Taking It Global

Building Educational Global Health Programs
Overview

- Introduction – James Hudspeth
- CUGH GHPAS – Jon Ripp
- Program Structure – Tanya Arora
- Global Health Curriculum – Tracy Rabin
- Institutional Support – Janis Tupesis
- International Partnership – Jessica Evert

Questions and Discussion
Session Goals

- Discuss broad principles for educational global health programs*
- Share some pragmatic pearls
- Start the discussion
The CUGH Global Health Program Advisory Service (GHPAS)

Jonathan Ripp, MD, MPH
4/10/16
Outline

- Program Goal and Structure
- Initial Results from 1st Cohort
- Examples of Program Development Issues
- Next Steps
Program Goal

To provide interested programs with the necessary assistance to launch new or further develop existing Global Health educational programs at a variety of levels
GHPAS Structure

- Matched mentorship based on program needs
- Regular communication for up to 12 months
- Possible site visit and report
- Participation in development of online resources
Who is GHPAS for?

• Faculty/Staff from Member Institutions interested in starting/building GH programs + needing assistance with:
  • Curricular development
  • Program Management
  • Tips for Navigating Institutional Politics
  • “Making it Count” – turning your work into scholarship and getting promoted
  • Funding and Legal Considerations
  • Partner Site Issues
  • Accreditation and Regulatory Matters

• Faculty/Staff at every level and discipline welcome!
Solicitation and Recruitment

- **Mentees** – CUGH-wide invitation with survey link
  - 18 responses
  - Included an Interview Process (14 of 18)
- **Mentors**
  - Identified by GHPAS leadership team
  - Based on specialty, area of expertise, willingness to participation
  - Benefits of mentorship
- **Ended up with 11 mentor/mentee pairs of which 8 lasted the year**
Types of Programs Advised

• Existing MPH GH Concentration
• New Med-Peds Residency Track
• New Med Student GH Elective
• Existing IM GH Pathway
• GH Leadership Program

Adapted from K. Unger
Initial Survey Findings

Which of the following problems or concerns would you like to address as part of this advisory service? (Indicate ALL that apply)

- Curriculum and/or teaching methods: 22
- Program funding: 20
- Developing or improving field experiences: 17
- Developing or strengthening overseas partnerships: 17
- Development of new program features: 17
- Increasing level of university support: 14
- Increasing and/or improving faculty involvement: 12
- Increasing program size: 7
- Other: 5

Adapted from K. Unger
Issues addressed in Year 1

- GH Residency Track Curricular and Program feature development at GME office level
- Pilot Design for a New Physician Assistant GH Track
- Insight for where to look for Program/Research Funding
- Develop a plan for increased institutional financial support
- Aid in garnering local support + inter-professional collaboration
- Assist with pre- and post-departure curriculum and evaluation for new Med Student GH Elective Program
- Assist logistical program support (sites, risk, legal, admin)
- Development of curricular competencies
Satisfaction Data

- Participants gave formative/summative feedback
  - Small $n$
- A variety of satisfaction – none dissatisfied
- “My mentor...(met)...with me twice face to face...(and we had)...monthly (...sometimes more...) email contact. She continues to serve as an important...advisor.”
- “We shared resources...had several...conference calls...and I also made connections...with others who had similar interests...”
- “Fantastic experience...”
Next Steps

- Posted Materials
  - Sharing common content online
- The “next” cohort
  - Recruitment of mentees
  - Identification of mentors
Special Thanks to...

- Tracy Rabin
- Jessica Evert
- Thomas Hall
- Eleazar Gutierrez
- Keith Martin
- Karen Lam
- Dalal Najaar

If you are interested, please contact us...

Egutierrez@cugh.org
Jonathan.Ripp@mountsinai.org
Structuring Your Global Health Program

Tanya Arora, MD
4/10/16
Fundamental Questions

- Who are you teaching?
- How are you teaching them?
- What are your goals?
- What are your resources?
  - Institution/department/division support
  - Partnerships internationally, domestically, and across institution
Structures

• Partnering with others
  • Intermittent learner interest
  • Varying interests/goals
  • Limited institutional resources/support
  • Safe, well organized, ethically sound

• Building your own program
  A. Elective
  B. Educational program (seminar series, global health track, research/longitudinal project), often with elective elements
  C. Global health degree

• Collaborating within your institution or with other institutions in your same field
Partnering with Others

WHAT YOU DO

Volunteers participate with and learn from Unite For Sight’s talented local partner doctors.

- **PATIENT INTAKE**
  - Each day, the outreach team provides care to 300-350 patients in villages, slums, and refugee camps.

- **TEST VISUAL ACUITY**
  - After patients are registered, volunteers test visual acuity, which assists in the examination.

- **OBSERVE SURGERIES**
  - Volunteers have the opportunity to observe sight-restoring surgeries performed by the local ophthalmologists.

- **ASSESSES AND MEDICATION**
  - Volunteers distribute medications and glasses that are prescribed by local doctors.

- **PATIENT EDUCATION**
  - Volunteers assist local doctors with education initiatives to eliminate patient barriers to care.

Ghana Health and Education Initiative

Advancing Equity in Global Health
Building your own program
International Elective/Rotations

- Pre-Departure preparation
  - On line modules
  - In person
- On the ground support
  - Partner faculty
  - Home institution faculty
  - Technology (skype, reflective writing/blogging)
- Debriefing
Program Examples

• **Global Health Selective** – fall semester course with guest lecturers and spring/summer international elective option

• **Global Health Pathway** – semester course, multiple international electives, longitudinal project, global health leadership role

• **Global Health Track** – semester course, journal clubs, multiple international electives, longitudinal project, U.S-based global health project, scholarly work, grand rounds, global health leadership role
Curriculum

- Epidemiology
- Global burden of disease (child health, HIV/TB, neglected diseases, noncommunicable disease)
- Refugee health
- Disasters and epidemics
- Social determinants of health
- Health care delivery systems (community health workers, payers, participation)
- Public health (water, sanitation, vaccination)
- Climate change
- Cross-cultural skills
- Human rights

http://www.cugh.org/resources/educational-modules
Collaborations within your institution
Collaboration within your field
Local, Global
Tanya Arora
gtarora@gmail.com
Building a Global Health Curriculum

Tracy L. Rabin, MD, SM, FAAP, FACP
Yale University School of Medicine (YSM)
Assistant Professor of Medicine, Section of General Medicine
Assistant Director, Office of Global Health
Associate Program Director for Global and Community Health,
Yale Primary Care Internal Medicine Residency Program
Why Develop a Global Health Curriculum?

- **Resident motivation:**
  - Increasing numbers of medical school graduates have had global health experience
  - Desire to continue to explore global health in training
  - Desire for recognition of expended effort

- **Program motivation:**
  - Desire to support resident passion
    - Job/personal satisfaction -? Impact on burnout
  - Inspire future work with underserved populations
  - Engage in philosophy of global health focused on collaboration and capacity building
Prior Effort

- 2010 – Global Health/Social Disparity track proposed (alongside a separate Urban Health track)
  - 4 residents/year (Categorical, Primary Care, Med-Peds)
  - Focus on care of underserved, locally and internationally
  - Approved by Executive Education Committee

Failed at the level of Department Chair
Global Health Distinction Pathway

- 2014 – Distinction Pathway initiative
  - Mandate from the Residency Programs
  - Part of larger initiative (Medical Education, Research, Quality Improvement/Safety, Advocacy, and Global Health)

- Dual mission:
  - Enrich the general curriculum with core content
  - Provide additional experiential learning opportunities, and support mentorship and scholarly activity in these areas
Defining the Distinction Pathway

**What It Is**
- Supporting Individual Passion
- Structure for Engaging with Mentors
- Structure for Increasing Global Health Content in Resident Education

**What It Is Not**
- Additional Year
- Additional Degree
- *Does Not Have Additional Funding*
Distinction Pathway Process

- Resident Advisory Committee
- Defining Global Health and Pathway Name
- Mission Statement
- Incorporating Existing Opportunities
- Developing the Structure
What Are Our Residents Looking For?

Range of Interests

- Minimal prior experience in global health, but interest piqued through refugee clinic involvement
- Previous involvement in planning a global health pathway in medical school, and interest in helping to develop this for the resident level
- Interest in developing a year-round global health opportunity, as opposed to only offering shorter experiences
  - Provides a context for “silooed” global health experiences
What Are Our Residents Looking For?

Potential Pathway Goals

- Develop **marketable** skill sets relevant to global health work, including:
  - Bedside ultrasound training
  - Asylum exam training
  - Advocacy/policy experience
  - Research/data analysis
- Raise awareness of social justice issues
What Are Our Residents Looking For?

Logistics

- Allow for multiple points of entry
- Allow involvement to vary by year in training
- Involve departmental international visitors
- ACGME Duty Hours
Defining Global Health

“...global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”

What’s In A Name?

Key pieces of the definition

- improving health and achieving equity in health for all people worldwide
- transnational health issues, determinants, and solutions
- synthesis of population-based prevention with individual-level clinical care

Global Health and Equity Distinction Pathway

Brainstorming: Round One

1. Intro to pathway/group
   - Why are you interested?
2. Goal setting (mission statement EPA)
3. Defining global health
   - Problem solving
   - Multidisciplinary solutions
   - Sustainable
4. Examples
5. Next steps

Invasive clinical work
Leadership

Economics of HIV
Recognizing Inequities

Professionalism
Geographic Burden of Disease

Competencies
- Ethics: teach it, display it, practice it
- Building vocabulary
- Advocacy: how to do it, principles
- Systems-based practice
- Career Counseling
- Capacity Building: skills/expertise
- Population Health/Prevention
Brainstorming: Round Two

- We like:
  - mentorship
  - career commitment
  - leadership training
  - agents of change vs. leaders
  - multidisciplinary collaborative/relationships partnership (workable solutions)
  - immersive clinical experience in resource poor setting
  - transforming/enriching learning about meaningful ways to communicate re:GH
  - advocate on behalf
  - bilateral engagement

- We don't like:
  - buzzwords
  - ethics
  - social justice
  - evidence-based practice
  - public health
  - burden of disease
  - health disparities
  - where does sustainability fit in?
  - humility
  - didactics/scholarship/clinical practice
  - cultivating dialogue and learning to work together
Mission Statement

The Global Health and Equity Distinction aims to train internal medicine residents to be leaders in health disparities and advocacy both nationally and abroad.

Through a combination of immersive clinical experiences in resource poor settings, didactics on public health, and scholarly endeavors, Yale residents will be informed leaders in ethical and professional healthcare.
Mission Statement (continued)

Our graduates will develop core competencies in leadership, advocacy, ethics, and social justice by:

- Exploring definitions and building meaningful language surrounding the practice of global health
- Understanding population health and geographic burden of communicable and non-communicable diseases
- Learning to apply multidisciplinary and sustainable methods to issues impacting health globally
- Demonstrate evidence-based medicine and systems based practice in resource poor national and international settings
Existing YSM Opportunities

- Clinical Opportunities
  - Electives in HIV Care, Urban Health, Home Visits
  - Community Care Van
  - HAVEN Student-run Free Clinic
  - Refugee Clinic
  - Center for Asylum Medicine
  - Continuity Clinic Sites
- Immersive Clinical Opportunities
  - Yale/Stanford J&J Global Health Scholars Program
  - Indian Health Service rotation
Existing YSM Opportunities (cont’d)

- **Didactics: Seminars & Workshops**
  - GH Seminar: Social & Economic Determinants of Health (biweekly)
  - Topics in Global Medicine: clinical emphasis (biweekly)
  - Global Mental Health Symposium (biweekly)
  - Interdisciplinary Global Health Night Out (quarterly)
  - Ethical Challenges in Global Health Clinical Rotations (intermittent)

- **Scholarship**
  - Research in Residency (ERIC, ECHORN, UINCD, MUYU)
  - Curricula
  - Presentation Opportunities (CUGH, Unite for Sight)
    - Department of Medicine Global Health Day Poster Session
Additional Resources at the University

School of Arts & Sciences
MacMillan Center & Jackson Institute

School of Forestry & Environmental Studies
Health and Environment

Law School
Global Health Justice Partnership

School of Nursing
Global Health Concentration

School of Public Health
Global Health Concentration
Evaluation

- Point system to weight the contribution of activities toward ultimate distinction
- Resident responsible for maintenance of portfolio
  - Include reflective exercises informed by CUGH Global Health Competency Subcommittee 11 Domains
- Distinction Pathway Oversight Committee
  - Assist with daily issues, facilitating mentor connections
- Distinction Pathway Advisory Board
  - Similar to thesis committee
Launch

- First group of PGY-2s to “enter” in Summer 2016
- Noon conference series for all programs to include Global Health topics on regular basis starting 2016-17
  - Post-trip Global Health Scholar talks ongoing
- Mechanism to “grandfather in” those residents who have been involved in developing the Distinction Pathway
  - Advantage of using existing resources
Concluding Thoughts

- Examine rationale for program existence
- Assess needs of the audience
- Involve audience in the process (adult learning theory)
- Leverage existing resources
Thank you!

Asghar Rastegar - Director, Office of Global Health
Yogesh Khanal, Peter Moyer – Global Health Chief Residents (2015-16)
Mark Siegel, John Moriarty, Ben Doolittle – Residency Program Directors
Steve Huot – Vice Chair for Education, YSM Department of Internal Medicine
Gary Desir - Chair, YSM Department of Internal Medicine

Residents who have participated in the process
Admin and Oversight: An Institutional Perspective

Janis P. Tupesis MD FACEP FAAEM
University of Wisconsin, School of Medicine and Public Health
University of Wisconsin - Madison, Global Health Institute
12. Indicate the activities you will have participated in during medical school on an elective (for credit) or volunteer (not required) basis:

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<td><strong>30.8</strong></td>
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<td>Educating elementary, high school or college students about careers in health professions or biological sciences</td>
<td>38.6</td>
<td>43.1</td>
<td>42.5</td>
<td>43.1</td>
<td>43.2</td>
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<td>Providing health education (e.g., HIV/AIDS education, breast cancer awareness, smoking cessation, obesity)**</td>
<td>51.6</td>
<td>49.4</td>
<td>50.2</td>
<td>56.1</td>
<td>57.2</td>
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13. Do you believe that your instruction in the following areas was inadequate, appropriate, or excessive: (Continued)

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<tr>
<th>Area</th>
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<td>59.2</td>
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Phase III

Goal: Develop an institution-wide national reputation as a leader in global health training.

Rationale: As a major academic medical center, we strive to be on the forefront of excellence in education, patient care, and research. Recognition of the need for collaborative, interdisciplinary approaches to global health problems is becoming increasingly prevalent. With a broad base of faculty investment across the campus and the existence of the Center for Global Health, a truly unique and valuable resource, the University of Wisconsin is well-poised to have a substantial impact in this realm. The graduate medical education programs should benefit from these collective resources and work towards becoming leaders in this area. We must recognize the positive impact this will have on not just our institution, trainees, and local community, but also the health and well-being of the global community in which we live.

Overview: This phase would foster and promote faculty development, recruitment, and research in the global health fields.

Details: Methods would be developed to study the impact of global health training on trainees as well as on hosting communities.

Resources Required: similar to those identified in Phase II.
Best Practice

1. Institutional Support
   • High level institutional support. Needs to be seen as value added to you trainees.
   • Dean, CEO, CMO, CFO, DIO, Residency Program Directors

2. Financial Support
   • How to do this in the current climate of GME cuts? How to augment the lack of D-GME funding for these experiences?

3. Insurance
   • Indemnification, Malpractice, Evacuation

4. Oversight
   • Who oversees?
   • GME Office? Individual Programs? Need STRUCTURE
Financial Support

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   - High level institutional support. Needs to be seen as value added to you trainees.
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October 1, 2009

Dear Chairs and Program Directors,

The University of Wisconsin has a long and proud tradition of involvement in global health initiatives. This is an area of substantial evolving clinical, educational, and research effort and opportunity for our academic departments, divisions, and School of Medicine and Public Health. A hands-on global health experience is recognized as an important newer and evolving component of residency education. Several disciplines within our UW System already have longitudinal experiences in this important area.

In support of facilitating global health initiatives amongst our house staff and educational programs at the University of Wisconsin Hospital and Clinics, we are formulating a process to receive and evaluate global health experience proposals designed to be incorporated into our residency programs. There will be 26 months of resident salary and malpractice support provided by UWHC annually to facilitate this involvement. This effort reflects years of consideration about global health and its important role in residency education. A sub-committee of the UWHC Graduate Medical Education Oversight Committee has been formed to initiate this process and to allocate these salary support funds. Attached you will find a list of the current committee members. Please take a moment to review the list to determine if there is representation from your department. If you would like to appoint a member to this committee to represent your department, please contact Cindy Feuling in the GME office (cfeuling2@uwhealth.org).

Please take advantage of this opportunity to consider how a global health experience would improve the education of your residents, as well as the educational offerings provided by your residency program. While there is not a mandate to participate, the availability of this salary and malpractice support should help facilitate the initiation of new programs, as well as the refinement and/or expansion of current programs. We look forward to working with you in this exciting new initiative made possible by the generosity of the University of Wisconsin Hospital and Clinics.

Sincerely,

The GMEOC Global Health Task Force
In support of facilitating global health initiatives amongst our house staff and educational programs at the University of Wisconsin Hospital and Clinics, we are formulating a process to receive and evaluate global health experience proposals designed to be incorporated into our residency programs. There will be 26 months of resident salary support provided by UWHC annually to facilitate this involvement. This effort reflects years of consideration about global health and its important role in residency education. A subcommittee of the UWHC Graduate Medical Education Oversight Committee has been formed to initiate this process and to allocate these salary support funds. Attached you will find a list of the current committee members. Please take a moment to review the list to determine if there is representation from your department. If you would like to appoint a member to this committee to represent your department,
Insurance

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   • Who oversees?
   • GME Office? Individual Programs? Need STRUCTURE
State coverage as the international rotation happens during residency not fellowship. Residents are hospital employees and Marsh helped us find coverage for this exposure. We have a 1 Million/3 Million in limits PL/GL policy with CNA that covers the international program exposure (26 slots annually or approx. 2 residents a month). We also extended our Umbrella Liability policy over this exposure and added an additional Excess liability layer (more coverage) because the IPFCF only covers exposures in WI and made sure WC policy would cover this international exposure. We purchase a travel accident and emergency evacuation policy to cover these residents also. Let me know if you need any more info. Thanks.
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Oversight

1. Institutional Support
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4. Oversight
   - Who oversees?
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**TOP OF MIND:**

**2013-15 UW Health Strategic Plan**

**2013-14 GME Annual Report**

**UPCOMING EVENTS:**

<table>
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<tr>
<th>EVENT</th>
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<th>AUDIENCE</th>
<th>More info</th>
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<tr>
<td>UW Resident &amp; Student Quality Improvement Symposium</td>
<td>April 16, 11:00am</td>
<td>HSCL</td>
<td>Residents, Students and other interested parties</td>
<td><a href="http://www.surgery.wisc.edu/resident-quality-improvement-symposium">http://www.surgery.wisc.edu/resident-quality-improvement-symposium</a></td>
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<td>Medical Education Day</td>
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<td>HSCL</td>
<td>Faculty, Staff and other interested parties</td>
<td>Save the date! More info to come...</td>
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**MedHub Resources**

- Duty Hours
- Faculty Development
- Global Health
- GME Grand Rounds
- GME Policies
- MedHub Resources

**Resident Quality & Safety**

- CLER Presentation
- SBAR Poster
- UW Health Dept.Comparison Scorecard
- UW Health
## Rotation Schedules

**Academic Year:** July 1, 2014 - June 30, 2015

### Service Schedule

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*Note: Services with no assigned dates are indicated as 'none'.*
Global Health Elective
Program Director Endorsement of Applicant

I attest that [name], a resident in good standing in our UW Health residency program, has submitted an application for a UW Health Global Health Elective and I have reviewed the goals and objectives for this elective. I have visited and approved the individual who will be supervising the above resident for the duration of their elective rotation. I understand that this resident will be expected to participate fully in UW Health clinical duties during the period of their elective rotation. I also understand that this elective will not affect the resident's ability to complete their residency training.

Program Director: [Name]
Date: [Date]

Faculty Mentor Endorsement of Applicant

I attest that [name], a resident in good standing in our UW Health residency program, has submitted an application for a UW Health Global Health Elective and I have reviewed the goals and objectives for this elective. I have visited and approved the individual who will be supervising the above resident for the duration of their elective rotation. I understand that this resident will be expected to participate fully in UW Health clinical duties during the period of their elective rotation. I also understand that this elective will not affect the resident's ability to complete their residency training.

Faculty Mentor: [Name]
Date: [Date]
Sustainable Global Health Educational Programs and Partnerships

Jessica Evert MD (jevert@cfhi.org)

Executive Director, Child Family Health International (CFHI)
UCSF Department of Family and Community Medicine

UCSF Global Health Sciences
CFHI is an NGO in Special Consultative Status with the ECOSOC of the United Nations.

CFHI at a Glance

- **Founded:** 1992
- **Locations:** 30+ programs in 10 countries
- **Students since 1992:** 8,000+
- **Global Partners:** 200+
- **Students’ Country of Origin:** 40

Transformative Global Health Education & Community Empowerment.
Global Health Educational Engagement—A Tale of Two Models
Jasmine Rassiwala, Muthiah Vaduganathan, MD, MPH, Mania Kupershtok, Frank M. Castillo, MD, MA, and Jessica Evert, MD

Abstract

Global health learning experiences for medical students sit at the intersection of capacity building, ethics, and education. As interest in global health programs during medical school continues to rise, Northwestern University Alliance for International Development, a student-led and -run organization at Northwestern University Feinberg School of Medicine, has provided students with the opportunity to engage in two contrasting models of global health educational engagement.

Eleven students, accompanied by two Northwestern physicians, participated in a one-week trip to Matagalpa, Nicaragua, in December 2010. This model allowed learning within a familiar Western framework, facilitated high-volume care, and focused on hands-on experiences. This approach aimed to provide basic medical services to the local population.

In July 2011, 10 other Feinberg students participated in a four-week program in Puerto Escondido, Mexico, which was coordinated by Child Family Health International, a nonprofit organization that partners with native health care providers. A longer duration, homestays, and daily language classes hallmark this experience. An intermediary, third-party organization served to bridge the cultural and ethical gap between visiting medical students and the local population. This program focused on providing a holistic cultural experience for rotating students.

Establishing comprehensive global health curricula requires finding a balance between providing medical students with a fulfilling educational experience and honoring the integrity of populations that are medically underserved. This article provides a rich comparison between two global health educational models and aims to inform future efforts to standardize global health education curricula.
Striving to present Global Health through the eyes of local communities.
What is Global Health?

“a field of study, research, and practice that places a priority of achieving equity in health for all people. Global health involves multiple disciplines within and beyond the health sciences, is a synthesis of population-base prevention with individual level clinical care, promotes interdisciplinary collaboration, and emphasizes transnational health issues and determinants.”


OR….

“a concept fabricated by developed countries to explain what is regular practice in developing nations.”

Self-Reported Impacts of CFHI Global Health Immersion Programs, 2006-2011
Approaching partnership from the question, “What can we learn from you?” rather than, “How can we help you?”
TRIVANDRUM, India — It was a neighbor scrapping that set Dr. M. R. Rajagopal on the path to “father of palliative care.”

“He was dying of tumors on his face. I Rajagopal recalled if I could help, just a medical student,” he said.

Today, the same cancer will not die the same way. Unless he lives in Kerala, where Dr. Rajagopal runs his Palliative Care Foundation, the capital. Although opium was the traditional medicine of British India and the country still has a legal morphine industry, not all health care workers are aware of the suffering in India.

No Relief
The first article in this series told how millions of the world’s poorest patients cannot get opium-based medicine to relieve pain.

When Two Worlds Meet
Lyndsey M. Brahm

ABSTRACT
The author is one of four American premedical students who travelled to India to spend a month with Pallium (palliumindia.org) to learn about palliative care at Trivandrum Institute of Palliative Sciences, in the southern state of Kerala. Through classroom and on-the-ground sessions, she learned that not all health care workers are aware of the suffering in India.
Creating formal local leadership structure and providing tools, professional development, and empowerment.
Medical Director

Country Director

Local Coordinator

Preceptors
“As a global citizen of the world, if I am able to educate a student from any other nation, and he feels a little softer about places that are not as economically well off, then from that perspective of course it is beneficial, because we are benefiting some students living in affluent nations to have a balanced view of life.”

-CFHI Medical Director, India

Ladder of Participation

- **CITIZEN CONTROL**: Stakeholders have the idea, set up the project and come to facilitators for advice, discussion and support. Facilitators do not direct but offer advice for citizens to consider.

- **DELEGATED POWER**: The goal is likely to have been set by the facilitator but the resources and responsibility for solving the problem are passed to the stakeholders. There are clear lines of accountability and two-way communication with those giving away the power.

- **PARTNERSHIP**: Stakeholders have direct involvement in the decision making process and actioning the decision. Each stakeholder has a clear role, set of responsibilities and powers – usually to achieve a shared common goal. Two-way communication is vital.

- **PLACATION**: Stakeholders have an active role as shapers of opinions, ideas and outcomes, but the final decision remains with the facilitators. Two-way communication is essential.

- **CONSULTATION**: Stakeholders opinions and views are sought through various means, but final decisions are made by those doing the consulting.

- **INFORMING**: Stakeholders are kept informed of what is going on, but are not offered the opportunity to contribute themselves. Communication is one way.

- **THERAPY**: To educate or cure the stakeholders. The idea is defined and the participation is aimed only to gain public support. ‘If we educate the stakeholders, they will change their ill-informed attitudes and they will support out plans.’

Source: Adapted from the original by S Aronstein
Practicing Financial Justice and Institutional-level commitments: recognizing and reimbursing costs to partners and host community.
Ethics and Best Practice Guidelines for Training Experiences in Global Health

John A. Crump*, Jeremy Sugarman* and the Working Group on Ethics Guidelines for Global Health Training (WEIGHT)†

doi:10.4269/ajtmh.2010.10-0527
http://www.ajtmh.org/content/83/6/1178.long
## Fair Trade Service-Learning

www.globalsl.org

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ideal</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
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<tr>
<td><strong>Theory of Change</strong></td>
<td>Reasons for partnership – in terms of community and student outcomes – are understood and embraced by multiple and diverse stakeholders</td>
<td>In addition to clear student development rationale, the program is infused with and guided by a clear understanding of its approach to community outcomes</td>
<td>Clear efforts are made to systematically grow students’ intercultural skills, empathy, and global civic understandings and commitments through best practices in experiential learning</td>
<td>Service is not tied to consideration of its implicit theory of development, community partnership, or social change</td>
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<td><strong>Clarity of Commitment and Evaluation of Partnership Success</strong></td>
<td>Clarity of ongoing commitment or clear reason for alternative***; Mutual agreement on reasons and process for end of partnership</td>
<td>Partners have clear understanding of ongoing relationship and common definition of partnership success</td>
<td>Commitments are understood in relational terms and open-ended</td>
<td>Commitments are specific to individual program contracts, which reflect economic exchange and obligations</td>
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Embedding individual student and university engagement into longitudinal locally-controlled asset-based development
Table 2. Impacts of high-income country (HIC) trainees as reported by host supervising physicians

- Increases prestige of supervising physician and clinical setting
- Provides host supervising physicians an opportunity for global connectedness and ability to nurture global citizenship
- Provides an opportunity for local students to interact with HIC trainees; local students gain broadened worldviews and improved communication skills
- Improves host supervising physicians’ networking and leadership skills
- Increases resources for healthcare provision through HIC trainees bringing donations of medical supplies
- Increases host supervising physician’s job satisfaction
- Frustrates host supervising physicians when they perceive HIC trainee hesitancy and apathy
- Disappoints host supervising physicians due to a lack of continuity of relationship with trainees and trainees’ unfulfilled promises of maintaining their commitments
- Compels host supervising physicians to desire professional development opportunities commensurate with US-based staff of facilitating organization(s)
Collaboratively developing competencies and learning objectives.
## Table 3. General and local core competencies for global health.

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<thead>
<tr>
<th>General global health core competencies</th>
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<tr>
<td><strong>Individual competencies</strong></td>
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<tr>
<td>Cross-cultural competence</td>
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<td>Communication and linguistic skills</td>
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<td>Understanding the geographic burden of disease</td>
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<td>Problem solving with limited resources</td>
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<tr>
<td>Identifying social and environmental determinants of health</td>
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<td>Recognizing health inequities and their effect on individual health</td>
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<tr>
<td>Teamwork and collaborative problem solving</td>
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<td>Professionalism and ethical behavior</td>
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<td>Awareness of requirements for global health workers</td>
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<td><strong>Community competencies</strong></td>
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<td>Conducting a limited, population or community-based study</td>
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<td>Applying knowledge of preventive care</td>
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<td>Understanding the impact of migration and marginalization on health</td>
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<td>Understanding key global health “players”</td>
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<thead>
<tr>
<th>Local global health core competencies</th>
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<tr>
<td>Knowledge of local history, culture, social structure, politics</td>
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<tr>
<td>Understanding local healthcare service structure</td>
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<td>Knowledge of local medical terminology</td>
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CFHI General Competencies

1. With respect to patients and populations, articulate the relationship between health and the social determinants of health.

2. Demonstrate an understanding of cultural and ethical issues in working with and learning within the context of underserved populations.

3. Demonstrate an understanding of barriers to health, as well as healthcare delivery strategies and systems in low-resource settings and how these influence access to care.

4. Demonstrate a commitment to professional behavior while working collaboratively with health care team members and being respectful of differences in knowledge, practices, and culture.

5. Identify the major causes of morbidity and mortality affecting the populations encountered during their Global Health Education Program.
Level I: Global Citizen Level
Competency sets required of all post-secondary students pursuing any field with bearing on global health.

Level II: Exploratory Level
Competency sets required of students who are at an exploratory stage considering future professional pursuits in global health or preparing for a global health field experience working with individuals from diverse cultures and/or socioeconomic groups.

Level III: Basic Operational Level
Competency sets required of students aiming to spend a moderate amount of time, but not necessarily an entire career, working in the field of global health.

Two sub-categories exist in Level III:

**Practitioner-Oriented Operational Level:** Competency sets required of students practicing discipline-specific skills associated with the direct application of clinical, public health skills acquired in professional training and direct application of non-health fields’ (e.g., law, economics, environmental sciences, engineering, anthropology, and others) discipline-specific skills applied to relevant problems and tasks encountered in global health.

**Program-Oriented Operational Level:** Competency sets required of students within the Basic Operational Level in the realm of global health program development, planning, coordination, implementation, training, evaluation, or policy.

Level IV: Advanced Level
Competency sets required of students whose engagement with global health will be significant and sustained. These competencies can be framed to be more discipline-specific or tailored to the job or capacity in which one is working. This level encompasses a range of study programs, from a masters level degree program, up to a doctoral degree with a global health-relevant concentration. Students enrolling in these programs are usually committed to a career in global health-related activities.

Pre-Departure Training (PDT) with an emphasis on humility.
CFHI Pre-Departure Training

- Program Guide: Logistics & Cultural Primer
- Ethics and Professionalism Reader
- Global Health Topic Specific Reader
- GlobeSmart Cross-Cultural Effectiveness Training
- Global Ambassadors for Patient Safety (GAPS)
Global Health Ethics for Students

- Humility
- Solidarity
- Social Justice
- Introspection

Global Ambassadors for Patient Safety

- Online workshop for students to learn about the risks related to participating in global volunteer experiences

- GAPS Website
GAPS Oath

After taking a final quiz, students are given a certificate of completion.
Avoiding being “fair weather” friends.
Coming together is a beginning; keeping together is progress; working together is success. -Henry Ford

Jessica Evert MD
jevert@cfhi.org
Questions and Discussion

- **James Hudspeth** – BU, jahudspe@bu.edu
- **Jonathan Ripp** – Mount Sinai
- **Tanya Arora** – UCLA
- **Tracy Rabin** – Yale University
- **Janis Tupesis** – University of Wisconsin
- **Jessica Evert** – Child Family Health International