Global Health Educational Partnerships

Bilateral Approaches

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Bilateral Exchanges

• Review some data
• Discuss some questions
• Start a conversation
Familiar Data

13. Indicate the activities you will have participated in during medical school on an elective (from 2011 to 2013, "Field experience in providing health education in the community health.")

“Global health experience”
31.2% in 2015 (29-30% since 2011)
## Familiar Data

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number of total ACGME residency programs per specialty</th>
<th>Number of residencies with global health training programs (% total in specialty)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal medicine</td>
<td>380</td>
<td>75 (20)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>198</td>
<td>65 (33)</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>243</td>
<td>41 (17)</td>
</tr>
<tr>
<td>General surgery</td>
<td>246</td>
<td>21 (9)</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>155</td>
<td>64 (41)</td>
</tr>
<tr>
<td>Family medicine</td>
<td>451</td>
<td>97 (22)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>183</td>
<td>17 (9)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1856</strong></td>
<td><strong>380 (20)</strong></td>
</tr>
</tbody>
</table>

Kerry 2013
Less Familiar Data

Bugando Medical Centre–Lurie Children’s Partnership
- 46% US (130), 59% Tanzania (20) residents eligible
- 80% reported changes at BMC from exchange
- subjective improvement of the exchange as a whole

Makerere University College of Health Sciences – Yale Collaboration
- aimed at junior faculty
- markedly positive reviews

Moi University - Indiana University Partnership
- registrars
- operate as 4th year medical students

Pitt 2016; Bodnar 2015; Umoren 2014
Why Do Bilateral Exchanges?
Why Do Bilateral Exchanges?

**Pro:**
- Available data supportive
- Feels right

**Con:**
- Scarce resources
- Pressing needs in LMIC
- Unclear overall benefits
“mutual and reciprocal benefit, geared to achieving the program goals of all parties and aiming for equity, should be the goal”
Observerships

• Some questions...

• Informally:
  • Limited clinical capacity
  • Limited duration
  • Difficult to arrange
  • Financially burdensome for someone
Renegotiating Observerships

Hospital Policy

Peer Institution Policy

BORIM Policy

State Legislation
Conclusions

• Bilateral exchange is financially and logistically difficult
• Some amount is a necessary (but not sufficient condition) for ethical partnerships
• Opportunities exist for CUGH to take a leading role:
  • Development & dissemination of best practices
  • Advocating for changes in observerships
  • Establishing bilateral exchange as a norm
  • Researching benefits/costs to all parties
Questions? Comments?

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