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: Sarah Elizabeth Paraghianian
B. Email: spara@med.unc.edu
C. Phone/cell number: 
D. Graduating year from UNC Medical School: 2014
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? Social Medicine, SOCM204
G. Faculty advisor: Dr. Alan Cross
H. Dates that you completed the elective: 05/29 - 08/12 Year: 2011
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: Nicaragua
B. City: Managua
C. Name of Program or Hospital where you worked: AMOS Salud y Esperanza
D. Website address (if available): http://www.amoshealthandhope.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: I worked with AMOS in 2009

F. Name of program person you worked with and contact information: Any students who are interested in working with AMOS should contact me to learn more about the experience.

G. Costs
   Tuition: $1500 Roundtrip travel: $800
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Food: $500
   Taxis/buses: $100
   Other expenses:

H. Did this program/hospital have a religious affiliation? ✓ YES ___ NO
If yes, with what group: Christian

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. Understanding of Community-Based Participatory Research can be applied in a global health setting
   2. Design and execution of a research project with IRB approval
   3. Familiarity with literature on community-based primary 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? This was a very rich public health experience with very minimal clinical exposure, and I knew that going into the experience. The directors of the organization are both physicians who are excellent mentors for students who are interested in learning about health systems and models for delivering care in rural, community-based settings.
   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 !!!!