international health and/or medical Spanish*

**I. STUDENT INFORMATION**

- A. Student Name: \_\_Pai Liu\_\_  
B: Email: \_\_pai\_liu@med.unc.edu\_\_ C. Phone/cell number: \_\_\_\_\_  
D. Graduating year from UNC Medical School: 2011 \_\_\_\_\_  
E. Check when you took this elective:  
\_\_x\_\_ Summer between 1<sup>st</sup> and 2<sup>nd</sup> year \_\_\_\_\_ 4<sup>th</sup> year \_\_\_\_\_ Other: \_\_\_\_\_  
F. What UNC Department did you register for this elective through? \_\_Family Medicine\_\_  
G. Faculty advisor: \_\_Dr. Martha Carlough\_\_  
H. Dates that you did the program: 6/2-6/27 \_\_\_\_\_ Year: \_\_2008\_\_  
I. From the list below, select the **one choice** that best describes your motivation for taking this elective:  
\_\_x\_\_ interest in international 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

**II. ELECTIVE PROGRAM INFORMATION**

- A. Country where you did the elective: \_\_Guatemala\_\_  
B. City: \_\_Santa Cruz la Laguna\_\_  
C. Name of Program or Hospital where you worked: \_\_Mayan Medical Aid\_\_  
D. Website address (if available): \_\_http://www.mayanmedicalaid.org/\_\_  
E. From the list below, select the choice **that best describes** how you first learned about this program:  
\_\_x\_\_ referral from a friend/personal contact \_\_\_\_\_ web site information from: \_\_\_\_\_  
\_\_\_\_\_ student who went there \_\_\_\_\_ other: \_\_\_\_\_  
F. Name of program person you worked with and contact information: \_\_Dr. Craig A. Sinkinson, craigasinkinson@aol.com\_\_  
G. Costs  
Tuition: \_\_900\_\_ Roundtrip travel: \_\_450\_\_  
Other expenses you incurred (please list type and amount):  
\_\_Lodging (\$10/day)\_\_  
\_\_Food (\$50/week)\_\_  
\_\_Personal travel expenses\_\_  
H. Did this program/hospital have a religious affiliation? \_\_\_\_\_ YES \_\_x\_\_ NO  
If yes, with what group: \_\_\_\_\_  
I. Did this program/hospital have an academic affiliation? \_\_\_\_\_ YES \_\_x\_\_ NO  
If yes, with what institution: \_\_\_\_\_

**III. ELECTIVE CHARACTERISTICS**

- A. List three educational outcomes you achieved with this elective  
1. Cultural Immersion \_\_\_\_\_  
2. Acquired some language skills \_\_\_\_\_  
3. Acquired understanding of local health care needs and basic clinical skill training \_\_\_\_\_  
B. Was the elective a good use of time for you during medical school? \_\_x\_\_ 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?  This program is more geared towards students who are intermediate-advanced Spanish speakers. \_\_\_\_\_

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: The website does not give too much information. You need to email Dr. Sinkinson for any questions/concerns. Please ask as many questions as you can prior to your arrival \_\_\_\_\_

#### IV. FOR MEDICAL SPANISH IMMERSION ELECTIVES ONLY

- A. Select the description of your level of Spanish fluency before taking the program:  
 No knowledge of Spanish  
 Beginner: Some high school and college courses; but minimal fluency  
 Adv. beginner: Conversation of common phrases, needs dictionary often; writing ability is limited  
 Intermediate: Emerging fluency and writing ability; needs dictionary sometimes  
 Advanced: Mostly fluent, can serve as an interpreter at a clinic; writing capacity is developing

- B. Was your fluency level assessed appropriately for placement purposes?  YES  NO

- C. Estimate the hours per day spent studying medical Spanish:  2-3  \_\_\_\_\_

- D. Do you feel that your medical Spanish fluency improved during the elective?  YES  NO

- E. Did you have opportunities to experience the local culture and medical care environment?  YES  NO  
Please describe: We were able to fully experience the culture and learn about the medical care in Santa Cruz because it 1)the village is only accessible by boat and is therefore isolated from the rest of the towns around the lake 2)the clinic was the only established medical care facility for entire population of Santa Cruz. We were also able to travel on the weekends to experience Guatemalan culture.

- F. Comment on positive features of this program/elective:

The two physicians we worked with were very helpful and receptive to our needs. They provided us with a great environment to learn and to build relationships with the locals that worked in the clinic as well. Waking up to a magnificent view every morning is not too shabby either. Also, walking up and down an almost vertical hill every day to get to the clinic is a great workout (except when a 5 year old with a huge load of firewood passes you)

- G. Comment on features that could be improved:

More information prior to arrival. More organization in daily clinical activities.

- H. Did you take this experience for elective credit?  YES  NO

If 'yes' please describe how you were evaluated: Photo/powerpoint presentation given at International Health Forum's "What I did last summer" event

I. Did you feel that you had adequate support from UNC in setting up this elective?  YES  NO

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