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: _____Tavia Clark_____
B: Email: ____tavia_clark@med.unc.edu____ C. Phone/cell number: _____
D. Graduating year from UNC Medical School: ___2012__
E. Check when you took this elective:
___Summer between 1st and 2nd year ___ 3rd year ____4th year _X__Other: _____
F. What UNC Department and course did you register for this elective through? ___FMME425_____
G. Faculty advisor: ____Martha Carlough_____
H. Dates that you completed the elective: ___Block 8 (Jan-Feb)____ 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: _____
__x__ desire to learn/improve Spanish skills

J. What was the major emphasis of this elective:
_x___ 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 _x__ individual experience?

II. ELECTIVE PROGRAM INFORMATION

A. Country where you completed the elective: ___Guatemala_____
B. City: _____Quetzaltenango (Xela)_____
C. Name of Program or Hospital where you worked: ___Pop Wuj_____
D. Website address (if available): _____www.pop-wuj.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 __x_ web site information from: ____google search_
____ another student who went there ____ other: _____

F. Name of program person you worked with and contact information: _____
_____to register: Jorge Archila (info@pop-wuj.org_____
G. Costs
Tuition:__$1200_____ Roundtrip travel: __$580____
Other expenses you incurred, including vaccinations, supplies (please list type and amount):
_____Vaccinations covered by UNC Student Health Insurance_____
_____Costs of medical supplies to donate_____
_____
_____

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 _X__NO
If yes, with what institution: _____

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

A. List three educational outcomes you achieved with this elective
1. _____Learned/improved medical spanish_____
2. _____Experienced working with international health and learning the health system of a third-world country_____
3. _____Learned about the history and culture of Guatemala and the Mayan population

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? ____Drastic improvement in medical and conversational Spanish as there is not really an English speaking population around Xela at all. The clinic is completely run by medical students and residents with only one or two Guatemalan physicians who do work at the clinic allowing you as much freedom and autonomy as you are comfortable with.

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 !!!