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 in electronic form to the Office of International Activities (shawes@med.unc.edu or Martha.carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: Eli Tate
B. Email: eli_tate@med.unc.edu
C. Phone/cell number:
D. Graduating year from UNC Medical School: 2014
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? 
   _X_ ACPM 496 summer
G. Faculty advisor: Anthony Charles
H. Dates that you completed the elective: 6/1/2011-9/1/2011 Year:
I. From the list below, select the one choice that best describes your motivation for taking this elective:
   _X_ 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
   _X_ clinical care in an international setting
   ___ community health/development
   ___ Other: 
K. Was this a _X_ group experience or ___ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Malawi
B. City: Lilongwe
C. Name of Program or Hospital where you worked: Horizons Medical Fellowship
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
   ___ another student who went there
   _X_ web site information from: OIS
   ___ other: 
F. Name of program person you worked with and contact information: Anthony Charles
   anthony_charles@med.unc.edu
G. Costs
   Tuition: _0___ Roundtrip travel: _0___
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   ___miscellaneous--$500
   
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? _X_ YES    ___NO
If yes, with what institution: ___UNC__________________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. _______ Surgical exposure
2. _______ Global Health—3d world exposure
3. _______ Mentoring from attendings

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? Excellent clinical exposure and mentoring for a MS1; excellent interaction w/ undergrad
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 !!!!