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_moyinihan@med.unc.edu and Martha.carlough@med.unc.edu)

I. STUDENT INFORMATION  
A. Student Name: Amarpreet Kaur  
B. Email: amarpreet-kaur@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?  
G. Faculty advisor: Martha Carlough  
H. Dates that you completed the elective: Summer 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: Tanzania  
B. City: Mwanza  
C. Name of Program or Hospital where you worked: Nyakato Health Clinic  
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 ☑ web site information from:  
   ☑ another student who went there ☑ other:  
F. Name of program person you worked with and contact information: Paula Lofstrom  
G. Costs  
   Tuition: ☑ Roundtrip travel: Ticket - $2200  
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):  
   Living - $1000  
   Other - $1000  
   ☑  
H. Did this program/hospital have a religious affiliation? ☑ YES ☑ NO
If yes, with what group: Lutheran

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. ________________________________
2. ________________________________
3. ________________________________

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? ________________________________
   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 !!!!