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 and Perkins Burke and International Health Fellowships). Please complete and return in electronic form to the Office of International Activities (brian_moyhan@med.unc.edu and Martha_carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: Jessica Waters
B. Email: jswaters@med.unc.edu
C. Phone/cell number: 857-523-0932
D. Graduating year from UNC Medical School: 2013
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? Family Medicine, FMME 225
G. Faculty advisor: Martha Carlough
H. Dates that you completed the elective: 6/27-7/24 Year: 2010
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: Ecuador
B. City: Quito (& other regions)
C. Name of Program or Hospital where you worked: Interhealth South America
D. Website address (if available): www.interhealthsouthamerica.net
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: IHF student presentations
F. Name of program person you worked with and contact information:
   Don Wedemeyer, MD
   30404 Holly Drive USF, Tampa, FL 33620
   813-425-2096
G. Costs
   Tuition: $2000 (received UNC financial aid)  Roundtrip travel: $1000 (received UNC financial aid)
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   $50 for vaccines through UNC Student Health
   $200 for travel supplies prior to trip
   $200 for misc expenses in Ecuador
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: University of Southern Florida Medical School

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   1. Gained experience working with Ecuadorian physicians in international clinic and outreach settings.
   2. Learned about local and traditional health practices in Ecuador.
   3. Achieved increased proficiency in Spanish language.

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?
   This is one of the few electives I found with equal emphasis on gaining clinical experience and improving Spanish language skills (especially for beginners). The variety of experiences was great; our activities included outreach clinics, in-hospital shadowing, and experiencing traditional health ceremonies, and took place in Quito, in the mountains surrounding Otavalo, and in the rainforest. Also, the length of the program (five weeks) allowed was a good amount of time but also allowed me to do other things during the summer.

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: Yes, although detailed program info was not available until close to the beginning of the program. If students in future years want to know more about what to expect, they should feel free to contact me with questions.

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

THANK YOU!!! THIS INFORMATION WILL HELP FUTURE STUDENTS !!!!
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I. STUDENT INFORMATION
A. Student Name: ___Kristyn Swan___
B. Email: ___kristyn_swann@med.unc.edu___  C. Phone/cell number: ___704-699-4744_____
D. Graduating year from UNC Medical School: ___2013_____
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? ___Family Medicine____
G. Faculty advisor: ___Martha Carlough________
H. Dates that you completed the elective: ___6/26/10 –7/25/10____ Year: ___2010___
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:___________________________
   ___X___ desire to learn/improve Spanish skills

J. What was the major emphasis of this elective:
   ___X___ 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: ___Ecuador_________________
B. City: ___Quito, Otavalo, Rainforest___
C. Name of Program or Hospital where you worked: ___N/A___
D. Website address (if available): ___interhealthsouthamerica.org_________________

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:___________________________
   ___X___ another student who went there___  ___ other:___________________________

F. Name of program person you worked with and contact information: ___Don Wedemeyer, dwedemeyer@pol.net___________________________

G. Costs
   Tuition: ___$1950___  Roundtrip travel: ___$950___
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
     Vaccinations: ___$200___
     Food, supplies, souvenirs: ___$700___
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. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. My medical Spanish is greatly improved to a functional level.________________________
2. I have a greater appreciation for health in underserved areas.________________________
3. Health in Latin American countries is much different than in the United States and it was nice to compare the two and learn about the differences.________________________

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

If YES, Why?  This experience, although somewhat disorganized at times, was a great way to improve a medical student's medical Spanish in an environment that forces you to speak the language. While staying with host families and working with doctors that only speak Spanish, I returned from the experience with a functional ability to communicate with Spanish-speaking patients. While the medical experience was maybe not the most hands-on, we did have enough hands-on activities to make us feel like we were using our first year medical school skills as well. Overall, as long as you go into this experience with an open mind, you will come back having enjoyed most every minute of your time in Ecuador.

If NO, Why? ___________________________________________________________________

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: ___________________________________________________________________

H. Did you have adequate information about what to expect in advance?  ____X 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?  ____X YES  ____NO

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