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: ________________________________
B. Email: ________________________________  C. Phone/cell number (optional): ______________________
D. Graduating year from UNC Medical School: __________
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: ____________________________
H. Dates that you completed the elective: 6/1/12 - 8/28/12           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
   [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: ______________________
B. City: ________________________________
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
   www.himalayanhealth.com
D. Website address (if available): www.himalayanhealth.com
E. From the list below, select the choice that best describes how you first learned about this program:
   [ ] referral from a friend/personal contact
   [x] another student who went there
   [ ] web site information from: ____________________________
   [ ] other: ____________________________

F. Name of program person you worked with and contact information: Ravi Singh (404)929-9399
   info@himalayanhealth.com

G. Costs
   Tuition: 3,500  Roundtrip travel: 1,500
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   vaccinations were about $50 with my insurance. Supplies for camping cost me around $100
   (if you are an avid camper you probably already have enough supplies though. Souvenirs
   cost me about $100. Snacks and meals not with HHE cost around $30.
   ___________________________________________________________________

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? ____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? This was a very rewarding and exciting way to provide services to a population in need.
   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: A better list of what to bring from the previous students.

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:
I highly recommend this trip. Himalayan Health Exchange is very organized and coordinated all our airport pickups, transportation and meals very well. I never felt unsafe or insecure while on the trip. The villages that we helped were also very appreciative. This trip is a good way for students to supplement the general physical exam skills they learn in the first year in a very hands on way. Students get to participate in the entire process from taking histories, completing physicals, presenting to an attending, to learning what medications should be prescribed. Since this trip is not limited to UNC students, you get to work with medical students, residents, and attendings from all over the US and other countries.
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I. STUDENT INFORMATION
A. Student Name: Cynthia Hlavacek
B. Email: Cindy_Hlavacek@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? Global Health Elective
G. Faculty advisor: Dr. Keatin Amos
H. Dates that you completed the elective: 01/24/2012 to 02/24/2012 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: India
B. City: multiple cities in Sikkim Valley, India
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
D. Website address (if available): www.himalayanexchange.com
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:
   ☐ other:

F. Name of program person you worked with and contact information: Ravi Singh
   404-929-9399

G. Costs
   Tuition: $3,500
   Roundtrip travel: $1,500
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Vaccinations + travel medications from Student Health: $50
   
   
   

H. Did this program/hospital have a religious affiliation? ☑ YES  ☐ NO
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 !!!!

Additional Comments:

The vaccinations & medications I had to pay for were not necessary according to the US physicians that were on our trip. Hep A & B were necessary of course, but Typhoid and the attitude medication were not necessary. Perhaps more communication btw Student Health and the HTHE coordinators would remedy this. When I went to student health with HTHE's med recommendations, the nurse assured me I needed more.
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I. STUDENT INFORMATION
A. Student Name: Cecil A.R. Rambarat
B. Email: cecil.rambarat@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: June 1-23  Year: 2012
I. From the list below, select the one choice that best describes your motivation for taking this elective:
   XX 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
   XX clinical care in an international setting
   ___ community health/development
   ___ Other:

K. Was this a XX group experience or ___ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: India
B. City: Himachal Pradesh
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
D. Website address (if available): himalayanhealth.com
E. From the list below, select the choice that best describes how you first learned about this program:
   XX 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: Ravi Singh  info@himalayanhealth.com

G. Costs
   Tuition: $3500  Roundtrip travel: $1200
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Camping Gear-$300
   Immunizations-$50

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

I. Did this program/hospital have an academic affiliation? ____YES XX NO
If yes, with what institution: __________________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. Practiced presentation skills to attending physicians.
2. Practiced physical exam skills.
3. Gained experience in working in a global setting with patients of different backgrounds.

B. Was the experience a good use of time for you during medical school? XX YES ____NO
C. Did you have adequate clinical supervision? XX YES ____NO
D. Did you have adequate opportunities for hands-on clinical work? XX YES ____NO
E. Would you recommend this elective to other medical students? XX YES ____NO

If YES, Why? It is a great way to practice everything learned in first year and to gain experience for second year.
If NO, Why? __________________________________________

F. Was the program responsive to your needs? XX YES ____NO

G. Did you have appropriate arrangements for housing, food and safety/health issues? XX YES ____NO
If NO, please describe: __________________________________________

H. Did you have adequate information about what to expect in advance? XX 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? XX YES ____NO

THANK YOU!!! THIS INFORMATION WILL HELP FUTURE STUDENTS !!!

Additional Comments:
A great experience, feel free to contact me if you need more info!
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I. STUDENT INFORMATION
A. Student Name: Christian Tyler Kirkland
B. Email: tyler_kirkland@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? FMME 225
G. Faculty advisor: Martha Carlough
H. Dates that you completed the elective: June 1-21 2015 Year: ______
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: India
B. City: Multiple: Trans-Himalayan Region
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
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: Ravi Singh 404-929-9399
G. Costs
   Tuition: $3,030 Roundtrip travel: $4,780
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Typhoid and malaria vaccinations
   Visa ~70
   Supplies ~100

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. __________________________________________________________________________________
      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?  Great clinical experience combined with the opportunity to learn about international health.
      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:

Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
Office of International Activities – UNC School of Medicine
1066 Bondurant Hall, CB 9535
Chapel Hill, NC 27599-9535
UNC School of Medicine  
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I. STUDENT INFORMATION
A. Student Name: ______________________________________
B. Email:  _____________________________ C. Phone/cell number (optional): ___________________
D. Graduating year from UNC Medical School: _________
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: ____________________________
H. Dates that you completed the elective: ____________________           Year: _______

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:  _________________________
B. City: ____________________________
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
D. Website address (if available): himalayanhealth.com
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: _______________________

G. Costs
   Tuition: ~3,500   Roundtrip travel: ~1,650
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):

   Vaccinations: 100
   Supplies: 50
   Camping equipment: 200

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. __________________________________________________________________________________
   2. __________________________________________________________________________________
   3. __________________________________________________________________________________

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? So much fun! And beautiful surroundings
   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: Some camping
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 !!!

Additional Comments:
We have been putting together an updated packing list as we wish we had been a bit better prepared for the weather. Contact one of us if you are considering going on this trip!

Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
Office of International Activities – UNC School of Medicine
1066 Bondurant Hall, CB 9535
Chapel Hill, NC 27599-9535
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I. STUDENT INFORMATION
A. Student Name: Paul Tilton Hudson
B. Email: paul_hudson@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? UNC SOM FMME 225
G. Faculty advisor: Martha Carlough (not a UNC-sponsored prog
H. Dates that you completed the elective: June 1 - June 23 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 ☐ other: ________________________________
   ☐ interest in helping others ☐ family of origin reasons
   ☐ 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: India
B. City: Nako and Tabo, Himachal Pradesh, India
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
D. Website address (if available): http://www.himalayanealth.com/
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: Ravi Singh (t) 404-929-9399 email: sajni25@hotmail.com

G. Costs
   Tuition: $3030.00
   Roundtrip travel: $4780.00
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Sleeping Bag - $200.00 Clothes - $150.00 Water Filter - $100.00 Duffel Bag - $ 60.00 Vaccinations - $30.00

H. Did this program/hospital have a religious affiliation? ☑ YES ☐ NO
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 !!!

Additional Comments:
This trip is very expensive. Maybe providing suggestions to students for additional scholarships would be beneficial. I realize that UNC offers several but only a handful from our group ended up receiving them.
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I. STUDENT INFORMATION
A. Student Name: PULYA DESAI
B. Email: [Student Email]
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? EMME 225
G. Faculty advisor: MARTHA CARLOUGH
H. Dates that you completed the course: JUNE 1 - SEPT 1  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: INDIA
B. City: MOUNT PLE
C. Name of Program or Hospital where you worked: HIMALAYAN HEALTH EXCHANGE
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: RAVI SINGH
G. Costs
   Tuition: $2500  Roundtrip travel: $1500
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   [ ] Flight  [ ] $140
   [ ] ______________
   [ ] ______________

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  X NO
If yes, with what institution: ____________________________

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
1. IMPROVED PATIENT CARE
2. LEARNED WAYS TO OVERCOME LANGUAGE BARRIERS
3. REINFORCED CLINICAL SKILLS LEARNED DURING THE FIRST YEAR

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 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: ADDITIONAL INFO ON WHAT TO EXPECT FOR THE TRIP

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 !!!

Additional Comments:

Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
Office of International Activities – UNC School of Medicine
1066 Bondurant Hall, CB 9535
Chapel Hill, NC 27599-9535
I. STUDENT INFORMATION
A. Student Name: Dillon James Barron
B. Email: dillon.barron@gmail.com
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? FMME 225
G. Faculty advisor: Dr. Martha Carlough
H. Dates that you completed the elective: July 1st         Year: 2012
I. From the list below, select the one choice that best describes your motivation for taking this elective:
   X 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 □ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: India
B. City: Himachal Pradesh
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
D. Website address (if available): www.himalayanhealthexchange.com
E. From the list below, select the choice that best describes how you first learned about this program:
   □ referral from a friend/personal contact
   X another student who went there
   □ web site information from: ____________________________
   □ other: ___________________________________________________________________

F. Name of program person you worked with and contact information:
   ____________________________

G. Costs
   Tuition: $3,000
   Roundtrip travel: $1,500
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Travel afterwards, otherwise negligible
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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? ____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? Amazing experience, great people, improved my medical skills, saw the world.
   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:

Return to: Sam Hawes, MPH (Program Manager) shawes@med.unc.edu
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