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-Tammenbaum and Perkins Burke and International Health Fellowships). Please complete and return in electronic form to the Office of International Activities (brian.moynihan@med.unc.edu and Martha.carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: __Stanley Hassinger__________________________
B. Email: stanley_hassinger@med.unc.edu
C. Phone/cell number: _(919) 602-0763________
D. Graduating year from UNC Medical School: __2011____________
E. Check when you took this elective:
   ___Summer between 1st and 2nd year ___3rd year ___4th year ___x__Other: __________________________
F. What UNC Department and course did you register for this elective through? __Family Med FMME 425____________
G. Faculty advisor: ___Martha Carlough (fam med)________________________
H. Dates that you completed the elective: _7/5/10 – 7/30/10________________ 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: __________________________
   ___ 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: ___Guatemala________________________
B. City: ___Santa Cruz________________________
C. Name of Program or Hospital where you worked: __Mayan Medical Aid________________________
D. Website address (if available): __www.mayanmedicalaid.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: __________________________
   ___ another student who went there ___ other: __________________________

F. Name of program person you worked with and contact information: ___Craig Sinkinson________________________
   ___mayanmedicalaid@gmail.com________________________

G. Costs
   Tuition: _$1,500________ Roundtrip travel: _$797________
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Food - $200
   Lodging - $75 per week
   __________________________
   __________________________
   __________________________

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  ___NO
If yes, with what institution: ________________________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   1. Improvement in medical Spanish ability. ________________________________
   2. Played active role in providing health care to local Mayan communities. ______________
   3. Prepared presentations in Spanish to teach topics relevant to local health care. ________________

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?  It was a great learning opportunity both from the Spanish language standpoint and from a clinical medicine standpoint. As a 4th year student, I was given a lot of independent responsibility, which was a great learning opportunity. ________________________________

   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

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