

Subcommittee Members

Lynda Law Wilson, PhD, RN (Chair 2013-2016); Lisa Adams, MD; Virginia Adams, RN, PhD; Barbara Astle, PhD, RN; Brian Callender, MD; Samath Dharmaratne, MBBS, MSc, MD; Kevin Dieckhaus, MD, FIDSA; Quentin Eichbaum, MD; Jessica Evert, MD, MPH; Elise Fields, PharmD; Tom Hall, MD, DrPH; Kristen Jogerst, BS, MD Student; Tamara McKinnon, RN, DNP; Jodi Olsen, PhD, MSW; Lahoma S. Ramocki, PhD; Cristina Redko, PhD; Virginia Rowthorn, JD; Sharon Rudy, PhD, BCC; Jiaben Shen, Med (student TAC member); Lisa Simon, DMD; Herica Torres, MSN; Anvar Veljii, MD, FRCP, FACP, FIDSA



Activities 2013-2015

- Comprehensive review of literature and websites
- Participated in October 24 Univ. of Maryland Round Table
- Agreed on 11 competency domains
- Proposed 4 different competency levels, generated competencies for 2 of 4 levels, and had had two papers published



Activities 2013-2015, cont.

- Wilson, L., Callender, B., Hall, T., Jogerst, K., Torres, H., & Velji, A. (2014). Identifying global health competencies to prepare 21st century global health professionals: Report from the Global Health Competency Subcommittee of the Consortium of Universities for Global Health. *Journal of Law, Medicine & Ethics*, 42 (4),26-31;
- Jogerst, K., Callender, B., Adams, V., Evert, J., Fields, E., Hall, T., Olsen, J., Rowthorn, V., Rudy, S., Shen, S., Simon, L., Tores, H., Velji, A., & Wilson, L. (In Press). Identifying interprofessional global health competencies for 21st century health professionals. *Annals of Global Health*. (to be published March 2015)



Four Proposed Competency Levels

- **Level I: Global Health Citizen Level**
- **Level II: Introductory Level**
- **Level III: Basic Operational Level**
 - Program- Oriented
 - Practitioner-Oriented
- **Level IV: Advanced Level**



Number of Competencies by Domain

Domain	Global Citizen Level	Basic Operational Level
Global Burden of Disease	2	3
Globalization of Health and Health Care	1	4
Social and Environmental Determinants	3	3
Capacity Strengthening	0	4
Collaboration, Partnering, and Communication	2	6
Ethics	1	3
Professional practice	1	3
Health Equity and Social Justice	2	6
Program Management	0	2
Socio-Cultural and Political Awareness	1	1
Strategic Analysis	0	4
Total	13	39

Main Activities 2015-2016

- Developed toolkit of resources for the proposed GH competencies
- Offered a webinar on ‘Interprofessional Global Health Competencies: Exploring Consensus and Controversies’
(<https://cugh.org/interprofessional-global-health-competencies-exploring-consensus-and-controversies>)



Main Activities 2015-2016, cont.

- Jessica Evert finalized survey of host perspectives on GH competencies – analysis of 200 responses in process
- Collaboration with Education Committee of the World Federation of Academic Institutions for Global Health (WFAIGH) to plan a workshop at the Geneva Health Forum April 21-22, 2016



Toolkit Development

- Each Subcommittee member worked with 1-2 volunteers ('GH Subcommittee Scholars') to develop a toolkit for one or two competencies
- Toolkit includes: Teaching Strategies, Resources (websites; articles/reports; and videos), and Study Questions
- Version 1 of the toolkit will be posted as a pdf file on the CUGH website (hopefully by June 2016)



2016-2017 Priorities

- Post Version 1 of Toolkit as pdf file, and develop web-based and interactive version of the toolkit so that we can continue to update and refine it
- Finalize and publish results from survey of hosts of global health student practicum experiences
- Global Health Education Listserv and Teaching Global Health Interest Group
(<https://cugh.org/interest-groups/teaching-global-health>)



2016-2017 Priorities, cont.

- Continue to offer webinars about topics relevant to global health competencies
- Collaborate with the Education Committee of the World Federation of Academic Institutions for Global Health (WFAIGH) as they work to identify GH competencies and develop an open-access GH course



Controversies with Competencies in Global health

Quentin Eichbaum

MD, PhD, MPH, MFA, MMHC, BSc(Med)(Hons), BA(Hons), FCAP, FASCP

Vanderbilt University School of Medicine

Competency Subcommittee Report

Satellite Session

CUGH April 8th, 2016

Consortium of
Universities
for Global Health



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Recent & forthcoming publications ...

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--

Consortium of
Universities
for Global Health



The problems....

1. Insufficiently **inclusive** of input from LMICs/global south
 - Serving HIC program interests - lacking sufficient LMIC input
2. Insufficiently **context** specific > ‘conveniently’ generic
3. Unresolved **“individualist/collectivist disjunction”**
 - HICs vs LMIC cultural/learning differences
4. Inadequate **assessment** methods



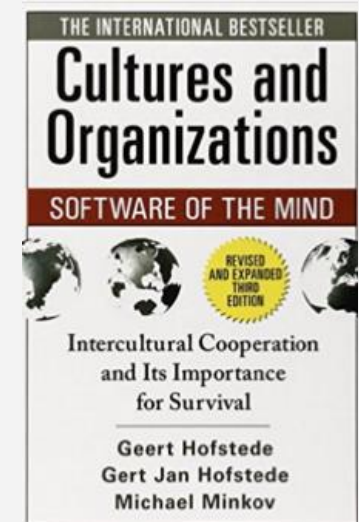
Learning Contexts – free or linked?

- **If context-free competencies**
 - Competent practitioner is “generally competent”
 - Competencies can be taught and practiced independent of context
 - Competency in one context predicts competence in others
- **If context-linked competencies**
 - 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



Individualist-Collectivist Disjunction

- **INDIVIDUALIST - high income countries (HIC)**
 - Understand themselves through individual achievement
 - Learning is acquired and possessed by the individual
 - Learning is transferable across contexts
- **COLLECTIVIST - low-and middle income countries (LMICs)**
 - Understand themselves in terms of group/collective they belong to
 - Learning arises dynamically through participation in social interactions
 - Learning is context-dependent & transferable across contexts



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...”* (ACGME -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.”* (ACGME – IV.A.5.d)



Self-Directed Assessment Seeking

Eva and Regehr (2008)

- Trainee **proactively seeks feedback and assessment** from a range of relevant sources (being empowered by faculty, system) and **translates this feedback into improving performance.**
 - Not individualistic – involve peers, teachers, other sources of info
 - Collectivist > “Transprofessionalism”- include ancillary health workers

Conclusions

1. Competencies may be **context-free or context-linked**
2. Some competencies may be individually **“ACQUIRED”** as knowledge/skills and **transferred across contexts**, but others (most?) are situated in dynamic social settings, **linked to contexts**, and are learned through **“PARTICIPATION.”**
3. *Participatory* competencies require **different assessment**
4. **More inclusive** process (global south) & classification