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: ____________________  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: __________________________
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: __________________________
G. Costs
   Tuition: $2,500  Roundtrip travel: $1400
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Outdoor Gear: ~$300
   Vaccines ~$30
   __________________________________________
   __________________________________________
   __________________________________________
H. Did this program/hospital have a religious affiliation? ☑ YES  □ NO

John Hoyle
john_hoyle@med.unc.edu
6/21-7/11 2013
India
Spiti Region
Himalayan Health Exchange
http://www.himalayanhealth.com/index.shtml
P.O. Box 610, Decatur, GA 30031. USA 404-929-9399
$2,500 $1400
Outdoor Gear: ~$300
Vaccines ~$30
_________________________________________
_________________________________________
_________________________________________
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. Health benefit to local population, knowledge of disease processes
      2. Experience with patient interaction, diagnosis, and clinical reasoning
      3. Indian and Himalayan cultural knowledge
   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?  Compact, high-intensity exposure to clinical medicine of all kinds, very hands-on.
      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
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: John Hoyle
B. Email: john_hoyle@med.unc.edu
C. Phone/cell number (optional): ________________
D. Graduating year from UNC Medical School: 2016
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? FMME225
G. Faculty advisor: Dr. Martha Carlough
H. Dates that you completed the elective: 6/21-7/11 2013
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
   [X] 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: India
B. City: Spiti Region
C. Name of Program or Hospital where you worked: Himalayan Health Exchange
D. Website address (if available): http://www.himalayanhealth.com/index.shtml
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: Ravi Singh
   P.O. Box 610, Decatur, GA 30031. USA 404-929-9399
G. Costs
   Tuition: $2,500          Roundtrip travel: $1400
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Outdoor Gear: ~$300
   Vaccines ~$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. Health benefit to local population, knowledge of disease processes
2. Experience with patient interaction, diagnosis, and clinical reasoning
3. Indian and Himalayan cultural knowledge

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? Compact, high-intensity exposure to clinical medicine of all kinds, very hands-on.
   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:

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