

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 to the Office of International Activities (shawes@med.unc.edu or Martha_carlough@med.unc.edu)

I. STUDENT INFORMATION

- A. Student Name: Heather Jones
B: Email: heather_jones@med.unc.edu C. Phone/cell number (optional): _____
D. Graduating year from UNC Medical School: 2015
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: 06/31-07/31 Year: 2012
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: South Africa
B. City: Cape Town
C. Name of Program or Hospital where you worked: G.F. Jooste Hospital
D. Website address (if available): www.cfhi.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: Avril Whate
+27 21 534 1865
G. Costs
Tuition: \$2250 Roundtrip travel: \$2000
Other expenses you incurred, including vaccinations, supplies (please list type and amount):
Hep A vaccine-\$50-70
Cipro-\$10
Anti-Malarial-\$20
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 about global health disparities compared to US
2. Learned about history and cultural experiences that feed into cyclical health/social disparities
3. Learned about a health care system in another country

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? Very well-organized and hands-on experience to practice clinical and history-taking skills.

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 !!!

Additional Comments:

CHFI was great! The doctors were very supportive of learning and were eager to show you various procedures and explain clinical cases.

*Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
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Chapel Hill, NC 27599-9535*