

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_slifko@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: _____ 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

J. Please include any additional information or feedback you would like to include for future students:

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
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