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 (shay_sifko@med.unc.edu or Martha_carlough@med.unc.edu)

I. STUDENT INFORMATION
A. Student Name: __Jon Laird
B. Email: __Jonlaird@med.unc.edu__  C. Phone/cell number (optional): ________________
D. Graduating year from UNC Medical School: 2018
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? __Emergency medicine__
G. Faculty advisor: __Justin Myers__
H. Dates that you completed the elective: __Aug 1 - Sept 21__  Year: __2017__
   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: __Ghana__
B. City: __Nalerigu__
C. Name of Program or Hospital where you worked: __Baptist Medical Center__
D. Website address (if available): __Baptistmedicalcenter.org__
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: __Heidi Hahn, MD__
   ___ Volunteers@baptistmedicalcenter.org__
G. Costs
   Tuition: ______  Roundtrip travel: 1600
   Other expenses you incurred, including vaccinations, supplies (please list type and amount):
   Misc supplies ~$100
   Housing and food covered by scholarship but
   Daily rates available on their website

H. Did this program/hospital have a religious affiliation? ___YES___ NO
I. Did this program/hospital have an academic affiliation? ___YES  ✔ NO
If yes, with what institution: ____________________________

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
   Please describe: ____________________________________
H. Did you have adequate information about what to expect in advance? ✔ YES  ___NO
   What would have been helpful: _________________________
   Their website is very helpful _________________________
I. Did you feel that you had adequate support from UNC in setting up this opportunity? ✔ YES  ___NO
J. Please include any additional information or feedback you would like to include for students engaging in future international rotations:
   Note the evangelical focus of the hospital

K. What could the OIA have done differently or better to support you in your international elective? :

THANK YOU!!! THIS INFORMATION WILL HELP FUTURE STUDENTS !!!

Return to: Shay Slifko, MA, Program Manager shay_slifko@med.unc.edu
Office of International Activities – UNC School of Medicine
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Chapel Hill, NC 27599-9535