

Using Global Health Competencies & Tools: Program Implementation Case Studies

October 1, 2019



Ijeoma Nnodim Opara MD

Co-Director
Wayne State Global Health Alliance
Wayne State University School of
Medicine



Barbara Astle PhD

Director
Center for Equity and Global Engagement
Trinity Western University



Carlos Faerron MPH MD

Executive Director
InterAmerican Center for
Global Health (CISG)



Tracy Rabin MS MD

Assistant Professor of Medicine
Yale University School of Medicine,
Department of Internal Medicine

Consortium of
Universities
for Global Health



Keith Martin MD, PC

Executive Director

Executivedirector@cugh.org

@CUGHnews

@CUGH_TAC

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Webinar Overview

- I. Brief Introduction to Global Health Education Competency Tool-Kit / Update - Survey of how the Tool-Kit is being used.
- II. Case Study Applications:
 - I. Adaptation of competencies in ‘experiential learning settings’ (Global context - interprofessional)
 - II. Development of a free multidimensional longitudinal inter-professional certificate curriculum. (Local context – interprofessional)
 - III. Global Health & Equity Distinction Pathway (Local Context – Medicine).

Q & A



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

*Hanover, NH; Chicago, IL; Washi
CA; Baltimore, MD; Birmingham,*

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Abstract

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

ORIGINAL RESEARCH

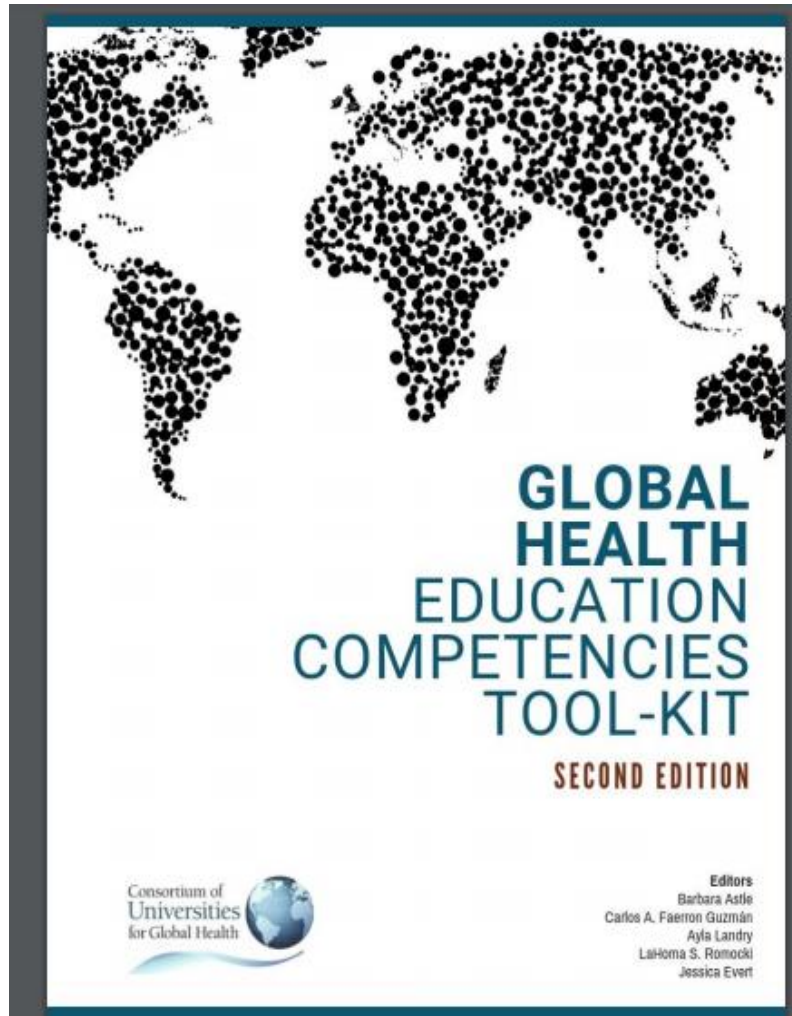
Visiting Trainees in Global Settings: Host and Partner Perspectives on Desirable Competencies

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



Interprofessional GH Competencies Tool-Kit



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



CENTRO INTERAMERICANO PARA LA SALUD GLOBAL
INTERAMERICAN CENTER FOR GLOBAL HEALTH

Integrating competencies in experiential learning

Carlos A. Faerron Guzmán, M.D., M.Sc.

EMAIL:

We have been running a global health program for a couple of years in Costa Rica, and we heard about the great things you do in your center in Costa Rica, so we want to include you in our program for 4-5 days if possible?

“We want our students to improve their cultural knowledge to enhance professional work in the United States Hispanic community.”

“We want our students to improve their cultural knowledge to enhance professional work in the United States Hispanic community.”

Objectives:

“Understand concepts of interculturality in health programs.”

“Define cultural aspects of health, illnesses, and healthcare needs from an intercultural global perspective.”

...

Outcome:

“5d. Exhibit interprofessional values and communication skills that demonstrate respect for, and awareness of, the unique cultures, values, roles/responsibilities and expertise represented by other professionals and groups that work in global health.” CUGH Competency Model

Clearly establish what you want the student to gain out (the outcomes) of the experiential learning process

Is this feasible?

- Ask your partner organizations
- Ask colleagues
- Ask the literature
- Reflect upon it yourself - is this ethical?

If yes – (co) create the experiential learning component

If not, go back to the drawing board


3 matrixes:

- Learning outcomes/competencies vs experiential learning objectives
- Objectives vs activities
- Assessments vs objectives

By the end of the course, students will be able to:

1. Appraise the interrelated and complex relationships between health, development, politics, the environment, and the socio-cultural context.
2. Outline assets, health needs, health challenges and inequities among communities in southern Costa Rica.
3. Recognize the diverse set of actors and stakeholders related to a variety of global health issues.

CUGH COMPETENCIES



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<i>Assess the interrelations between human health, environment dynamics and the determinants of health.</i>												x						x		x
<i>Analyze anthropogenic variations that are linked to emerging threats to the health of vulnerable populations.</i>		x										x						x		x
<i>Discuss the relationships between food production, population growth, and health.</i>		x																x		x
<i>Analyze the current existing correlations between economic growth, consumption patterns, energy production and health of vulnerable populations</i>		x										x						x		x



Unit	Learning objective /s	Topic/activity	Resources
1	1,2,3,4	Introduction to Planetary Health <ul style="list-style-type: none"> • Group discussion/definition 	Whitmee (2015), SDSN (2014)
2	1,2,4	Climate Change and Health <ul style="list-style-type: none"> • Stakeholder interview • Visit to affected community by sea level rise and ocean acidification • Global to Local to Global Health impacts of Climate Change 	McMichael (2013), Frumkin (2008)
3	1,4	Water governance, water security, and health <ul style="list-style-type: none"> • Stakeholder interview • Visit to local river and affected community • Movie – forum (guided discussion) 	Abu-Zeid (1997) A thirsty World (Bertrand 2015)
4	1,2,3,4	Biodiversity loss and the ecology of infectious disease <ul style="list-style-type: none"> • Visit to MoH • Visit to Palm Field • Dengue workshop 	Ostfeld (2017), Pongsiri (2009), Bausch (2014)

3. Group presentation on health systems innovations (25%)

Students will create groups of 3 or 4 and will take a systems thinking approach to analyzing selected health systems innovations. Students will appraise the impacts of these innovations as well as involve their team in a creative thinking exercise to create new innovations or adjust innovation being studied. Example: Critically appraise the push for High Tech-centered solutions for issues such as nutritional micro deficiency.

LO No.	Assessment technique →	1.1	1.2	2	3	4
	% Weighting =					
	Course Learning Objectives↓					
L.6.1	<i>1.6.1 Explain the concept of a health system, its functions, and factors that define differential health system configurations and structures</i>	x				x
L.6.2	<i>1.6.2 Relate the development of health systems and their decision-making process and priority setting mechanisms to broader social, political and economic factors in a country</i>	x		x	x	x
L.6.3	<i>1.6.3 Assess the role of different health system configurations in promoting health, access to services, equity and wider social wellbeing</i>	x		x		x
L.6.4	<i>1.6.4 Analyze the impact of globalization on the capacity of health systems and international structures to promote good health, access to services, and equity</i>		x		x	x
L.6.5	<i>1.6.5 Critically appraise approaches to health systems evaluation and their applications to diverse health systems globally</i>	x		x	x	x



Equipo Básico de Atención Integral en Salud – EBAIS/CCSS (Primary Health Care Center)

Description

Primary Health Care Teams (Equipos Básicos de Atención Integral de Salud, or EBAIS) are the central component of the Costa Rican primary health care system. EBAIS are the first point of contact for all health services and are assigned to specific geographic regions. Each EBAIS team is generally responsible for 1000 families, or approximately 4000 patients, depending on its location. The team is made up of a physician, a nurse, a medical clerk, a primary health care technician, and a pharmaceutical technician. They were created to focus on promotion of health and prevention of disease, and deal with morbidity, both acute and chronic.



How is the site visit framed?

Preparation: Pre-class readings

Understanding health systems in context: The Costa Rican Social Security Fund

- Achieving universal health care: Challenges and opportunities
- Comparative aspects of health systems
- Integrating oral health in primary care

Open forum discussion: what is a health system?

Key competencies addressed in site visit

*Competency 2a. Describe different national models or health systems for provision of healthcare and their respective effects on health and healthcare expenditure.

*Competency 7b. Articulate barriers to health and healthcare in low-resource settings locally and internationally.

*Competency 7c. Demonstrate the ability to adapt clinical or discipline-specific skills and practice in a resource-constrained setting.

*Competency 8f. Develop understanding and awareness of the health care workforce crisis in the developing world, the factors that contribute to this, and strategies to address this problem

Depending on the level of mastery of each course and participant, the following competencies could be addressed or not.

- Competency 1a: Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions
- Competency 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).
- Competency 4a: Collaborate with a host or partner organization to assess the organization's operational capacity.
- Competency 4b: Co-create strategies with the community to strengthen community capabilities and contribute to reduction in health disparities and improvement of community health.
- Competency 4c: Integrate community assets and resources to improve the health of individuals and populations.
- Competency 5d: Exhibit interprofessional values and communication skills that demonstrate respect for, and awareness of, the unique cultures, values, roles/responsibilities and expertise represented by other professionals and groups that work in global health.
- Competency 5e: Acknowledge one's limitations in skills, knowledge, and abilities.
- Competency 5f: Apply leadership practices that support collaborative practice and team effectiveness.
- Competency 6a: Demonstrate an understanding of and an ability to resolve common ethical issues and challenges that arise in working within diverse economic, political and cultural contexts as well as working with vulnerable populations in low resource settings to address global health issues.
- Competency 6b: Demonstrate an awareness of local and national codes of ethics relevant to one's working environment.
- Competency 7a: Demonstrate integrity, regard and respect for others in all aspects of professional practice.
- Competency 8e: Demonstrate a commitment to social responsibility.
- Competency 9a: Plan, implement, and evaluate an evidence-based program.
- Competency 9b: Apply project management techniques throughout program planning, implementation and evaluation.
- Competency 11a: Identify how demographic and other major factors can influence patterns of morbidity, mortality, and disability in a defined population.

Key guiding questions for students

- How is this system similar and/or different to how you or other people in the States access a health system?
- Would something like the CCSS work in the US? Why or why not?
- What values and principles are built into different health systems?

Post-visit activity for students

- Comparative health systems



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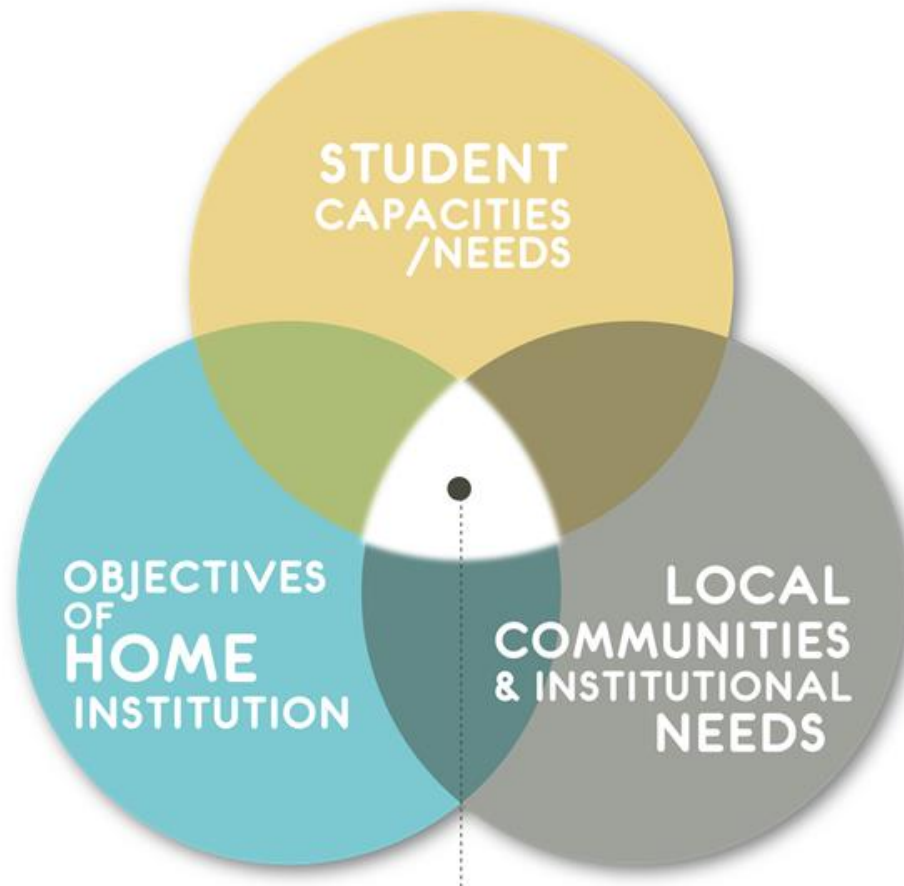
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EXPERIENTIAL LEARNING
OPPORTUNITIES



CISG

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cfaerron@cisgcr.org

[**www.cisgcr.org**](http://www.cisgcr.org)



Creating a Competency-based Interprofessional Global Health Curriculum Using CUGH competencies toolkit

Dr. Ijeoma Nnodim Opara, MD, FAAP
Co-founder & Co-director

Wayne State University Global Health Alliance
GLUE Curriculum (Global Health Education)
Social Determinants of Health & Health Equity

Consortium of
Universities
for Global Health 
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2019





INDEPENDENCE

**DAY
NIGERIA**

Fiery Female “F”ysician Force of “F”enomenal Ferociousness

May 2017 - Dr. Nnodim (medpeds) joins forces with Dr. Kaufmann (EM) to create a **multidisciplinary, interprofessional** GHA, recruit Board of Directors, and design a robust, comprehensive global health program centered in **ethics, cultural humility, and social justice.**

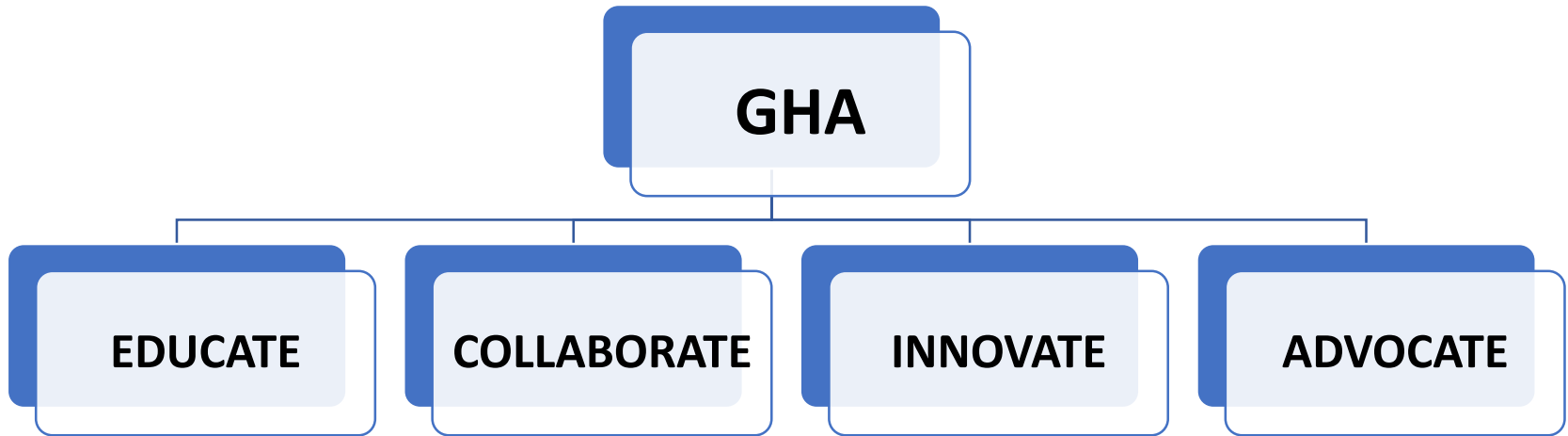


Gaps

- **Increasing global health activities in education (STEGHs), research, and practice**
- **Paucity of structured training, preparation, and appropriate oversight/supervision**
- **Silos of global health education, research, practice, and advocacy**

Global Health Alliance

A **multidisciplinary, interprofessional, diverse, inclusive, collaborative** GH consortium of Global health educators, professionals, practitioners, researchers, advocates, and activists who disrupts silos by **unifying** our global health endeavors and creating a **community of best practice** in global and urban health in service to populations made vulnerable, *everywhere*.



Academic Network

Local Network

International Network

WAYNE STATE

School of Medicine



WAYNE STATE
Division of Research



WSU-SoM World
Health Student
Organization

WAYNE STATE

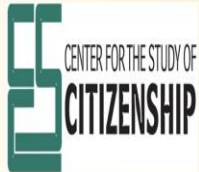
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Wayne State
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Programs

WAYNE STATE

Eugene Applebaum
College of Pharmacy
and Health Sciences



CENTER FOR THE STUDY OF
CITIZENSHIP



THE GLOBAL HEALTH INITIATIVE

WAYNE STATE

College of Nursing



WAYNE STATE
UNIVERSITY
Anthropology



OUWB School of
MEDICINE



DETROIT MEDICAL CENTER

Urban Watershed
Environmental
Research Group



WAYNE STATE UNIVERSITY
GLOBAL HEALTH ALLIANCE

Local Partnerships:

- Detroit Health Department
- Authority Health
- Freedom House
- Project H
- ACCESS
- First Aid First
- DMC Community Affairs
- Ruth Ellis Center
- Palav, Pioneer Medical Research Foundation



Preserving Public Health. Promoting Population Health



access, improving, empowering



A place for new beginnings



Saving Babies with Weak Lungs



RUTH ELLIS
CENTER



WAYNE STATE UNIVERSITY
GLOBAL HEALTH ALLIANCE

India:

- PARDADA-Pardadi Educational Society
- Christian Medical College, Vellore, India - Tropical Medicine



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Bridges to Community
building communities, changing lives

Laos: Health Frontiers

Haiti: Universite de Quisqueya

Nicaragua: Bridges to
Community

*Jamaica: University of West
Indies

*Guatemala: Universidad de San
Carlos

*Panama: Mission clinics
international



UWI



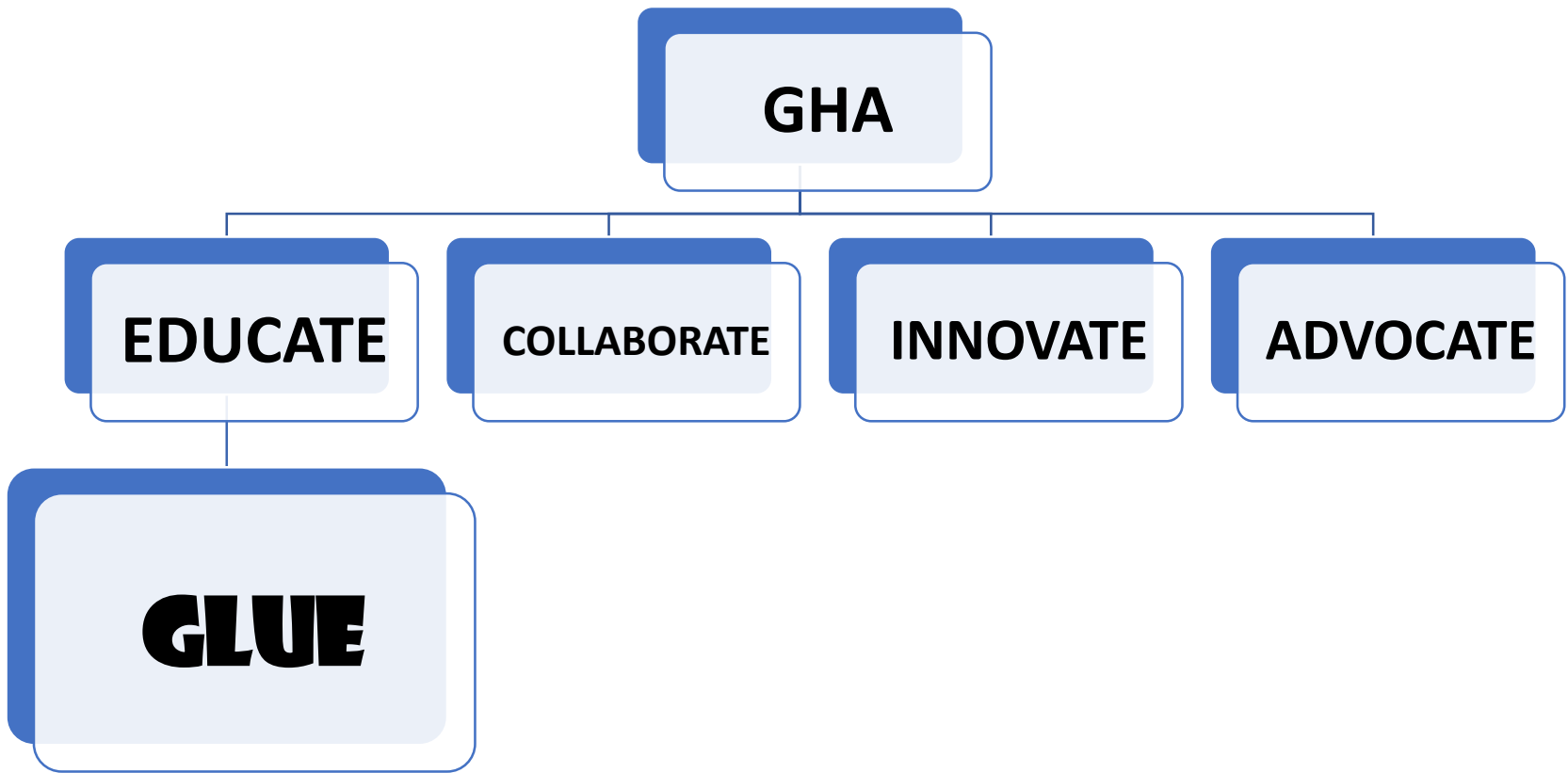
MISSION CLINICS
INTERNATIONAL



Pardada Pardadi Educational Society
Rural Development through education, employment and empowerment



WAYNE STATE UNIVERSITY
GLOBAL HEALTH ALLIANCE



GLUE – Global & Urban Health Equity

- ▶ Innovative **comprehensive, longitudinal (2 yrs), interprofessional competency-based certificate program** that provides a **structure and framework** to guide global & Urban health education, study, and research experiences at Wayne State University.

GLUE – Global & Urban Health Equity

- ▶ Designed to meet the growing need of trainees and faculty across various disciplines and professions to acquire **well structured and ethically-designed global health experiences, rooted in social justice and equity.**

GLUE – Global & Urban Health Equity

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- ▶ Career and research **mentorship** in global and community health
- ▶ **Scholarship** in global health education, public health, research methods, and innovative service delivery
- ▶ **Education** in health disparities, equity, and social justice

Global Health Education Competencies Tool Kit



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CUGH Global Health Education Competencies Tool Kit

This is a tool kit that provides learning objects and curricular content to support the competencies for those proficiency/trainee levels. The tool kit went through several iterations of peer review, however its contributors acknowledge that it is a work-in-progress and starting point, rather than a definitive, comprehensive resource. We are currently publishing it in PDF format, with efforts underway to place the tool kit on a platform that will allow for comments and additional content from a diverse online community. In the meantime, please direct any questions or comments to Jessica Evert, CUGH Competency Sub-Committee Chair, at jevvert@cghi.org. Thank you for your interest in this tool and global health education.

Download:

 [CUGH_GHE_Competency_Tool-kit_2017.pdf](#)

Resource Type: Competency Toolkit

Associated Committee(s): [Global Health Competency Subcommittee](#)

- ▶ Learning objectives, teaching methods, content, and questions (assignments, classroom)
- ▶ 39 competencies, 11 domains
 - ▶ Global Citizen –
 - ▶ 8 domains
 - ▶ Basic Operations –
 - ▶ 11 domains
 - ▶ 6 Program or Practitioner Oriented



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11 domains

- **Global Burden of Disease**
- **Globalization of Health and Health Care**
- **Social and Environmental Determinants of Health**
- **Capacity Strengthening**
- **Collaboration, Partnering, and Communication**
- **Ethics**
- **Professional Practice**
- **Health Equity and Social Justice**
- **Program Management**
- **Sociocultural and Political Awareness**
- **Strategic Analysis**

Basic Operational – **GHA** Practitioner Oriented

- **Travel Safety and Skills**
- **Communicable Disease (JC)**
- **Special Populations Disaster Management and Humanitarian Emergencies**
- **Non-Communicable Diseases (JC)**
- **Global-Local**



DOMAIN 3

Social and Environmental Determinants of Health

Focuses on an understanding that social, economic, and environmental factors are important determinants of health, and that health is more than the absence of disease.

Global Citizen Level and Basic Operational Program Oriented Level

Competencies

3a Describe how cultural context influences perceptions of health and disease.

3b List major social and economic determinants of health and their impacts on the access to and quality of health services and on differences in morbidity and mortality between and within countries.

3c Describe the relationship between access to and quality of water, sanitation, food and air on individual and population health.

Competency 3b

List major social and economic determinants of health and their impacts on the access to and quality of health services and on differences in morbidity and mortality between and within countries (Global Citizen & Basic Operations Levels)

2nd Edition: Andrew Dykens (jdykens@uic.edu) Kevin Cao (kcao4@uic.edu) and Emmanuelle Allseits (eallseits1@gmail.com).
1st Edition: Andrew Dykens (jdykens@uic.edu)

Teaching Strategies

It is important to place this topic within an historical context by illustrating the evolution of health interventions in relation to international declarations and statements. Students will best gain perspectives through a community tour or participatory discussions with local community agencies after the basic concepts have been introduced. An additional strategy for conveying the complexities of these themes is to house the discussion in a consideration of health policy at multiple levels. The development of a “policy action plan” over the course of the didactic sessions may be a practical way to apply students’ developing knowledge within a skills development activity. If possible, longitudinal field experiences to participate or observe in participatory research may provide additional depth to students’ comprehension of these concepts.

Acronyms: SDOH – Social Determinant of Health, WHO – World Health Organization



Websites Competency 3a

Culture and its Influence on Health Communication. Retrieved from <http://www.uniteforsight.org/health-communication-course/module2>

Case studies in “Caring for Patients from Different Cultures”. Retrieved from <http://www.ggalanti.org/case-studies-field-reports/>

Article and Reports Competency 3a

Jenks, A. C. (2011). From “lists of traits” to “open-mindedness”: Emerging issues in cultural competence education. *Culture, Medicine, and Psychiatry*, 35(2), 209–235. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21560030>

This journal article argues for a shift in the approach in the “cultural competence” education model. It advocates to transform the understanding in cultural competence education model from one that expands the traditional approach of “list of traits” associated with various racial and ethnic groups to one that aims to produce a new kind of health provider who is “open-minded,” willing to learn about difference, and treats each patient as an individual.

Books Competency 3a:

Edberg, M. (2012). *Essentials of health, culture, and diversity: Understanding people, reducing disparities*. Burlington, MA: Jones and Bartlett Learning.

The book examines what is meant by culture, the ways in which culture intersects with health issues, how public health efforts can benefit by understanding and working with cultural processes, and a brief selection of conceptual tools and research methods that are useful in identifying relationships between culture and health.

Baldwin, J. R., Faulkner, S. L., Hecht, M. L., & Lindsley, S. L. (Eds.). (2006). *Redefining culture: Perspectives across the disciplines*. Routledge.

Study Questions for Basic Operational Level Competency 3a

Questions 1-12 from Panel 10: Key questions for culture and health, Napier et al (2014) Napier, A.D. et al. (2014). Culture and health. *Lancet* 384(9954), 1607-1639. doi: 10.1016/S0140-6736(14)61603-2.

1. How does health-care delivery have to be restructured to prioritize the promotion of wellbeing and acceptance of its sociocultural origin?
2. How can health priorities (personal, clinical, societal, and financial) be made to account for and adjust to the effect of culture on human behaviour (the culturally mediated behaviours of patients



CUGH competencies	Accrediting Council of Graduate Medical Education (ACGME) competencies
Global Burden of Disease	MK, SBP
Globalization of Health and Health Care	PC, PBL, SBP
Social and Environmental Determinants of Health	PC, ICS, P, SBP
Capacity Strengthening	PC, PBL, SBP
Collaboration, Partnering, and Communication	ICS, P, SBP
Ethical Reasoning	PC, ICS, P
Professional Practice	PBL, ICS, P, SBP
Health Equity and Social Justice	ICS, P, SBP
Program Management	PC, PBL, ICS, P, SBP
Sociocultural and Political Awareness	PC, ICS, P, SBP
Strategic Analysis	ICS, SBP

MK: Medical Knowledge
SBP: Systems Based Practice
PC: Patient Care
ICS: Interpersonal Communication Skills
PBL: Practice Based Learning and Improvement
P: Professionalism



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First Class: Aug, 15 2017

- **Monthly** seminar series
- August – May x **2 years**
- **In-class session**
 - didactic overview,
 - guest speaker,
 - small group activity
 - Month-In-Review
- **Online** Canvas classroom: Pre-Class assignments, Post Class discussion
- **CME**



- Research/Service **capstone** project
- Symposiums
- Local and international **experiential service-learning** programs (**STEGHs**)
 - Quarterly advocacy/community-based activity **Longitudinal** International/Local community engagement



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Published by Louise Colo [?] · March 8 ·



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Jenna Rousseau

March 16 at 4:14pm

Flashback to last Thursday talking about emergency management and th... See More

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Julie Prielipp Pesci

March 8 at 8:42pm

Today I attended the: Water@Wayne Seminar: "Mapping the Water Crisis: The Dismantling of African American Neighborhoods in Detroit" presentation by Monica Lewis-Patrick at the Bernath Auditorium located in the David Adamany Undergraduate Library. The presentation was excellent.

3 Shares

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- Quizzes
- Collaborations
- Echo360 Recordings
- Office 365
- Class Notebook
- Library Resources
- McGraw Hill Campus
- Badges
- SOM Streaming Media
- SOM Virtual Microscopy

This is a graded discussion: 35 points possible due Sep 15

 **Social & Environmental Determinants of Health - CUGH #3** 109 / 109
Kent Anderson

[Competencies:](#)

Demonstrate curiosity about cultural systems within communities and recognize how culture interacts with environment, economy, and politics to directly affect health. Demonstrate basic understanding of major social and cultural determinants of health and their effects on access to and quality of emergency care and other health services.

Describes how cultural context influences perceptions of health and disease (a.g. cultural beliefs about basis of and remedies for disease, etc). Recognize how bias impacts the way patients think about health and disease. Demonstrate understanding of the major causes of morbidity and mortality between and within countries and identifies contributing social and environmental factors.

[Questions:](#)

Describe how cultural context influences perceptions of health and disease.

Thierdeman, S. B. (1986). Ethnocentrism: a barrier to effective health care. *The Nurse Practitioner*, 11(8), 52-54.

(supplemental only) Jenks, A. C. (2011). From "lists of traits" to "open-mindedness": Emerging issues in cultural competence education. *Culture, Medicine, and Psychiatry*, 35(2), 209-235. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21560030>

List major social and economic determinants of health and their impacts on the access to and quality of health services and on differences in morbidity and mortality between and within countries.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104. doi:10.1016/S0140-6736(05)71146-6

Tutoring Availability

You are not registered for any courses that have tutoring appointments available.

Supplemental Instruction

You are not registered for any courses that have supplemental instruction available.



Account



Dashboard



Courses



Calendar



Inbox



Commons



Help



Non-Term

Home

Modules

Assignments

Discussions

Syllabus

Quizzes

Collaborations

Echo360

Recordings

Office 365

Class

Notebook

Library

Resources

Badges

Recent Announcements

GLUE2 -Global & Urban Health & Equity 2019-2020

Time to Get Out Learning Activities

Visit Detroit! If you are not familiar with the Motor City, check out this primer about things to do in the area. Even if you know Detroit, you might find some things here you didn't know about. [Link](#)

Using Global Health Competencies and Tools: Program Implementation Case Studies

October 1st
1:00pm to 2:00pm EDT

CUGH Competency Subcommittee has defined, researched, and provided tools to support key competencies in Global Health for use in developing programs, courses, assignments, and evaluation. This webinar will assist faculty and administrators in seeing how global health competencies can be utilized for new programs/courses, and get insights from colleagues into how to develop and deliver competency-based global health education.

[Registration Link](#)

[View Course Stream](#)

Coming Up [View Calendar](#)

Global Burden of Disease - CUGH #1
35 points • Oct 6 at 11:59pm

Tutoring Availability

You are not registered for any courses that have tutoring appointments available.

Supplemental Instruction

You are not registered for any courses that have supplemental instruction available.

GLUE CAPSTONE SHOWCASE

We at GLUE are proud to showcase the capstone projects led by our "inaugural cohort" of GLUE scholars!

Program

- **6:00 - 6:10 pm : Welcome and introduction**
- **6:10 - 6:50 pm : Local capstone presentations**
- **6:50 - 7:00 pm : Break**
- **7:00 - 7:50 pm : Global capstone presentations**
- **7:50 - 8:20 pm : Networking session**
- **8:20 - 8:30 pm : Closure**

Local

- Immigrant issues: Immigrant Medication Literacy
- First Aid First: Community based first aid training
- DLIVE: Housing Insecurity in survivors of violence
- Homelessness: Improving Nutrition in Homeless



Global

- Dental hygiene
- Depression screening
- Cervical cancer screening
- Geomapping



Student Category	Number (42)
-------------------------	------------------------

MS 3-4	10
---------------	----

10

Residents	12
------------------	----

12

Fellows	4
----------------	---

4

Faculty	4
----------------	---

4

MPH students	4
---------------------	---

4

Allied Health	8
----------------------	---

8



Student Assessment Tools

**Assignments, Capstone,
Community Engagement, Class
Attendance**

Site mentors

IUPUI Self-assessment

Site mentor

**Involvement on discussion
boards**

Capstone Oral Presentation

Program Evaluation Tools

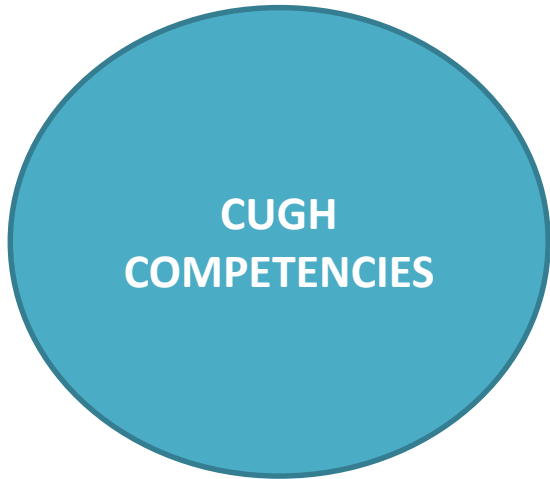
Class evaluation

Site mentors

Mid assessments by OTL

End of Year Program eval

Exit interview



ORIGINAL CONTRIBUTION

Development of a Global Health Milestones Tool for Learners in Emergency Medicine: A Pilot Project

Katherine A. Douglass, MD, MPH, Gabrielle A. Jacquet, MD, MPH,
 Alison S. Hayward, MD, MPH, Bradley A. Dreifuss, MD, Janis P. Tupesis, MD

Table 2 (continued)

Domain 3: Social and Environmental Determinants of Health					
Focuses on an understanding that social, economic, and environmental factors are important determinants of health, and that health is more than the absence of disease					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates curiosity about cultural systems within communities and recognize how culture interacts with environment, economy, and politics to directly affect health. Demonstrates basic understanding of major social and cultural determinants of health and their effects on access to and quality of emergency care and other health services.	Describes how cultural context influences perceptions of health and disease (e.g. cultural beliefs about basis of and remedies for disease, etc.). Recognizes how bias impacts the way patients think about health and disease. Demonstrates understanding of the major causes of morbidity and mortality between and within countries and identifies contributing social and environmental factors.	Synthesizes available data to identify social, economic, and environmental determinants of health.	Develops independent research to identify novel environmental, cultural, or societal determinants of health or further characterize known determinants. Contributes to culturally relevant programs or interventions to specifically address social and environmental factors affecting the health of global communities.	Develops, advocates for, and implements policy recommendations or public health interventions to reduce morbidity and mortality associated with social and environmental factors impacting the health and well-being of global communities. Creates and disseminates curricula to teach trainees about social and environmental determinants of health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

GLUE Seminar evaluations

GLUE session	objectives met? %"excellent"	instructors' knowledge, % "excellent"	quality of presentations, %"excellent"	will you make changes? %"yes"
2	91%	98%	94%	69%
3	85%	91%	89%	77%
4	76%	88%	86%	32%
5	90%	93%	93%	72%
6	90%	93%	92%	53%

Descriptive Evaluations:

1. "Think about the long-term effects of my actions on these trips"
2. "I will continue to think about both the local and global impact of decisions and try to think about how problems I face would be approached from both a local and global perspective."
3. "Take more consideration into the different disparities of my patients. For example like what we talked about in class, the reason my patient hasn't showered in a week might not be because he or she just decided not to, but maybe their water is off."

Mid-Curricular Assessment

STRENGTHS:

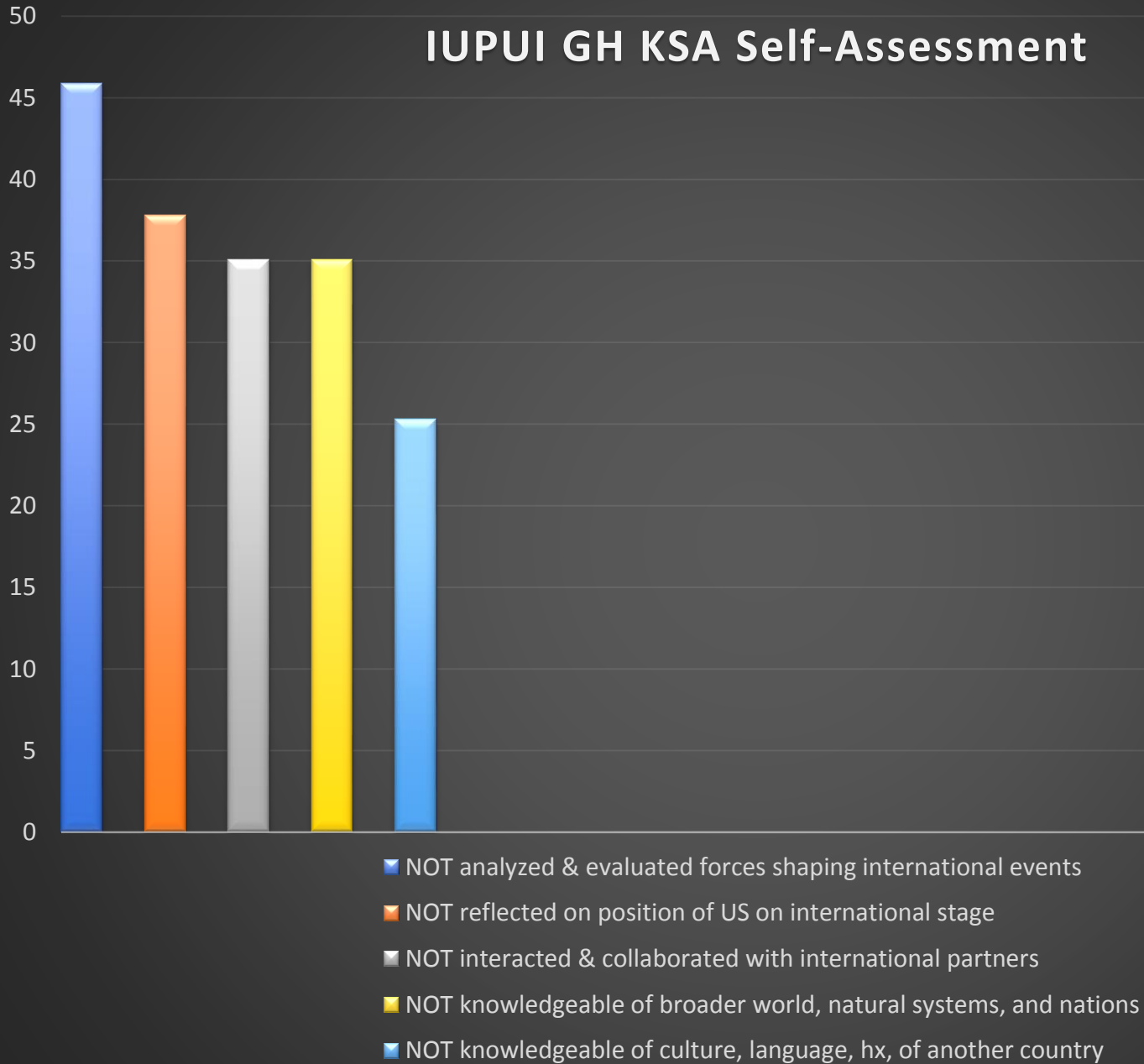
- Class content & organization
- Faculty Enthusiasm
- Class composition
- Capstone project
- Advocacy Updates
- Small group & Interaction

OPPORTUNITIES:

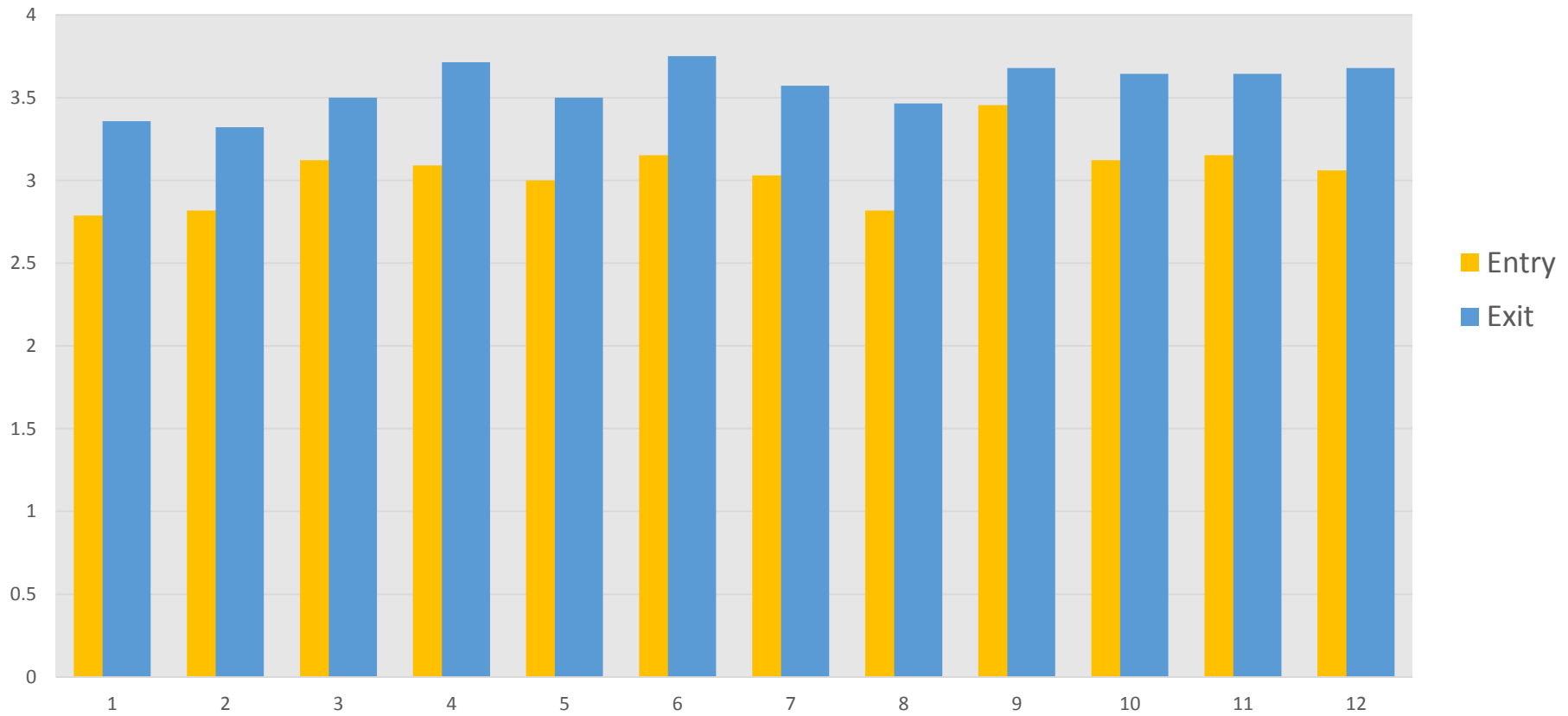
- More small group time
- Community involvement organization
- More Research topics
- Clearer Timelines
- More capstone mentorship

PRE- GLUE

IUPUI GH KSA Self-Assessment



Mean Question Scores



Objectives

I have a good working knowledge of the broader world, its natural systems and nations, their characteristics, and their relationships with each other.

I am able to analyze and evaluate the forces shaping international events, both now and in the past.

I have detailed knowledge of the cultures, languages, history, and/or current condition of at least one country beyond the United States.

I recognize the many ways "the global is reflected in the local" within the United States and beyond.

I have reflected upon the distinctive position of the United States on the international stage, and have a good, working knowledge of American history and cultural systems.

I appreciate the complexity of cultural systems and know the fundamental principles of intercultural understanding and communication.

I use diverse cultural frames of reference and alternate perspectives to think critically and solve problems.

I am skilled at interacting and collaborating with individuals and organizations from other countries.

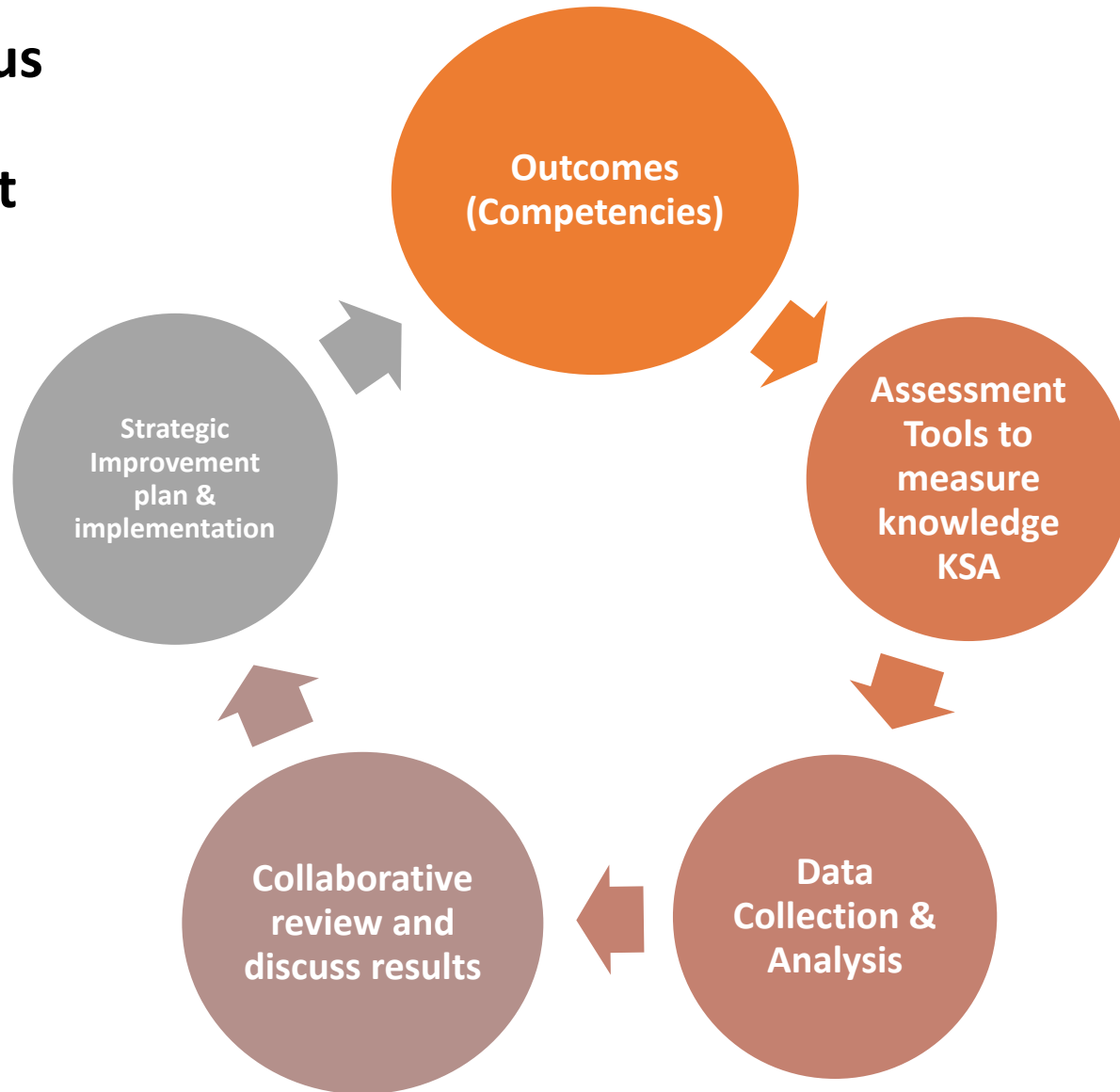
I am humble in the face of difference, tolerant of ambiguity and unfamiliarity, and willing to be in the position of a learner when encountering others.

I understand the global context of my chosen profession and have blended international perspectives into my professional learning.

I have developed a sense of responsibility and involvement with pressing global issues concerning health, poverty, the environment, conflict, inequality, human rights, civil society, and sustainable economic development.

I can apply my international learning to the diversity in the communities in which I live.

GLUE continuous assessment & Improvement feedback loop





GRADUATION

You are cordially invited to the graduation celebration of
the inaugural cohort of

Global & Urban Health Equity (GLUE) Scholars

● Keynote Speaker: ●

Reverend Faith Fowler
Founder, Cass Community Social Services

● Live Dance Performance by: Bichini Bia Congo ●

MAY 2, 2019

Dinner @ 6 PM / Celebration @ 8 PM
MARGHERIO CONFERENCE CENTER
SCOTT HALL, WSU SCHOOL OF MEDICINE
540 E. Canfield, Detroit

Presented By:
Wayne State University Global Health Alliance

www.wsugha.org

wayne.gha@gmail.com

Consortium of
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Webinar | October 2019

Wayne State University Global Health Alliance

Certificate of Achievement Global Health Practitioner

presented to



Global & Urban Health & Equity Program

May 2, 2019

Detroit, Michigan

Consortium of
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for Global Health



Kristiana Kaufmann, MD, MPH
Co-Director

Ijeoma Nnodim Opara, MD
Co-Director

Lisa Allenspach, MD

Amy Cortis, MD

Jamey Snell, MD

Jeffrey VanLaere, MD, MPH

Vijaya Arun Kumar, MD,
MPH

GH WEEK & CONFERENCE

4/30/18-5/4/18



**WAYNE STATE UNIVERSITY
GLOBAL HEALTH ALLIANCE**

2018 INAUGURAL
CONFERENCE



**COLLABORATIONS AND
INNOVATIONS IN GLOBAL HEALTH**

May 3, 2018 • Scott Hall • Green Auditorium


CONFERENCE AGENDA

7:30 – 8 a.m.	Breakfast / Registration
8 – 8:10 a.m.	GHA intro / Conference Overview
8:10 – 8:15 a.m.	Welcome
8:15 – 8:30 a.m.	Opening Remarks
8:30 – 10 a.m.	Global Health Innovation Competition <i>"Ignite to Innovate: Global Shark Tank!"</i>
10 – 10:15 a.m.	Break
10:15 – 11:30 a.m.	Panel 1: Innovations in Global Health Research <i>"Transformation through Transnational Multi-Institutional Networks!"</i>
11:30 a.m. – 12:45 p.m.	Lunch Networking – Margherio Hall
12 – 12:45 p.m.	<i>Shark Tank</i> : Poster Presentations / Model Presentation / Video Presentation
12:45 – 2 p.m.	Panel 2: Innovations in Global Capacity Building <i>"When Communities Lead Change!"</i>
2 – 2:15 p.m.	Break
2:15 – 3:30 p.m.	Panel 3: Innovations in Global Health Education <i>"Disrupting Silos & Creating Best Educational Practice for Global Impact"</i>
3:30 – 3:40 p.m.	Innovation Prize award presentation
3:40 – 3:55 p.m.	Closing Remarks
3:55 – 4 p.m.	Acknowledgments



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wsughaconference@gmail.com



**COLLABORATIONS AND
INNOVATIONS IN GLOBAL
HEALTH**

APRIL 30 - MAY 4, 2018

DETROIT, MI

DISRUPTING SILOS: CREATION OF A GLOBAL HEALTH ALLIANCE



School of Medicine

Ijeoma Nnodim Opara, MD, Department of Internal Medicine, MedPeds Section
 Kristiana Kaufman, MD, Department of Emergency Medicine, Global Health Section
 Vijaya Arun Kumar, MD, Department of Emergency Medicine, Global Health Section
 Spencer May, Department Of Emergency Medicine, Global Health Section



BACKGROUND

- Global health challenges are growing increasingly complex as economic, geo-political, environmental, and sociologic forces interact more intricately and impact people's lives everywhere.
- Thus, there is a strong need for collaborative interdisciplinary approaches that will drive innovative and transformative solutions to better impact health. It is no longer effective for global health practitioners to operate within silos of specialties.
- We identified a gap in interdisciplinary collaboration on our university campus as there were multiple insular global health efforts in various departments with little communication or collaboration resulting in redundancy, resource waste and under-utilization, and sub-optimization of program potential.
- We also recognized that the international experiences of medical learners were without standardized guidance, structure, and oversight.

GLUE SCHOLARS

WSUGHA depts 12		Scholars #	
#			62
Medical students	16%	Emergency Medicine	5
Residents	24%	Internal Medicine	11
Fellows	6%	Pediatrics	8
Facult	9.6%	Pediatric EM	4
Other (called health professional students and faculr)	35%	Medical Student	13
		Surgical Subspecialty	1
		Med Peds	3
		Other	12

EXPECTED OUTCOMES

- Increased collaborative interdisciplinary global health projects and Wayne State University campus.
- Increased number of healthcare workers better prepared for Global and Urban health education, research, and service.
- Improved measurable community health outcomes as a result of increased numbers of culturally humble physicians.
- Improved health status of immigrant, refugee, and asylee youth and families by strengthening the relationship among WSU's medical campus, city and state public health, departments, and immigrant communities and advocates.
- These outcomes will be assessed through regular evaluations of the curriculum, scholars, community partners, institutional leaders, alumni, and future employers.

METHODS

We created Wayne State University Global Health Alliance (WSUGHA) as a multidisciplinary consortium aimed at disrupting the various university global health silos by unifying our endeavors to promote interdisciplinary collaboration.

WSUGHA is also committed to creating and advancing global health knowledge and preparing a diverse student body to positively impact local and global communities by providing a structured evidence-based global health curriculum to medical learners.

This curriculum - "Global and Urban Health Equity (GLUE)" - is a 2 year robust interdisciplinary certificate program that uses innovative andragogical strategies to encourage self-directed learning and encompasses multiple components:

- Monthly seminar series
- Local & international experiential learning programs
- Regional & National international symposia participation
- Mentored capstone scholarly projects



Didactics are mapped to Accreditation Council for Graduate Medical Education (ACGME) and Consortium of Universities for Global Health (CUGH) Global Citizenship and Basic Operational competencies.

The experiential learning programs include local and international settings and draws on community-led partnerships to provide opportunities for scholars to increase their knowledge, skills, and attitudes in the care of vulnerable populations and promoting health equity for all.

Thus, the curriculum reinforces the global-local component of global health and emphasizes the role of global solutions to local health problems.

FEEDBACK



n=35	Unmet of Satisfaction	Excell
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instruct		
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present	0	30.2%
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Knowle		
dge of		
topic	0	21%
	0	78

"I think about the long term effects of my actions on these trips"
 "I will continue to think about both the local and global impact of decisions and try to think about how problems I face would be approached from both a local and global perspective."
 "I take more consideration into the different disparities of my patients. For example like what we talked about in class, the reason my patient hasn't changed in a week might not be because he or she just decided not to, but maybe their water is off!"

CONCLUSION

- WSUGHA aims to build a unified and transformative academic center of Global and Urban Health excellence with strong community-led partnerships that will improve the health of local and international vulnerable populations by teaching innovative best practices in global health research, study, and practice to empower our healthcare force to solve complex problems, eliminate disparities, and promote health equity for all.

2020 CUGH Conference | April 18 - 20, 2020 | Satellite Sessions April 17, 2020 | Global Health Capitol Hill Day April 16, 2020
Washington Hilton Hotel | Washington, DC



www.cugh.org

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11th Annual CUGH Conference • April 18-20, 2020 • Washington Hilton Hotel

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Global Health in a Time of Worldwide Political Change



CUGH 2020

April 18 - 20, 2020
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Special Satellite Sessions
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Webinar | October
2019



GLUE is a best practice curricular model for global health education using the CUGH Global Citizenship and Basic Operational interprofessional competencies to improve global health practitioners' knowledge, skills, and attitudes regarding the health of local and international communities.

This is of major importance because now more than ever, there is a great need for global health leaders who have the knowledge, skills, and attitudes to:

- **build equitable partnerships across disciplines, professions, and sectors**
- **critically (self)reflect on and navigate systems of power and privilege**
- **engage equally with communities in community-led priorities**
- **effectively adopt a social justice and equity stance in addressing the common complex physical, mental, spiritual, and sociopolitical pathologies that riddle their backyard & globe.**



GHA BOARD OF DIRECTORS:

- Dr. Amy Cortis
- Dr. Jeff Van Laere
- Dr. Arun Kumar
- Dr. Lisa Allenspach
- Dr. Jamey Snell
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- Dr. Kristiana Kaufmann
 - Co-Exec Director
- Dr. Mark Zervos
 - Asst. Dean of Global Affairs

Ugochinyere, Oruebubechi, Chimamanda



“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

-Margaret Mead



WAYNE STATE
UNIVERSITY



innodim@wayne.edu

www.wsugha.org



Incorporating Global Health Competencies in Graduate Medical Education

The Yale Department of Internal Medicine Experience

2014: The Charge

- Distinction Pathway initiative
 - Mandate from the Residency Programs
 - Four topic areas
- Main goals
 - Enrich the general curriculum with core content
 - Collate/provide additional experiential learning opportunities, and support mentorship and scholarly activity
- Requirements must be rigorous, **and** achievable within a 3-year residency
 - Commitment not required until PGY-2 year

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
- Developing the Structure

**Global Health & Equity Distinction Pathway
(GHEDP)**

Mission Statement

The GHEDP 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, our residents will be informed leaders in ethical and professional healthcare.

GHEDP Objectives

- 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

GHEDP Requirements

- Clinical Opportunities
 - General (Local)
 - Immersive – Domestic or International
- Didactics (Local)
- Scholarship (Mentored)

Requirements map to CUGH Global Health Competencies

Jogerst K *et al.* Identifying Interprofessional Global Health Competencies for 21st-Century Health Professionals. *Annals of Global Health*. 2015 March-April; 81(2): 239-247.

Structure

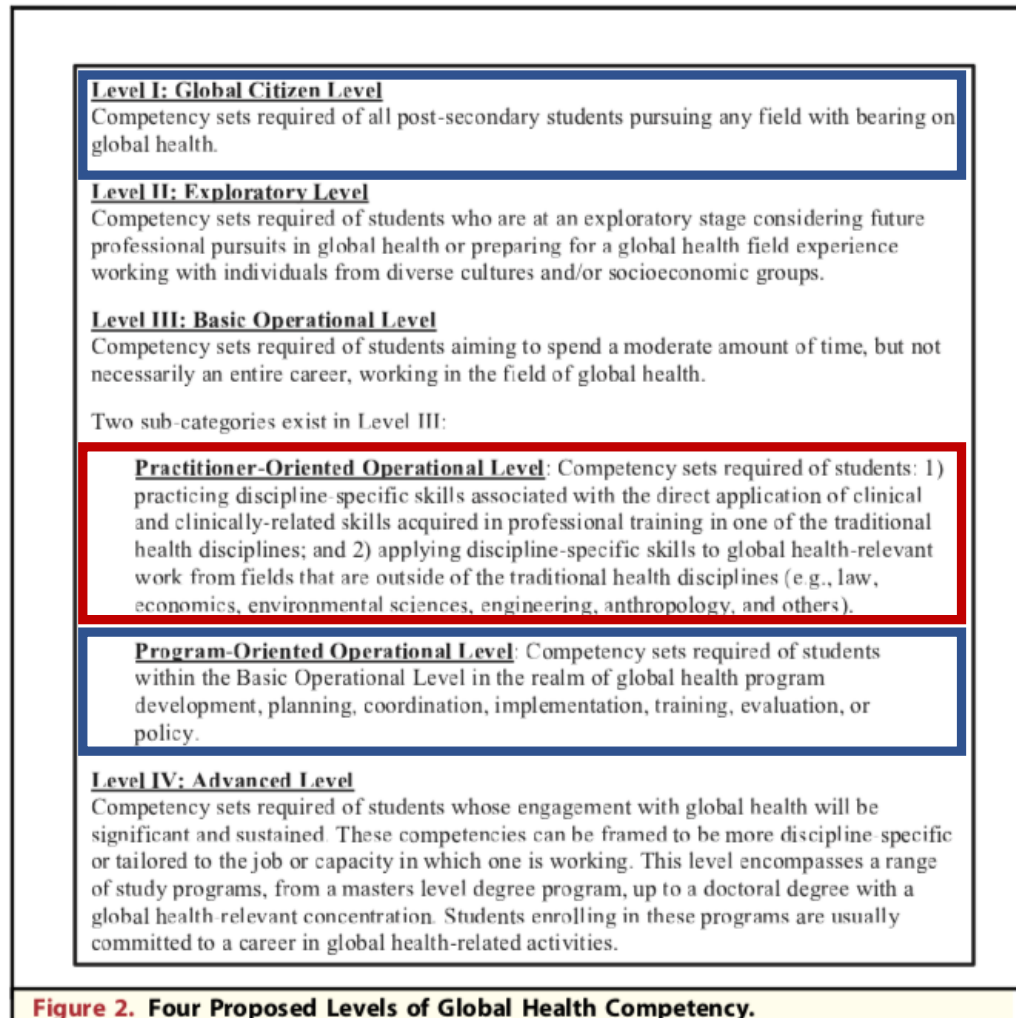
- Credit system to weight the contribution of activities
- Must have flexible means of meeting requirements
- Resident responsible for maintenance of portfolio
 - Reflective exercises informed by CUGH Global Health Competencies

CUGH Global Health Competencies

Domains	
Global Burden of Disease	Professional Practice
Globalization of Health & Health Care	Health Equity & Social Justice
Social & Environmental Determinants of Health	Program Management
Capacity Strengthening	Sociocultural & Political Awareness
Collaboration, Partnering, and Communication	Strategic Analysis
Ethics	

Knowledge, Skills, and Attitudes needed to care for vulnerable populations do not vary by geography

Fitting GME Into the Framework



Aligning ACGME & CUGH Competencies

ACGME Competency Domains ⁷	CUGH Competency Domains (Level I-Global Citizen and Level III-Program Oriented) ⁵
<p>Patient Care and Procedural Skills: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p>	
<p>Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.</p>	
<p>Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</p>	
<p>Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</p>	
<p>Practice-based Learning and Improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</p>	
<p>Systems-based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.</p>	

Aligning ACGME & CUGH Competencies

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<p>Patient Care and Procedural Skills: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p>	<p>Globalization of Health and Health Care: Focuses on understanding how globalization affects health, health systems, and the delivery of health care.</p> <p>Health Equity and Social Justice: The framework for analyzing strategies to address health disparities across socially, demographically, or geographically defined populations.</p>
<p>Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.</p>	<p>Alignment of ACGME and CUGH Competencies</p>
<p>Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</p>	
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<p>Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.</p>	<p>Global Burden of Disease: 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.</p> <p>Social and Environmental Determinants of Health: Focuses on an understanding that social, economic, and environmental factors are important determinants of health, and that health is more than the absence of disease.</p>
<p>Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</p>	<p>ACGME and CUGH Competency Domains</p>
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<p>Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</p>	<p>Ethics: Encompasses the application of basic principles of ethics to global health issues and settings.</p> <p>Professional Practice: Refers to activities related to the specific profession or discipline of the global health.</p>
<p>Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</p>	
<p>Practice-based Learning and Improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</p>	
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<p>Professionalism: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.</p>	<p>Ethics: Encompasses the application of basic principles of ethics to global health issues and settings.</p> <p>Professional Practice: Refers to activities related to the specific profession or discipline of the global health.</p>
<p>Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</p>	<p>Sociocultural and political awareness: conceptual basis with which to work effectively within diverse cultural settings and across local, regional, national, and international political landscapes.</p> <p>Collaboration, Partnering, and Communication: The ability to select, recruit, and work with a diverse range of global health stakeholders to advance research, policy, and practice goals, and to foster open dialogue and effective communication with partners and within a team.</p>
<p>Practice-based Learning and Improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</p>	
<p>Systems-based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.</p>	

Aligning ACGME & CUGH Competencies

ACGME Competency Domains ⁷	CUGH Competency Domains (Level I-Global Citizen and Level III-Program Oriented) ⁵
<p>Patient Care and Procedural Skills: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p>	<p>Globalization of Health and Health Care: Focuses on understanding how globalization affects health, health systems, and the delivery of health care.</p> <p>Health Equity and Social Justice: The framework for analyzing strategies to address health disparities across socially, demographically, or geographically defined populations.</p>
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<p>Practice-based Learning and Improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</p>	<p>Program Management: The ability to design, implement, and evaluate global health programs to maximize contributions to effective policy, enhanced practice, and improved and sustainable health outcomes. <i>(Level III only)</i></p>
<p>Systems-based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.</p>	

Aligning ACGME & CUGH Competencies

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<p>Practice-based Learning and Improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</p>	<p>Program Management: The ability to design, implement, and evaluate global health programs to maximize contributions to effective policy, enhanced practice, and improved and sustainable health outcomes. <i>(Level III only)</i></p>
<p>Systems-based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.</p>	<p>Strategic analysis: The ability to use systems thinking to analyze a diverse range of complex and interrelated factors shaping health trends to formulate programs at the local, national, and international levels. <i>(Level III only)</i></p> <p>Capacity strengthening: Sharing knowledge, skills, and resources for enhancing global public health programs, infrastructure, and workforce to address current and future global public health needs. <i>(Level III only)</i></p>

[Ghedp] Events Update: Week of September 23rd

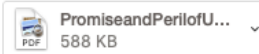
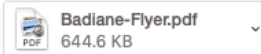


Ghedp <ghedp-bounces@mailman.yale.edu> on behalf of Rabin, Tracy

ghedp@mailman.yale.edu

Tuesday, September 24, 2019 at 7:52 AM

[Show Details](#)



Download All

Preview All

As you will see below, this is a very busy week around the health professions schools, with some fantastic events to check out!

Acceptance emails should be going out later this week for the new residents who will be joining the GHEDP - I look forward to having everyone come together for our **annual GHEDP Welcor**

At this point in time, I'd also like to start scheduling **check-in meetings** with all of you to check in on your progress toward the Distinction. I'd prefer to meet with our PGY3s/PGY4s at some point in the next few weeks; I'd be happy to meet with the PGY2s at your earliest convenience. **Could everyone please send me a list of 3-4 dates/times when you would be available to schedule an hour**

New and Notable:

- Check out this thought-provoking work out of our Department of Orthopedics on issues of **health disparities in access to musculoskeletal care**: <https://medicine.yale.edu/ortho/new>
- Fascinating work out of the Yale School of Public Health on the **mental health consequences of environmental crises**: <https://publichealth.yale.edu/news-article/21214/>
- Yesterday was the **UN High Level Meeting on Universal Health Coverage** - click here to find out more about this campaign and other health-related events that will be taking place in the coming weeks about the upcoming Pediatric Global Health Journal Club (Wednesday, 9/25) - **a conversation on the WHO recommendations for Universal Health Coverage** which will focus on the a

Upcoming Local Events: September/October

- **Tuesday, September 24th** @ 12-1pm (60 College Street, Room 101): The **Yale Climate Change and Health Initiative** presents: **Connecting Climate Change, Air Pollution, Energy and Health**. Lunch will be served after the seminar. For more info, click here. <<https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmanage.com%2Ftrack%2Fclick%3Fu%3D0be9487305626bc37eab03fd8%26id%3Dfa7f083c3726e%3D914a07f54f&data=02%7C01%7Ctracy.rabin%40yale.edu%7Cdabb78b1d0>>
- **Tuesday, September 24th** @ 4:30-5:30pm (47 College Street, Room 106B): **Global Health Seminar - Global Health Governance** featuring **Keith Hansen, Senior Adviser, The World Bank**
- **Tuesday, September 24th** @ 6-7:30pm (BCMM 206/208): **Yale Global Mental Health Program Kick Off Event**. The Yale Global Mental Health Program educates Yale students, faculty, staff on a panel including Dr. Larry Davidson, Dr. Ted Iheanacho, and Dr. Charla Nich. Come for the cheese and wine, stay for the conversation!
- **Wednesday, September 25th** @ 5:30-6:30pm (Old Trask Room, LMP 3018 [3rd Floor]): **Pediatric Global Health Journal Club: Universal Health Coverage and What it Means for Children**
- **Wednesday, September 25th** @ 6-8pm (Fitkin Auditorium): **2019 Resident Fellow Advocacy Showcase**. This is an exciting opportunity for any housestaff member to present their advocacy program, interdisciplinary discussions. **This year's keynote speaker is State Senator Saud Anwar, M.D.**, a pulmonary and critical care physician, who serves as the Senate Chair of the legislative branch, and how he has been able to blend medicine and advocacy together in his professional life. **PLEASE consider presenting your work!** Projects based in research or service at Yale.
- **Thursday, September 26th** @ 12-1pm (47 College Street, Room 106B): **YSPH Epidemiology of Microbial Diseases Seminar Series: "Transforming Humanitarian Medicine: ALIMA's Emergency Response and Research for the Ongoing Ebola Crisis in the Democratic Republic of the Congo"** by **Augustin Augier** (Executive Director of ALIMA), click here. <<https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmanage.com%2Ftrack%2Fclick%3Fu%3D0be9487305626bc37eab03fd8%26id%3Daf4b66a2c9%26e%3D914a07f54f&data=02%7C01%7Ctracy.rabin%40yale.edu%7Cdabb78b1d0>>
- **Thursday, September 26th** @ 12-1pm (60 College Street, LEPH 101): **YSPH Social & Behavioral Science 525 Seminar Series - "Intergroup contact and prejudice among American Muslims"** served at this seminar. To learn more about the seminar, click here. <<https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmanage.com%2Ftrack%2Fclick%3Fu%3D0be9487305626bc37eab03fd8%26id%3D25cc920dd6%26e%3D914a07f54f&data=02%7C01%7Ctracy.rabin%40yale.edu%7Cdabb78b1d0>>
- **Thursday, September 26th** @ 7-8:30pm (63 High Street, LC 101): **A Conversation on Kashmir: Finding Humanity Amidst Conflict - A Panel Conversation**. It has been over a month since the region has witnessed a crackdown and communications blockade. Come join us for a panel discussion with Mr. Salman Anees Soz (Yale SOM '00) and Yale School of Public Health professor and Kashmiri advocate of a peaceful resolution of the Kashmir issue. He formerly worked for the World Bank and Asian Development Bank; and frequently contributes to national and international media. <<https://nam05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmanage.com%2Ftrack%2Fclick%3Fu%3D0be9487305626bc37eab03fd8%26id%3D5964480374%26e%3D914a07f54f&data=02%7C01%7Ctracy.rabin%40yale.edu%7Cdabb78b1d0>>
- **September 26th-27th** - **"The Affordable Care Act at 10: History, Legacy, Challenges"** at **Yale Law School**. Co-sponsored by the Solomon Center for Health Law and Policy at Yale Law School. <<https://medicine.yale.edu/news/article.aspx?id=20848>>

Sample Log

Friday, September 27, 2019 Dr. Tracy Rabin M.D. Faculty Member Account Log Off

YaleNewHavenHealth Yale School of Medicine
Yale New Haven Hospital

Internal Medicine - Primary Care Home Residents Portfolio Schedules Procedures Evaluations Conferences Help

Home Portfolio New Portfolio Entry

New Portfolio Entry

Entry Type: **Global Health and Equity Distinction - Clinical**

Date of Activity: Please identify the date of the activity

Activity Type: **Choose One** Please choose the appropriate activity

Hours Required: How many hours did you spend on this activity?

Reflection: Please reflect on your experience

Global Health Competency #1 (required): **Choose One**
Note: GBD= Global Burden of Disease; SEDH= Social and Environmental Determinants of Health

Global Health Competency #2 (optional): **Choose One**
Note: GBD= Global Burden of Disease; SEDH= Social and Environmental Determinants of Health

Global Health Competency #3 (optional): **Choose One**
Note: GBD= Global Burden of Disease; SEDH= Social and Environmental Determinants of Health

Competencies:

- Interpersonal & Comm. Skills
- Medical Knowledge
- Patient Care
- Practice-based Learn. & Improv.
- Professionalism
- Systems-based Practice

Submit

Global Health Competency #1 (required): **Choose One**

Note: GBD= Global Burden of Disease; SEDH= Social and Environmental Determinants of Health

- ✓ Choose One
- GBD
- Globalization of Health
- SEDH
- Capacity Strengthening
- Collaboration/ Communication
- Ethics
- Professional Practice
- Equity/ Social Justice
- Program Mgmt
- Sociocultural/Political Awareness
- Strategic Analysis

Submit

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Using an ACGME Milestones Framework

ORIGINAL CONTRIBUTION

Development of a Global Health Milestones Tool for Learners in Emergency Medicine: A Pilot Project

Katherine A. Douglass, MD, MPH, Gabrielle A. Jacquet, MD, MPH,
Alison S. Hayward, MD, MPH, Bradley A. Dreifuss, MD, Janis P. Tupesis, MD

Table 2
Complete milestones for each domain

Domain 1: Global Burden of Disease Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low- income regions, and with public health efforts to reduce health disparities globally.					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes the major causes of morbidity and mortality globally. Understands how the risk of disease varies with geographic location. Describes major trends in current disease prevalence.	Describes the concept of epidemiological transition and its consequences. Understands historical context of health disparities and burden of disease. Describes major current and historical public health efforts to reduce disparities in global public health.	Validates the health status of populations using available data. Understands the context in which population health data is collected. Analytically reviews epidemiologic research.	Assesses population health data collection systems. Implements data collection systems. Participates in or contribute to population health research.	Designs and implement systems for data collection in a sustainable and scalable manner. Leads interpretation and synthesis of data from various sources. Utilizes source data to produce summary documents and policy recommendations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Next Steps

- 10 residents graduated with **Distinction in Global Health & Equity** over the past three years
 - One did not complete d/t change in personal goals
- 22 currently in the pathway
- In process: analysis of competencies covered, quality of reflections

For More Information

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VIEWPOINT

Global Health Without Boundaries: Structuring Domestic and International Opportunities to Explore Global Health in a Graduate Internal Medicine Training Program



Marguerite A. Balasta, MD, Yogesh Khanal, MD[†], John McGinniss, MD, Peter Moyer, MD,
Tracy L. Rabin, MD, SM

Philadelphia, Pennsylvania, and New Haven, Connecticut

Email: tracy.rabin@yale.edu

Using Global Health Competencies & Tools: Program Implementation Case Studies

October 1, 2019



Ijeoma Nnodim Opara MD

Co-Director
Wayne State Global Health Alliance
Wayne State University School of
Medicine



Barbara Astle PhD

Director
Center for Equity and Global Engagement
Trinity Western University



Carlos Faerron MPH MD

Executive Director
CISGH



Tracy Rabin MD, SM

Assistant Professor of Medicine
Department of Internal Medicine,
Yale University School of Medicine

Consortium of
Universities
for Global Health



Keith Martin MD, PC

Executive Director

Executivedirector@cugh.org

@CUGHnews

@CUGH_TAC

www.cugh.org