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: Megan Wright

B: Email: megan_wright@med.unc.edu C. Phone/cell number (optional): 704-734-3330

D. Graduating year from UNC Medical School: 2013

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? not registered

G. Faculty advisor: n/a

H. Dates that you completed the elective: 8/26-9/22 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 x individual experience?

II. ELECTIVE PROGRAM INFORMATION

A. Country where you completed the elective: Guatemala

B. City: Hospitalito Atitlan

C. Name of Program or Hospital where you worked: Hospitalito Atitlan

D. Website address (if available): www.hospitalitoatitlan.org

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: _____

____ another student who went there ____ other: _____

F. Name of program person you worked with and contact information: Dr. Andy Smith and Dr. Brent Burket andysmith98@gmail.com and burketthoene@yahoo.com

G. Costs

Tuition: $50 app + $250 supe Roundtrip travel: $560

Other expenses you incurred, including vaccinations, supplies (please list type and amount):

Travel Insurance: $40

Housing: ~$400

_____

_____

H. Did this program/hospital have a religious affiliation? ____YES x NO

If yes, with what group: No direct affiliation but some volunteers from catholic church

I. Did this program/hospital have an academic affiliation? x___YES ____NO
If yes, with what institution: UPenn

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

A. List three educational outcomes you achieved with this elective
1. Surgical experience (scrubbing in)
2. Obstetrical and ED experience (especially during overnight call)
3. Inpatient and Outpatient experience

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? See educational outcomes + great faculty to work 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? ____YES x___NO
If NO, what would have been helpful: Set-up/schedule - but it was not a problem!

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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Chapel Hill, NC 27599-9535