Recommended Curriculum Guidelines for Family Medicine Residents

Global Health

*This document was endorsed by the American Academy of Family Physicians (AAFP).*

**Introduction**

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), [www.acgme.org](http://www.acgme.org). The curriculum should include structured experience in several specified areas. Most of the resident’s knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum, with an emphasis on outcomes-oriented, evidence-based strategies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at [www.aafp.org/cg](http://www.aafp.org/cg). These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Each residency program is responsible for its own curriculum. *This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.*
Health and medicine transcend geographic boundaries. Article 25 of the United Nations' *Universal Declaration of Human Rights* (December 10, 1948) states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control." Subsequently, the *Declaration of Alma-Ata* (International Conference on Primary Health Care, Alma-Ata, USSR, September 6-12, 1978) affirmed that health and access to basic health care are fundamental human rights, and urged governments and other organizations to support the development of primary health care throughout the world. In order to address the global epidemic of non-communicable disease, the United Nations General Assembly adopted the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (NCD)* in September of 2011. This declaration includes primary health care as part of a coordinated whole-of-government and whole-of-society strategic response that works toward comprehensive strengthening of health systems.

Given these ideals, the increasing cultural and linguistic diversity of the United States, globalization, and continued challenges with attaining health equity for all people, "global health" has direct consequences for family medicine residents in training and future practice. Thoughtful curricula are required to address these new developments.

Attainment of optimum health for individuals and families is largely dependent on social determinants of health and equitable access to health care. Regardless of the health care setting, health system functioning depends on organizational factors, resource factors, availability of evidence, and data all interacting within their specific context. The balance, distribution, and intersection of these factors create the health system in which individuals and families live and have a direct impact on their ability or desire to access health care. External forces influence the effectiveness of the health system. Social and environmental determinants of health impact the health system’s ability to work with other sectors to create a health-promoting community context in which populations live and work.

Given the hundreds of different ethnic groups that reside in North America, it is imperative for residency programs to create a learning environment that inculcates in all residents the attitudes and behaviors that foster lifelong learning (e.g., acceptance of differing cultures and contexts; willingness to explore different political and religious systems’ influence on health; desire to be a change agent for improved health within the community). Family physicians choosing to deliver health care in settings abroad will likely require additional specialized knowledge and skills beyond these minimums.

A curriculum on global health should be structured to engage learners in examining the complex interplay among social determinants of health; resource availability; availability of data and resource-appropriate, evidence-based interventions; and organizational
factors that create a health system in a particular setting (U.S. domestic or international). A family physician should be able to identify the role of the physician, the role of the larger health workforce, and the role of structure in determining health care delivery needs for a patient, a family, or the larger society. This will allow the family physician to provide the best possible resource-appropriate care within a given setting. A curriculum on global health should also include instruction on selected unique illnesses and on cross-cultural competency in general.

This guideline for a global health curriculum allows for development of a comprehensive approach to the social, economic, and medical factors affecting patients within a global context. Education in these areas will facilitate optimal care of patients by future family physicians.

**Competencies**

At the completion of residency training, a family medicine resident should be able to:

- Discuss the issues of social determinants of health, health equity, social justice, and governmental policy in terms of their impact on the distribution of health services in low-resource settings within the United States and internationally (Systems-based Practice)
- Assess the health care and public health needs of communities, and make evidence-based decisions about resource allocation and the delivery of population health services (Medical Knowledge, Patient Care)
- Demonstrate knowledge of effective advocacy strategies for health systems improvement within the global context (Interpersonal and Communication Skills, Systems-based Practice)
- Tailor health outreach and clinical interventions by taking into consideration local socioeconomics, politics, health disparities, and cultural influences (Systems-based Practice)
- Demonstrate the ability to communicate effectively and collaborate with the patient, family, and caregivers with sensitivity to sociocultural and health literacy issues so that the diagnosis and plan of care are clearly understood and pertinent to their specific situation (Interpersonal and Communication Skills)
- Demonstrate the ability to use interpreters effectively when the physician and patient cannot speak the same language (Interpersonal and Communication Skills)
- Create treatment plans based on knowledge of global influences, utilizing resources that include local, state, federal, and international agencies, as applicable (Systems-based Practice, Practice-based Learning and Improvement)
- Recognize his or her own practice limitations and seek consultation with other health care professionals and systems resources to provide optimal care within a global context (Practice-based Learning and Improvement, Systems-based Practice)
Attitudes

The resident should develop attitudes that encompass:

- Commitment to lifelong learning and contribution to the body of knowledge about global health
- Recognition of his or her own biases and stereotypes related to health care delivery in international settings
- The need to balance compassion, humanism, realism, and practicality in the consideration of health care delivered in specific global settings
- Respect for dignity and autonomy through self-care and self-determination within a cultural and global context
- Value placed on continued accessibility and accountability to his or her patients, especially with regard to the sustainability of health care delivery in international settings
- A desire to advocate for systems change to improve the health of the community in which he or she practices

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Socioeconomic, environmental, and political factors (including clean water supply, food security, and sanitation) as determinants of health and disease

2. Health and human rights issues and determinants of health specific to immigrant, migrant, internally displaced, and refugee populations

3. Social, environmental, geographic, and telecommunication factors influencing the ability of the health system to control the emerging epidemic of chronic disease, as well as ongoing epidemics of infectious disease in developing countries

4. Specific needs of the medically underserved and uninsured

5. Sociocultural and psychological factors influencing health literacy and interaction with the local health system

6. Varied cultural approaches to healing, death, and dying

7. Services and technology available for specialized medical care, diagnosis, treatment, and rehabilitation in a specific international setting
8. Availability and safety of medications in international settings

9. Unique health care delivery methodology and outcomes data for specific international settings

10. Epidemiology of global infectious and chronic disease

11. Resources and issues pertinent to travel medicine, health risk prevention, health maintenance, and variations in health care services for non-citizens that are specific to international travel

12. Non-medical issues (e.g., political, safety, environmental, and climate factors) unique to international travel and tourism

13. Specific safety factors, legal considerations, and personal freedoms that might be handled differently when taking part in health care delivery in an international setting

14. Financial aspects of providing health care while residing in an international setting

**Skills**

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following:

1. Identify and adapt evidence-based resources and tools for use in limited-resource health care settings

2. Interact in a cross-cultural manner sufficient to deliver basic medical care, including working with translators

3. Practice within the context of local cultural beliefs

4. Perform an efficient comprehensive physical examination when practicing in an internationally located office, hospital, or skilled nursing setting, being mindful of cultural factors, including gender, modesty, and religious practices

5. Use clinical skills to appropriately diagnosis and treat patients in the context of local resource availability

6. Select, perform, and interpret diagnostic procedures within the context of limited-resource health care settings

7. Formulate a plan of care that is relevant and practical in a specific cultural setting

8. Arrange appropriate follow-up care within the context of local resources
9. Communicate with the patient and caregivers regarding the proposed evaluation and treatment plan to promote understanding, adherence, and appropriate health behaviors specific to the cultural or international setting

Implementation

Implementation of this curriculum should include both focused and longitudinal experiences throughout the residency program. Individual teaching, problem-based learning, and small group discussion modalities, with an emphasis on national and international standards, promote improved global health for patients of all ages.

Employing opportunities for domestic health care experiences—including caring for Native American, immigrant, migrant, and refugee populations in the United States—is an excellent method of teaching the principles of global health. Clinical experiences in the context of interdisciplinary team-based care and clinical rotations to domestic rural or other resource-limited, underserved areas aid in the development of the mindset and skills needed for global health activities.

When possible, the curriculum should include opportunities to experience health care delivery abroad and should be designed to include the principles and practices of safe international experiences. Physician instructors who have experience in global health and who have demonstrated global health skills with a positive attitude should be engaged as educators, role models, and advisors to residents exploring opportunities for electives in international health care delivery.

Resources

Global Health – General


Global Health and Primary Care


Health Equity and Health Disparities


Safe International Travel


Clinical References (concise, for use while traveling)


Medical Student and Residency Education


**Website Resources**

**General**

Child Family Health International. [www.cfhi.org](http://www.cfhi.org/)

Disease Control Priorities Project. [www.dcp2.org](http://www.dcp2.org/)

GapMinder. [www.gapminder.org](http://www.gapminder.org)


**Safe International Travel**


**Organizations for Networking in Global Health**

American Academy of Family Physicians


Global Health Opportunities. [www.aafp.org/about/make-a-difference/international.html](http://www.aafp.org/about/make-a-difference/international.html)


Educational Modules. [www.cugh.org/resources/educational-modules](http://www.cugh.org/resources/educational-modules)

Global Health Council. [www.globalhealth.org](http://www.globalhealth.org)
Society of Teachers of Family Medicine (STFM). Group on Global Health. www.stfm.org/group/international.cfm

World Organization of Family Doctors (WONCA). www.globalfamilydoctor.com

**Web-Based Training**

Consortium of Universities for Global Health educational modules. www.cugh.org/resources/educational-modules


USAID. Global Health eLearning Center: www.globalhealthlearning.org

World Health Organization (WHO) Collaborating Center University of Pittsburgh. Supercourse: Epidemiology, the Internet and Global Health. www.pitt.edu/~super1/


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