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: Katherine Alexandra Despotes
B. Email: katherine_despotes@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? MEDI 271
G. Faculty advisor: Dr. Evan Ashkin
H. Dates that you completed the elective: 06/01 - 07/06 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:

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 [X] group experience or [ ] individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Mexico
B. City: San Miguel de Allende
C. Name of Program or Hospital where you worked: Proyecto Puentes de Salud, working with the DIF in SMA
D. Website address (if available): med.unc.edu/PPS
E. From the list below, select the choice that best describes how you first learned about this program:
   [X] referral from a friend/personal contact
   [ ] web site information from: __________________
   [ ] other:

F. Name of program person you worked with and contact information: Dr. Evan Ashkin evan_ashkin@med.unc.edu

G. Costs
   Tuition: $4800/4 students for
   Roundtrip travel: paid for by OIA, ma:
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Typhoid Vaccine - $80
   medical supplies - most were donated
   other supplies for health fairs - $100
   __________________

H. Did this program/hospital have a religious affiliation? [X] YES [ ] NO
If yes, with what group: ____________________________

I. Did this program/hospital have an academic affiliation? X YES NO
If yes, with what institution: UNC program, but no specific group in Mexico

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? It combines some clinical hands on experience with the opportunity to do research, as well as trav
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 !!!

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
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: Crystal Sanchez
B. Email: crystal_sanchez@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? __________________
G. Faculty advisor: Dr. Evan Ashkin
H. Dates that you completed the elective: June 1-July 6 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 ___ individual experience?

II. ELECTIVE PROGRAM INFORMATION
A. Country where you completed the elective: Mexico
B. City: Guanajuato
C. Name of Program or Hospital where you worked: Proyecto Puentes de Salud
D. Website address (if available): http://www.med.unc.edu/pps
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: __________________
   X ___ another student who went there ___ other: ____________________________

F. Name of program person you worked with and contact information: Dr. Antonio Narvaez
   nartoco05@hotmail.com; 52-(412)177-1770

G. Costs
   Tuition: 0 Roundtrip travel: 569.59
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Vaccinations: $45
   Lodging: $275
   Supplies: $50
   Through grants/fundraisers, travel, lodging, supplies, and food were covered

H. Did this program/hospital have a religious affiliation? X YES ___ NO
If yes, with what group: We work with the Catholic church in JR, but anyone can go.

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. Increased my Spanish skills tremendously!
2. Was able to practice clinical skills (blood pressure, glucose testing, etc).
3. When the preceptors were there, they would go over the biochemistry of disease, pharmacology, etc with us.

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? Thanks to this experience, I will be better prepared to treat my future Hispanic patients.

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

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Additional Comments:
The PPS experience was great and one that I will carry with me for the rest my life. The amazing thing about PPS is that you can make it anything you'd like. The students really have a say in what they want to do. Over the years PPS has performed HIV screenings, cardiovascular screenings, depression screenings in women, and vision screening in children.
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I. STUDENT INFORMATION
   A. Student Name: Jonathan McBride
   B. Email: jonathan mcbride@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? __________________
   G. Faculty advisor: Evan Ashkin
   H. Dates that you completed the elective: 6/1/12 - 10/26/12 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
      [ ] 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: Juventino Rosas
   C. Name of Program or Hospital where you worked: PPS
   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
      [ ] another student who went there
      [ ] web site information from: ________________________________
      [ ] other: ________________________________
   F. Name of program person you worked with and contact information: ________________________________
   G. Costs
      Tuition: 0 Roundtrip travel: 0
      Other expenses you incurred, including vaccinations, supplies (please list type and amount):
      Food, Travel, Vaccinations
      ________________________________
      ________________________________
      ________________________________
      ________________________________
   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? x YES    ___NO
   If yes, with what institution: UNC

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS
A. List three educational outcomes you achieved with this elective
   1. Improved Medical Spanish
   2. Improved knowledge of Global Health
   3. Improved understanding of Latino culture

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? travel, spanish, mostly paid for
   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? ___YES       ___NO
   If NO, please describe: __________________________________________________

H. Did you have adequate information about what to expect in advance? ___YES       x___NO
   If NO, what would have been helpful: JR Survival Guide

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
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