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_moynihan@med.unc.edu and Martha_carlough@med.unc.edu)

I. STUDENT INFORMATION
   A. Student Name: Jade Jones
   B. Email: jade.jones@med.unc.edu
   C. Phone/cell number: 919-923-4187
   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: Dr. Martha Carlough
   H. Dates that you completed the elective: May 21, 2016 - July 12, 2016 Year: 2016
   I. From the list below, select the one choice that best describes your motivation for taking this elective:
      ✓ interest in global health
      ___ interest in travel
      ___ interest in helping others
      ___ desire to learn/improve Spanish skills
      ___ desire to get experience for CV/job opportunities
      ___ family of origin reasons
      ___ 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: Tanzania
   B. City: Mwanza
   C. Name of Program or Hospital where you worked: Nyakato Hospital
   D. Website address (if available): www.inptz.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
      ___ another student who went there
      ___ web site information from:
      ___ other:
   F. Name of program person you worked with and contact information: Denny and Paula Lofstrom
   G. Costs
      Tuition: ______________________________
      Roundtrip travel: $2010.70
      Other expenses you incurred, including vaccinations, supplies (please list type and amount):
      Vaccinations/Prescription: $321.52
      Lodging: $540.40
      Food: $584.15
      Tanzanian Visa: $100.00
   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. Learned how infectious diseases such as malaria and hepatitis present in patients
   2. Obtained hands on experience during physical examination
   3. Improved my cultural competence while interacting with patients from different ethnic backgrounds

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? International health provides a safe environment for students to live and work in. The people and doctors are great and very friendly.

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 !!!

But could have been better
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I. STUDENT INFORMATION
A. Student Name: ____Amit Gupta______
   B. Email: ____amit_gupta@med.unc.edu______
   C. Phone/cell number: __910-476-3435____
D. Graduating year from UNC Medical School: __2013____
E. Check when you took this elective:
   X Summer between 1st and 2nd year __3rd year ____4th year ___ Other: ________
F. What UNC Department and course did you register for this elective through? __FMME 225____
G. Faculty advisor: __Dr. Martha Carlough____
H. Dates that you completed the elective: __6/1/10-7/21/10____ 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
   X __clinical care in an international setting
   ____community health/development
   ____Other: __________________________________________

K. Was this a ____group experience or __X__ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: _______Tanzania____
B. City: _______Mwanza____
   C. Name of Program or Hospital where you worked: __International Health Partners - Tanzania________
D. Website address (if available): __http://www.ihptz.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
   X__other: Director of Program Spoke at UNC

F. Name of program person you worked with and contact information: __________________________
   Paula Lofstrom: paula@ihptz.org

G. Costs
   Tuition: ___$20/ day____
   Roundtrip travel: ___$2100____
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   ____Vaccines/Meds - $100
   ____Visa - $100
   __________________________
   __________________________

H. Did this program/hospital have a religious affiliation? __X_YES____ __NO____
If yes, with what group: Evangelical Lutheran Church of Tanzania

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. ___Gained clinical and diagnostic skills in tropical medicine ________________________________
   2. ___Gained skills in phlebotomy and suturing _____________________________________________
   3. ___Participated in international health (sex education) education campaign

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? _IHP is a well run organization that is accustomed to having medical students work with them. The facilities are excellent relative to most of the surrounding region and the physicians and staff are welcoming and interested in educating students. Since the clinic is still really small students have ample opportunity to interact and work closely with the physicians.

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

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I. STUDENT INFORMATION
A. Student Name: ___Daniel McMillan__________________________  
B. Email: _daniel_mcmillan@med.unc.edu_________________________  
C. Phone/cell number: _(704) 619-2194_________________________  
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? _FMME 225_____________  
G. Faculty advisor: ___Carlough_______________________________  
H. Dates that you completed the elective: _6/1/10 – 7/13/10_________________________ 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: ___Tanzania__________________________  
B. City: ___Mwanza_________________________________________  
C. Name of Program or Hospital where you worked: ___IHPT-ZTZ__________________________  
D. Website address (if available): ___www.ihptz.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: ___Paula Loftstrom_______________________  
___paulalofstrom@gmail.com___________________________________________  

G. Costs  
   Tuition: ___ Roundtrip travel: ___2000___  
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):  
   ___board and breakfast - $10/day x 40 days = $400__________  
   ___lunch and dinner - $10/day x 40 days = $400__________  
   ___misc. - $200_________________________________________  

H. Did this program/hospital have a religious affiliation? ___YES ___NO  

If yes, with what group: __Eastern Lutheran Church of Tanzania____________________

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. __practiced and observed clinical skills in a not-for-profit clinic in a developing nation__
   2. __lived and worked among locals immersed in a culture much different than that of the United States__
   3. __learned about the variety of disorders and treatments associated with tropical medicine__

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? __great clinical exposure and cultural experience as a medical student____________________

   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

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