

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: Sarah Kim
B: Email: sarah_kim@med.unc.edu 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? APSM
G. Faculty advisor: Dr. Anthony Charles
H. Dates that you completed the elective: May 26-June 22 Year: 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
 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: Malawi
B. City: Lilongwe
C. Name of Program or Hospital where you worked: Kamuzu Central Hospital
D. Website address (if available): http://www.med.unc.edu/msi
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: MPH project
F. Name of program person you worked with and contact information: Dr. Anthony Charles, anthony_charles@me
G. Costs
Tuition: _____ Roundtrip travel: 1,730
Other expenses you incurred, including vaccinations, supplies (please list type and amount):

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? YES ___NO

If yes, with what institution: UNC _____

III. GLOBAL HEALTH EXPERIENCE CHARACTERISTICS

A. List three educational outcomes you achieved with this elective

1. Understand the health care system in a resource-poor setting
2. Appreciate the value of clinical findings and clinical skills in surgical practice in the absence of diagnostic aids
3. Delineate the role of surgeons in global public health

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? I would only recommend to those interested in global surgery.

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*