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 Adams

B: Email: katherine_adams@med.unc.edu C. Phone/cell number (optional): 919-649-9626

D. Graduating year from UNC Medical School: 2017

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? FMME 225

G. Faculty advisor: Martha Carlough

H. Dates that you completed the elective: June 1- June 22 Year: 2014

I. From the list below, select the **one choice** that best describes your motivation for taking this elective:

____ interest in global health
X interest in travel
____ interest in helping others
____ desire to learn/improve Spanish skills
____ desire to get experience for CV/job opportunities
____ family of origin reasons
____ other: _____

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 Valley

C. Name of Program or Hospital where you worked: Himalayan Health Exchange

D. Website address (if available): http://www.himalayanhealth.com

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 another student who went there
____ web site information from: _____
____ other: _____

F. Name of program person you worked with and contact information: Ravi info@himalayanhealth.com

G. Costs

Tuition: $3,000 Roundtrip travel: $1,200

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

$196- Student Health Center (typhoid shot, Hepatitis A vaccine, antibiotics)
$300- REI supplies

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 the best way to come up with a differential for certain symptoms
2. Learned to take a blood pressure accurately
3. Took many extremely thorough histories to come up with a diagnosis

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? Overall great cultural experience and I feel like I learned a lot of clinical skills as well

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:

Ravi, the program director is absolutely amazing. I recommend this trip so highly because he keeps it extremely organized and well run. He makes sure everyone is safe and well-fed at all times and takes extreme precautions to keep people from getting sick. His passion for this program really shines through and he keeps it running smoothly at all times.

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

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 Brown

B: Email: sarah_brown@med.unc.edu C. Phone/cell number (optional): 336-262-6522

D. Graduating year from UNC Medical School: 2017

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: Martha Carlough

H. Dates that you completed the elective: July 18th Year: 2014

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 X group experience or ____ individual experience?

II. ELECTIVE PROGRAM INFORMATION

A. Country where you completed the elective: India

B. City: Region= Himachal Pradesh

C. Name of Program or Hospital where you worked: Himalayan Health Exchange

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: _____

X another student who went there ____ other: _____

F. Name of program person you worked with and contact information: Ravi Singh

_____

G. Costs

Tuition:_____ Roundtrip travel: $5000

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

_____

_____

_____

_____

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. I strengthened my physical exam skills
2. We presented to the attendings after each case which helped with my presentation skills
3. Coming up with a differential diagnosis

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 was a great opportunity to practice clinical skills in a low stress environment

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

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: Amanda Gambill

B: Email: amanda_gambill@med.unc.edu C. Phone/cell number (optional): 3363098573

D. Graduating year from UNC Medical School: 2017

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? UNC Med OIA

G. Faculty advisor: Martha Carlough

H. Dates that you completed the elective: 06/01-06/22 Year: 2014

I. From the list below, select the **one choice** that best describes your motivation for taking this elective:

x interest in global health
____ interest in travel
____ interest in helping others
____ desire to learn/improve Spanish skills
____ desire to get experience for CV/job opportunities
____ family of origin reasons
____ other: _____

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 Valley

C. Name of Program or Hospital where you worked: Himalayan Health Exchange

D. Website address (if available): http://www.himalayanhealth.com/

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 another student who went there
____ web site information from: _____
____ other: _____

F. Name of program person you worked with and contact information: Ravi Singh info@himalayanhealth.com

G. Costs

Tuition: $0 Roundtrip travel: $5,000

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

$2,580 HHE trip cost
$1,500 Airfare
$250 medication and travel clinic
$670 vaccines, sleeping bag, chair

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. I learned how to focus a patient history to pertinents while using an interpreter
2. I learned how to do well child checks, and better physical exam skills
3. I learned how to communicate across cultural barriers

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? The hands on experience- you interview, do physical exams, orally report, and investigate

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:

This experience is a genuine Indian/Himalayan experience. A lot of us got sick, you have to be smart, make sure to pack medication for GI illness. Be willing to experience hardship but also flexible and resilient.

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

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: Danielle Martin
B: Email: danielle_martin@med.unc.edu C. Phone/cell number (optional): 252-531-0011
D. Graduating year from UNC Medical School: 2017
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? FMME 225
G. Faculty advisor: Martha Carlough
H. Dates that you completed the elective: June 3-21 Year: 2014
I. From the list below, select the **one choice** that best describes your motivation for taking this elective:
X interest in global health
___ interest in travel
___ interest in helping others
___ desire to learn/improve Spanish skills
___ desire to get experience for CV/job opportunities
___ family of origin reasons
___ other: _____

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: Many areas within Himachal Pradesh
C. Name of Program or Hospital where you worked: Himalayan Health Exchange temporary clinics
D. Website address (if available): www.himalyanhealth.com
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 another student who went there
___ web site information from: _____
___ other: _____

F. Name of program person you worked with and contact information: Ravi Singh
info@himalayanhealth.com
G. Costs
Tuition: $3080 Roundtrip travel: $1270
Other expenses you incurred, including vaccinations, supplies (please list type and amount):
Vaccinations and Student Health Travel Clinic - $50
Supplies (Camping Gear and Clothing) - $500

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. Throughout this program, I experienced a way of life and approach to medicine I had never before experienced.
2. During this program, I developed an improved method for creating a differential diagnosis.
3. During this program, I learned the importance of a thorough physical exam and improved my skills.

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? This program allowed me to refine skills while interacting with different and intriguing 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

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