

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](mailto:shawes@med.unc.edu) or [Martha\\_carlough@med.unc.edu](mailto: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 1<sup>st</sup> and 2<sup>nd</sup> year \_\_\_ 3<sup>rd</sup> year \_\_\_ 4<sup>th</sup> 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: **0** \_\_\_\_\_
- G. Costs  
Tuition: \_\_\_\_\_ Roundtrip travel: \_\_\_\_\_  
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: \_\_\_\_\_

### 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?  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? \_\_\_\_\_

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 !!!**

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*Return to: Sam Hawes, MPH (Program Manager) [shawes@med.unc.edu](mailto:shawes@med.unc.edu)  
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