

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: _____
- 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

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

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