

Webinar | October 2018

# Global Health Competencies Toolkit | 2<sup>nd</sup> Edition: Launch & Updates

| Moderator |



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# What is a Competency?

- Used in workplace and educational institutions to express standard level of performance that can be assessed to measure if the competency has been achieved.
- Often framed in terms of knowledge, skills, and attitudes or “KSAs.”
- Competency statements are not “wish lists” or lists of content topics. They describe acceptable level of performance and the skills needed to perform at that level.
- A listing of competencies is not a curriculum, but can facilitate the process of developing curriculum.



# Competencies in Global Health Education

- Interest in global health among students in high-income countries and worldwide
- Rapid growth and haphazard expansion led to lack of agreed-upon definitions and failure to standardize curricula and competencies.
- Hence push to develop competencies.



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# Profession Specific Competencies

Many professions have developed global health competencies - nursing, medicine, and dentistry to develop global health competencies.

J Dent Educ. 2015 Apr;79(4):353-61.

## **A competency matrix for global oral health.**

Benzian H<sup>1</sup>, Greenspan JS<sup>2</sup>, Barrow J<sup>2</sup>, Hutter JW<sup>2</sup>, Loomer PM<sup>2</sup>, Stauf N<sup>2</sup>, Perry DA<sup>2</sup>.

J Prof Nurs. 2012 Jul-Aug;28(4):213-22. doi: 10.1016/j.profnurs.2011.11.021.

## **Global health competencies for nurses in the Americas.**

Wilson L<sup>1</sup>, Harper DC, Tami-Maury I, Zarate R, Salas S, Farley J, Warren N, Mendes I, Ventura C.

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# Interprofessional GH Competencies

- Growing awareness that global health requires a **broad range of professionals from health and non-health disciplines.**  
INTERPROFESSIONAL APPROACH.
- This is reflected in the most commonly accepted definition of global health Koplan et al.
  - . . . Global health emphasizes transnational health issues, determinants, and solutions [and] *involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration . . .*”



## ORIGINAL RESEARCH

# Identifying Interprofessional Global Health Competencies for 21st-Century Health Professionals

Kristen Jogerst, BS, Brian Callender, MD, Virginia Adams, RN, PhD, Jessica Evert, MD, Elise Fields, PharmD, Thomas Hall, MD, DrPH, Jody Olsen, PhD, MSW, Virginia Rowthorn, JD, Sharon Rudy, PhD, Jiabin Shen, M.Ed, Lisa Simon, DMD, Herica Torres, MSN, Anvar Velji, MD, Lynda L. Wilson, MSN, PhD

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Annals of Global Health  
© 2017 Icahn School of Medicine at Mount Sinai.  
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VOL. 83, NO. 2, 2017  
ISSN 2214-9996/\$36.00  
<http://dx.doi.org/10.1016/j.aogh.2017.04.007>

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### Abstract

**BACKGROUND** At the  
participants discussed the raj  
and curricula to guide these p  
charged this subcommittee v

## ORIGINAL RESEARCH

### Visiting Trainees in Global Settings: Host and Partner Perspectives on Desirable Competencies

William Chemiak, MD, MPH, Emily Latham, MPH, Barbara Astle, RN, PhD, Geoffrey Anguyo, MB, ChB, Tessa Beaunoir, RN, Joel Buenaventura, MD, MPH, Matthew DeCamp, MD, Karla Diaz, PhD, Quentin Eichbaum, MD, MPH, MFA, PhD, Marius Hedimbi, PhD, Cat Myser, PhD, Charles Nwobu, MB, ChB, Katherine Standish, MD, Jessica Evert, MD

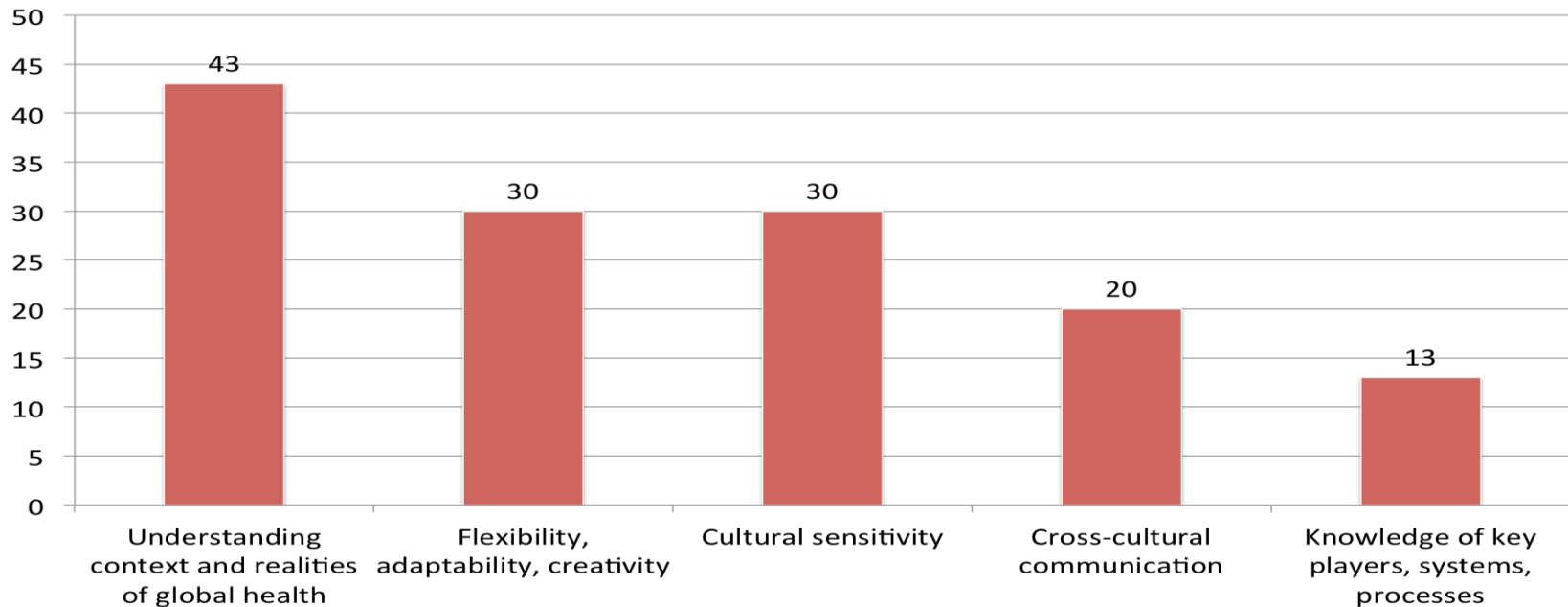
*Toronto, Canada; Madison, WI; British Columbia, Canada; Mbarara, Uganda; Durban, South Africa; Quezon, Philippines; Baltimore, MD; Quito, Ecuador; Nashville, TN; Windhoek, Namibia; North Chicago, IL; Accra, Ghana; New Haven, CT; and San Francisco, CA*



# What are Global Health Competencies? Perspectives from Employers



**Perceived Weaknesses of Domestic Health Professionals Moving to Global Health**



Rudy, S. The Global Local Divide: Impact On Career Paths And Employment Opportunities. CUGH. Boston MA, 2015.

# DEVELOPMENT OF INTERPROFESSIONAL COMPETENCIES

- I. Background Hx: “Interprofessional Competencies”
  - I. The “Why?”
  
- II. Development of Competency Toolkit (1<sup>st</sup> ed.)
  
- III. Toolkit (2<sup>nd</sup> ed.) [*Launch Fall 2018*]
  - I. Competency Sub-Committee (Toolkit Taskforce)
    - I. Goal: Update Toolkit





**ORIGINAL RESEARCH**

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CA; Baltimore, MD; Birmingham, AL; Cambridge, MA; Albuquerque, NM*

**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: 1) practicing discipline-specific skills associated with the direct application of clinical and clinically-related skills acquired in professional training in one of the traditional health disciplines; and 2) applying discipline-specific skills to global health-relevant work from fields that are outside of the traditional health disciplines (e.g., law, economics, environmental sciences, engineering, anthropology, and others).

**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.

# INTERPROFESSIONAL COMPETENCY DOMAINS (CUGH 2014)

- 1) Global Burden of Disease
- 2) Globalization of Health and Healthcare
- 3) Social and Environmental Determinants of Health
- 4) Capacity Strengthening
- 5) Teamwork/Collaboration and Communication
- 6) Ethical Reasoning
- 7) Professional Practice
- 8) Health Equity and Social Justice
- 9) Program Management
- 10) Social, Cultural and Political Awareness
- 11) Strategic Analysis

## Legend:

**Global Citizen Level Domains:** # 1, 2, 3, 5, 6, 7, 8, 10 [8 Domains & 13 competencies]

**Program-oriented Basic Operational Level Domains:** #4, 9 & 11 [11 Domains & 39]

Each competency categorized as: **Knowledge**, an **Attitude** and / or a **Skill** (Bloom's Taxonomy)



# COMPETENCIES DOMAINS - EXAMPLE

Table 1. List of Competencies Categorized into 8 Domains for Global Citizen and 11 Domains Basic Operational Program-Oriented Levels

Domains and Competencies	Knowledge (K), Attitude (A), Skill (S)	Global Citizen Level	Basic Operational Program-Oriented Level
<b>DOMAIN: 1. Global Burden of Disease.</b>			
Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally. <sup>16,20</sup>			
1a. Describe the major causes of morbidity and mortality around the world, and how the risk for disease varies with regions. <sup>16,20</sup>	K	X	X
1b. Describe major public health efforts to reduce disparities in global health (such as Millennium Development Goals and Global Fund to Fight AIDS, TB, and Malaria). <sup>16,20</sup>	K	X	X
1c. Validate the health status of populations using available data (e.g., public health surveillance data, vital statistics, registries, surveys, electronic health records, and health plan claims data). <sup>24</sup>	K, S		X
<b>DOMAIN: 2. Globalization of Health and Health Care.</b>			
Focuses on understanding how globalization affects health, health systems, and the delivery of health care. <sup>16,20</sup>			
2a. Describe different national models or health systems for provision of health care and their respective effects on health and health care expenditure. <sup>6,16,20</sup>	K		X
2b. Describe how global trends in health care practice, commerce and culture, multi-national agreements, and multinational organizations contribute to the quality and availability of health and health care locally and internationally. <sup>16,20</sup>	K		X
2c. Describe how travel and trade contribute to the spread of communicable and chronic diseases. <sup>16,20</sup>	K	X	X
2d. Describe general trends and influences in the global availability and movement of health care workers. <sup>11,6,20</sup>	K		X



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# CUGH COMPETENCY TOOLKIT – UPDATES (2018)

## Toolkit (2<sup>nd</sup> ed.) [Launch Fall 2018]

- Who?
  - CUGH Competency Sub-Committee (Toolkit Taskforce)
- Goal?
  - Update and Improve the Toolkit
- How?
  - Collaboration & contributions from previous and new contributing scholars



# CUGH COMPETENCY TOOLKIT – UPDATES (2018)

## What's NEW in Toolkit 2<sup>nd</sup> Edition?

- Peer-reviewed Content
- Summaries/Annotations for Listed Resources
- Interactive Navigation Features
- More Professional Finishes





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**GLOBAL HEALTH**  
**COMPETENCIES**



# Sample Lesson Plan

**Competency 1a: Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions.  
(Global Citizen, Exploratory and Basic Operations Levels)**

## **Teaching Strategies:**

Share basic background of this topic through articles, videos, and/or interactive lecture in order to define key terms, morbidity and mortality measurements and factors that contribute/cause morbidity and mortality around the world. The factors that cause morbidity and mortality are more fully reviewed in later competencies (3b,3c, 7b, 8a, 8c 11a). Interactive possibilities for a flipped classroom or team-based learning setting include having students hypothesize their own hypothetical measure for the burden of disease before being introduced to those currently in practice. With a general understanding of morbidity and mortality, students can then explore and discover the extent of which the risk of disease varies regionally through online resources and in-class/out-of-class assignments. You could also create a quiz on key terms and/or measures. Some ideas for learning activities include student presentations or papers analyzing morbidity and mortality of a particular region with the world or other regions.

## **Key Terms**

Morbidity, Mortality, Disability Adjusted Life Years (DALYs), Incidence, Prevalence, Multiple Determinants of Health





*Competency 1a:* Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions. (Global Citizen, Exploratory and Basic Operations Levels)

By the end of this class, students will be able to:

1. Increase capacity to describe the burden of disease between and within countries
2. Discuss risk factors for various health conditions
3. Describe the demographic and epidemiological transitions that refer to changing patterns of disease

# Burden of Disease

- Rural people
- Disadvantaged people
- Women
- Poor people
- Uneducated people
- Lower socioeconomic status
- Region/country
- Others?

# Discussion: Risk Factors for Refugees

- We have discussed many determinants of disease and will continue to examine during the coming weeks.
- Although we have examined the conditions and risk factors for people living in other countries, we want you to take a moment to consider the health conditions and status of one particular group of people born in other countries, but because of unique circumstances, are now living in the United States.
- Referred to as refugees or displaced persons

# The Problem with Competencies

## The Problem With Competencies in Global Health Education

Quentin Eichbaum, MD, PhD, MPH, MFA, MMHC

Academic Medicine

ACQUIRED AND PARTICIPATORY COMPETENCIES IN GLOBAL HEALTH  
EDUCATION: DEFINITION AND ASSESSMENT

--Manuscript Draft--

Slide Credit: Quentin Eichbaum, MD,  
Chair CUGH Education Committee

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# The problems....

1. Insufficiently **inclusive** of input from LMICs/global south
  - Often developed by committee in HIC programs
  - Often serves primarily HIC program interests
2. Insufficiently **context** specific
  - Generic - to be transferable across contexts (convenient!)
3. Unresolved **“individualist/collectivist disjunction”**
  - HICs vs LMIC cultural/learning differences
4. Inadequate **assessment** methods

Slide Credit: Quentin Eichbaum, MD,  
Chair CUGH Education Committee

# Contexts – free or linked?

- **If context-free**

- Competence practitioner is “generally competent”
- Competencies can be taught and practiced independent of the particularities of the context
- Competency in one context predicts competence in others

- **If context-linked**

- Practitioner is competent with respect to specific contexts
- Competency **MUST** be linked & taught with respect to context
- Competence in one context does **NOT** predict competence in others



# Acquired & Participatory Competencies

- **Acquired Competency**

- knowledge & skills
- Ophthalmology – Medical Knowledge
  - *“Must demonstrate competencies in their knowledge of cataract surgery, contact lenses, corneal and external disease, eye abnormalities, glaucoma...” (IV.A.5.b)*

- **Participatory Competency**

- Communication, collaboration etc
- Ophthalmology – Interpersonal and Communications Skills
  - *“...communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.”*

# MEPI/PEPFAR 2014 conference – Maputo, Mozambique



Can interpret viral loads and CD4 counts in patients with HIV/AIDS.



Counsel a dying patient.



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