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: 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 !!!!