



**Global Health Tracks in Family Medicine Residencies:
How to Start and How to Improve**

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EVIDENCE OF IMPORTANCE

Students/residents who have done a global rotation are more likely to:

- Have future practices that
 - Include immigrants, those on public assistance
 - Practice internationally to reduce global gap in health care
 - Practice more cost-effective medicine
- Improve their skills
 - Clinical, physical exam and language skills
 - Awareness of cultural and socio-economic factors
 - Knowledge and training in tropical diseases
- Adopt important values
 - Idealism, community service, humanism

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DISCLOSURES

Drs. Hernandez, Aldulaimi, Evensen: Nothing to disclose

Dr. Gossa: The opinions and assertions expressed herein are those of the author(s) and do not necessarily reflect the official policy or position of the Uniformed Services University or the Department of Defense.

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EVIDENCE OF IMPORTANCE

- Medical students are choosing residency programs upon availability and quality of global opportunities
 - 58% of NY surgery residents and 67% of Colorado pediatrics reported GH as significant factor in their residency selection
- Residency is optimal time for a global experience
 - 81% of Duke residents reported that international rotation had the most significant positive impact on their medical training

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To implement or improve a GH Track we recommend considering:

- ❖ **IMPORTANCE** of having a Track
- ❖ **ETHICAL and CULTURAL** components
- ❖ **GOALS** for the track
- ❖ **GLOBAL HEALTH EXPERIENCES**
- ❖ **SUSTAINABILITY, FACULTY AND RESIDENT SELECTION**
- ❖ **CURRICULUM MODELS**
- ❖ **RESOURCES**

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EVIDENCE OF IMPORTANCE

- 2016 CERA study of all US FM Residency Programs Directors (PD) found 74.3% programs offered international or domestic GH experiences
- PDs identified “preparing physicians to practice underserved medicine” and “teaching community medicine or public health” as primary goals for GH training.
- PDs also reported GH opportunities were important for attracting future residents.

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ETHICS AND CULTURE

Before you start: Practical Considerations

- ❖ Trainees may lack understanding and sensitivity to local culture
- ❖ Trainees may practice beyond their abilities or without proper local medical knowledge
- ❖ Potential for harm
- ❖ Global experiences may be self-serving

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Trainees may practice beyond their abilities or without proper local medical knowledge

WEIGHT Guidelines:

- ❖ Clarify goals and expectations for all parties and clarify level of training and experience for host institution and trainee

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Trainees may lack understanding, sensitivity to local culture

WEIGHT Guidelines

- ❖ Develop well-structured programs and implement formal training, with a focus on language, culture, and safety for the country they will visit

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Trainees may practice beyond their abilities or without proper local medical knowledge

Implementation Solutions:

- ❖ Effectively collaborate and communicate with identified health care partners in host country
- ❖ Require ethics course for trainees
- ❖ Provide training on practice guidelines from WHO and/or Ministry of Health in country to be visited

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Trainees may lack understanding, sensitivity to local culture

Implementation Solutions:

- ❖ Trainees complete global health and ethics courses before travel
- ❖ Trainees complete a “geo-journal” for country of planned visit with reports on
 - geography, currency
 - cultural customs, language
 - health care system

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Potential for harm

WEIGHT Guidelines:

- ❖ Develop, implement, regularly update formal training for trainees and mentors, both local and foreign regarding norms of professionalism standards of practice, cultural competence, and dealing effectively with cultural differences
- ❖ Aspire to maintain long-term partnerships so that short-term experiences may be nested within them

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Potential for harm

Implementation Solutions:

- ❖ Follow recommendations on previous slides re: WHO/local practice guidelines and “geo-journal”
- ❖ Trainees work in well-established, locally based health care systems, rather than on short-term “medical brigades”
- ❖ Only use brigades that have established community partnerships and local decision-makers/stakeholders

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Mission, Goals and Objectives

- ❖ Create a mission statement for what you want to accomplish
- ❖ Create Goals and Objectives
- ❖ Helps with future decisions

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Global experiences may be self-serving

WEIGHT Guidelines:

- ❖ Recognize that primary purpose of experience is GH learning and appropriately supervised service
- ❖ Consider local needs and priorities, reciprocity, and sustainability regarding optimal structure of programs

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WHERE TO GO? GLOBAL HEALTH EXPERIENCES

INTERNATIONAL VS G-LOCAL
Both can provide unique and meaningful learning opportunities



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Global experiences may be self-serving

Implementation Solutions:

- ❖ Encourage trainee to contribute to local health care community
- ❖ Ensure final trainee evaluation from identified rotation supervisor in host country
- ❖ Establish effective supervision and solicit feedback from trainees and host institutions
- ❖ If desired by local partner, engage in quality improvement program to track health care outcomes (ie, blood pressure control)

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WHERE TO GO? GLOBAL HEALTH EXPERIENCES

Consider-

1. Goals of the experience (refugee health, immigration, border health, tropical medicine, etc.)
2. Previous experiences with the institution (have there been already previous travel experiences and contacts)
3. Existing connections with faculty or residents
4. Timing (when in the year can take place, alignment with resident schedule, length of experience, ACGME requirements for clinic continuity)
5. Partnerships with other institutions/Organizations (find out which organizations in your city, state, or country have relationships with country/region of interest)

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Things to Consider - Location

AAFP has a database with different locations and contacts
<https://www.aafp.org/patient-care/global-health/health-database.mem.html>

Connect with STFM peers as part of STFM GH Collaborative
<https://connect.stfm.org/home>

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Things to Consider - Educational Requirements

- Understand institutional and ACGME requirements for international experiences
- They may not be the same!
- July 2019 Family Medicine ACGME requirement:
IV.C.4 a).(1) Residents' other assignments must not interrupt continuity for more than 8 weeks at any given time or in any one year
IV.C.4.a).(2) The periods between interruptions in continuity must be at least 4 weeks in length

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Things to Consider - Safety

Travel advisories by CDC and US. Department of State
<https://travel.state.gov/content/travel/en/international-travel.html>

Travel medicine requirements
<https://wwwnc.cdc.gov/travel>

Travel medical insurance

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Things to Consider - Logistics

1. Medical-legal requirements such as licensing, malpractice, work or student visas
2. Pre-departure orientation
3. Evaluations of the experience by the resident
4. Evaluation of the resident's performance
5. Funding

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Things to Consider - Budget

- Cost affects options for location, duration of experiences
- Who is paying for an international experience? (resident, academic institution, GH office, mission money, medical staff dues, department, program, resident education fund, grants, fundraising, etc)
- AAFP list of funding resources for students and residents
<https://www.aafp.org/patient-care/global-health/education/scholarships-funding.html>

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Considerations for established GH track - Sustainability

- Faculty champion
- Residency recruitment
- Program evaluation and growth

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Considerations for established GH track - Scholarship

- Increase visibility of Family Medicine in global health
- Disseminate your work
 - At conferences (STFM conferences, AAFP Global Health Summit)
 - In publications (Family Medicine, FPM, many GH-specific journals)
- Include your international partners as co-authors in presentations and publications
- Network with colleagues at your institution, nationally and globally

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Educational Methods, cont.

-Local rotations: clinic for immigrants/refugees, asylum seekers, homeless, HIV/AIDS, leprosy, TB, travel health, rural, border health

-International rotations (1-8 wks): clinical (in/outpatient), home/nursing home visits, QI/research, staff/patient ed, community outreach

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CURRICULUM models

- ❖ Educational methods
- ❖ Curricular content
- ❖ Requirements
- ❖ Logistics
- ❖ Evaluation
- ❖ Resources

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Educational Methods, cont.

-Interdisciplinary engagement: students, residents, fellows, faculty

-Program/institutional presentation

-GH conference attendance & presentation: AAFP GH summit, CUGH, GMHC

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Educational Methods

- Lecture series: every 2 wks to quarterly
- Seminars: monthly to biannually
- Simulation courses
- Online: modules/videos/TED talks
- Journal clubs: monthly-biannually
- Book clubs: 5x/year
- Symposium: quarterly

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Curricular content

-Infectious/tropical diseases
-Maternal child health
-Malnutrition
-Chronic disease
-Environmental health
-Immigrant/refugee issues

-Determinants of health
-Global burden of disease
-Ethics
-Health systems
-Research/lab skills
-Pharmaceuticals
-GH organizations

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GH Track Application Process

- Declare interest & apply to track
- Good academic standing
- Approval from GME & PD

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RESOURCES - GH curricula for residency programs

- aligned with ACGME competencies and requirements
- AAFP
https://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint287_Global.pdf
- STFM/AFMRD
<https://www.fammedrcr.com/access-curriculum/Global-Health>

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Requirements to continue on GH track

- Mentorship, rotation & trip planning meetings (monthly)
- Rotations meet ACGME guidelines
- Set educational goals & objectives
- Attend educational sessions
- Attend pre-travel prep & post-travel debrief
- Present on GH experience/project
- Mentor junior residents & students

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GH RESOURCES - Online Courses and Modules

- Global Health Learning Center - USAID: <https://globalhealthlearning.org/>
- Center for clinical global health education Johns Hopkins: <http://main.ccghe.net>
- Essentials of Global Health - Yale: <https://www.coursera.org/learn/essentials-global-health>
- CDC Parasites Malaria: www.cdc.gov/parasites/cme/malaria/index.html
- CUGH: <https://www.cugh.org/resources/educational-modules>
- Unite for Sight: <https://www.uniteforsight.org/global-health-university/certificates>
- INMED: www.inmed.us

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Evaluation

Evaluate faculty, residents, program, site including preceptor/director -

- Post-travel questionnaire
- Post-travel debriefing (most common)
- Trip report
- Reflective writing
- Pre/post knowledge assessment
- Faculty site visit

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RESOURCES - Tropical Medicine Courses

- Missionary Medicine for Physicians:
<https://www.equipinternational.org/mmp>
- Global Health Boot Camp UCSF: <https://globalhealthbootcamp.com/>
- Wilderness Medicine: <http://www.wilderness-medicine.com/default.asp?pg=santafe>

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Obstacles to implementation

- ❖ What obstacles do you have to implementation or expansion of your global health rotations/curriculum?
- ❖ What are your main concerns?

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THANK YOU

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ADDITIONAL RESOURCES

- STFM Global Health Educators Collaborative
<https://connect.stfm.org/communities/allcommunities>
Collaborative Luncheon STFM Annual Spring May 5th 12:30pm
- AAFP Center for Global Health Initiatives
<https://www.aafp.org/events/global-health.html>

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Program	Educational Methods/Curricular content	Requirements	Logistics	Evaluation Methods	Resources
UNC ⁱ	<ul style="list-style-type: none"> -Monthly speaker series -Simulation course -Online modules -Clinical rotation abroad: clinic, QI projects, research, work w/refugees -Interdisciplinary educational engagement: students, residents, fellows 	<ul style="list-style-type: none"> -GME: letter from PD, letter of agreement b/w home and host institutions, special projects professional liability agreement, voluntary participation & assumption of risk agreement -Educational objectives -Advising faculty 	<ul style="list-style-type: none"> -Site selection by resident -Creating & communicating with partners: university leadership, international office, medical school, hospital, GME office and host site -Funding: provided by Office of International Activities -Support from program, GME office and hospital -Travel & safety: Medical evaluation by Occ Health; International health, evacuation and repatriation insurance; register travel dates and location with institution Global Travel Registry; register travel dates with U.S. State Dept. 	<ul style="list-style-type: none"> -Post-travel evaluation questionnaire -Post-travel debriefing 	
Kaiser Permanente (KP) Napa-Solano Family Medicine Residency Program ⁱⁱ	<ul style="list-style-type: none"> -Patient care -Patient education -Community development 		<ul style="list-style-type: none"> -Site selection: region, country; new or existing -Criteria for site selection: safety & security, capacity of host program staff to support visitors, reliability of food/water/lodging/transportation, quality of clinical experiences, level of involvement needed with host program -Site visit -Apply for site approval 		

			-Communication with key stakeholders		
University of Minnesota Global Health Pathway ⁱⁱⁱ	-Online curriculum: lecture videos, modules, ted talks	-Individualized educational goal and objectives matched to the 5 ACGME core competencies		-Reflective writing: on rotation, movie night and book club -Pre/post knowledge assessment: T/F, multiple choice, short answer -Qualitative assessment?	
Loma Linda University ^{iv}			<ul style="list-style-type: none"> -Map ACGME competencies to ASPH Global Health competencies Levels of training <i>Exposure</i>: for residents interested but not sure <i>Competency building</i>: for residents already determined -Develop standardized international rotations: Learning objectives, curricula, assessments, etc; Permanent sites vs other rotation opportunities -Increase access to MPH / Global Health concentration: Online courses New courses for clinicians / physicians -Seek ACGME approval -Define FM/PM-specific GH competencies -Seek formal approval for required rotations overseas 		
Case Western University ^v	-Didactic every 2-4 weeks				

	<ul style="list-style-type: none"> -Regular patient care at local refugee, homeless/HIV AIDS and free clinics -Annual GH workshop -International electives: selected sites and rotation w/other institutions or programs 				
University of Arizona ^{vi}	<ul style="list-style-type: none"> -“Global Health for All” (PGY 1-3) -Global Health Course (PGY 2) - AAFP Global Health Workshop (PGY 2-3) -Online GH Ethics Course (PGY 2) -Journal clubs (monthly), guest speakers, alternate activities (PGY 1-3) -Lecture series (quarterly) -Domestic GH (PGY 1-3): Mobile Health Unit, refugee electives, Leprosy Clinic, HIV patients in continuity clinic -Travel: rural rotation (1 mo PGY1, 3 mo PGY 2); border health trips; international rotation (4-8 weeks PGY 3) -QI/Research Project on GH 	<ul style="list-style-type: none"> -Apply to track in Jan of intern year -Must be in good standing & approved by PD -Monthly meetings open to all residents (PGY1) -Monthly meeting with GH mentors (PGY 2) -Present poster at annual GME scholarly day -Mentor med students and junior residents interested in GH 	<ul style="list-style-type: none"> -Resident chooses site: new or site other residents have gone before; must fulfil ACGME requirements (some inpatient or community health); local connection/collaboration; a physician to sign documents and supervise rotation; multispectrum; no travel restrictions -Program pays for 3 attending partial FTE, conferences and teaching days 	<ul style="list-style-type: none"> -100% of GHT participants working in underserved or rural areas and 70% continuing to participate in GH 	
Hofstra North Shore LIJ School of Medicine ^{vii}	<ul style="list-style-type: none"> -Scholarly Global Health Project -Local experiences: immigrant/refugee health modules; immigrant clinic; outpatient general infectious disease, tuberculosis, and travel medicine 	<ul style="list-style-type: none"> -12 weeks for track (4 weeks local & 8 weeks abroad) -2-4 weeks for electives (2wks abroad) -Individualized Educational Plans for those on GH track 	<ul style="list-style-type: none"> -GH faculty from FM, Pediatrics and ID -Funding: fully subsidized if on GH track, 2/3 subsidized if non-track -Source of funds: mission money, grants, residency program, fundraising, donors 	<ul style="list-style-type: none"> -Faculty, Site preceptor/director evaluations to evaluate residents, faculty & program -Faculty site visit biannually -Reflective writing by residents 	

	<ul style="list-style-type: none"> -Overseas experiences: multiple sites – inpatient, outpatient, education of health care staff, community outreach, research -Longitudinal curriculum (all): monthly lunch time lecture over 18 mo cycle, 2 journal clubs a year, quarterly evening symposium -Basic curricular content: traditional GH topics, cultural competency, issues pertinent to immigrant and refugees, basic clinical research skills (epi), health care systems, the bigger picture 	<ul style="list-style-type: none"> -Pre and post-trip debriefing -Global Health blog post at least weekly -Post-trip photo journal and PowerPoint presentation 	<ul style="list-style-type: none"> -Faculty training: online modules, GH courses, Facilitator's guides, Diversity training, 		
University of Rochester ^{viii}	<p>Local:</p> <ul style="list-style-type: none"> -GH seminars, 2/yr -Book discussion, 5/yr -Trip planning meetings, 6/yr -Special project meetings -GH AOC -General curriculum: PS program, Balint, Leadership International: -2 week trips (2-3/yr) -Evening seminars -Reflective writing -Check in each night -Resident directed projects 				
AnMed Health ^{ix}	<ul style="list-style-type: none"> -International rotations -US underserved populations: free clinic, HIV/TB clinic, travel clinic -Lectures: global burden of disease, institutions & organizations in GH, env. Health, immigration, 	<ul style="list-style-type: none"> -Mentorship / Career Counseling -Monthly meetings: trip & rotation planning, mentoring, didactic 	<ul style="list-style-type: none"> -Pre trip preparation / research -Funding: grant, 501c3 	<ul style="list-style-type: none"> -Post trip debriefing -Trip report 	<ul style="list-style-type: none"> -Global Health E-Learning Center: USAID www.globalhealthlearning.org -Information Sources: Global Health Council www.globalhealth.org

	<p>cultural/social/behavioral determinants of health, demography, ID, malnutrition, lab skills, tropical disease, pharmaceuticals</p> <ul style="list-style-type: none"> -Self-study -Book Clubs / Journal Clubs -Required rotations: Core FM rotations, Infectious Disease-Travel Medicine -Optional rotations: Dental procedures, Tropical Medicine, Public Health, Advanced Obstetrics -International rotations at partner site: 2 wks PGY1, 4-8 weeks PGY2 & 3 				
Thomas Jefferson University ^x	<ul style="list-style-type: none"> -Quarterly intense 1- week program -2nd and 3rd year Family Medicine Residents and 4th year medical students -Home Visits -Educational Seminars -Giveaways Food, Clothes, Etc -Nursing Home Visits -Homeless Care -Hospital Rounds -Cultural Exchange In Community 	<ul style="list-style-type: none"> -Submit Application -Goals & Objectives -Organizational Overview- Power Point -Customs/Lodging -Attire -Transportation -Introduction To Jamaica – World Health Organization Fact Sheet -Prep Time -Clinic Schedule -Focus Group Project -Feedback Form -Post Elective Debrief 	<p>Challenges:</p> <ul style="list-style-type: none"> -Communication – technology -Permit to Import Medications -Chief Pharmacist – OTC, Prescribed -Work Permit/Registration of Clinic - Ministry of Health, Kingston -Waiver from Customs Duties -Cost of Medications -Comparable Medications -Language Barriers -Low Literacy -Learning the Culture and Traditions of the Native people 	<p>Lesson Learned:</p> <ul style="list-style-type: none"> -Needs Assessment -Collaboration with Government & Community Leaders - Building trust although short term tour -Identifying Community Resources -Local physician contacts & support -Implementation plan -International healthcare systems -Dispel myths of foreign aid 	

			<p>Success:</p> <ul style="list-style-type: none"> -Collaboration with Faith Based Organization -Ministry of Health – main contact person -MAP International -Employee Discount for generic Bulk Medication -Donations – Monies for Pharmaceuticals -Donations from Department of Family & Community Medicine -Nurture global health volunteerism/career -Permanent Registration as JA physician 		
Rio Bravo FM Residency Program	<p>-PGYI: Online course - infectious disease, maternal child health, community health/dev, chronic disease mgmt; tropical/wilderness/global medicine CME course</p> <p>-PGY II: AAFP GH course; Epi info (CDC); rural exp.</p> <p>-PGY III: reading on personal safety overseas; travel med; local to global exp.; presentation of exp.</p> <p>-Monthly lecture series</p>				<p>Online courses:</p> <ul style="list-style-type: none"> -Global Health Learning Center - USAID: https://globalhealthlearning.org/ -Center for clinical global health education – Johns Hopkins: http://main.ccghe.net -Essentials of Global Hlth - Yale; https://www.coursera.org/learn/essentials-global-health -CDC Parasites Malaria: www.cdc.gov/parasites/cme/malaria/index.html Tropical med CME: -Missionary Medicine for Physicians:

					https://www.equipinternational.org/mmp -Global Health Bootcamp UCSF: https://globalhealthbootcamp.com/ -Wilderness Medicine: http://www.wildernessmedicine.com/default.asp?pg=santafe
UT Southwest ^{xi}	-Didactics -INMED international medicine & public health course (PGY2) -Self-study modules (PGY2/3) -Pre-travel modules -GH related project (QI or original research) -International rotation (PGY 2 or 3)	-Declare interest in GH track, complete GH profile and propose GH project (PGY1) -Present global health experience (PGY2/3) -Present on project (PGY3)	-Resident interest -Needs assessment -Goal & Objective and activities (must have didactic time) -ACGME rules -Supervision -GME approval -Partners -Travel Insurance -Funding: program (certificate courses from INMED), residents (travel cost), GoFundMe	-Rotation evaluation: 15 question survey	Partners -Refugee International https://refugeinternational.com/ Modules CUGH https://www.cugh.org/resources/educational-modules Unite for Sight https://www.uniteforsight.org/global-health-university/certificates INMED www.inmed.us
St Vincent Family Medicine Residency ^{xii}	Didactics -GH dinner/journal club (monthly): Cholera, Malaria, Typhoid, Filairia, Chagas disease, Travel med cases, book club -Integrated lecture series: Refugee health, Travel Med 101, TB, Cultural competency	-Pre-travel preparation course	Funding: stipend from medical staff dues, St Vincent foundation grant	-Debriefing after trip	

	-Attend global Health Conference: CUGH, AAFP, GMHC Experiential Learning -Annual international trip -Underserve clinics -Refugee clinic Research and Scholarly Activity -QI/research project				
UMass ^{xiii}	-Intern Foundations in Global Health Course (2 wks) & international trip (2 wk) -Longitudinal monthly seminars (PGY2/3) -2nd year international clinical block (1 mo) -3rd year international research block (1mo) -Additional elective (PGY 2/3): Leading intern trip, clinical skill building, additional research time, precepting medical students on trip		-Develop Competencies/Objectives -Develop Curriculum -Faculty Development -Develop Partnerships -Marketing/Recruitment -Funding: departmental, grants, AHEC, resident educational fund		

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Going Global: Overcoming Barriers as You Develop a Global Health Program

Gordon Zubrod, MD, Benjamin Fredrick, MD, Paul Larson, MD

IMPACT - knowing what you want to achieve and building towards that. “What value does this bring, and to whom?”

Why worry about impact/value?

1. Potentially reduces barriers (financial, cooperation, improves on-site logistics etc).
2. Mitigates against adding new barriers (overseas risk, harm to reputation back home, host site political barriers)

WHO do you want to impact	Intended Outcomes (how do you want to impact them?)	Unintended Outcomes (How might your effort Negatively impact them? and create new barriers)	Mitigating Risk and Reducing Barriers
HOME INSTITUTION			
Learners (students, residents)	Demonstrate value of FCM in GH, recruit into FCM; develop specific knowledge, skills, attitudes etc	Inappropriate level of supervision → risk; Negative word-of-mouth from other students/residents (e.g. disorganized experience)	Ensure family medicine faculty on site with students Be organized, provide structure; obtain feedback from participants (improvement loop)
Faculty	Provide international experience in underserved care	Improper or no orientation to the site, the work, etc	Develop orientation packet; spend time at site with orientation
Program director, Institution leadership	Disseminate work of effort; bring visibility to program/institution; enhance reputation	Injury abroad → program may get shut down Negative publicity→mar reputation	Focus on Safety!! Go through this process
HOST SITE			
Patients	Improve health	Poor or No integration with local health system → potential harm	Spend time determining local partners, NGOs, and how to integrate with them. Cultural competence
Clinic/hospital staff & Physicians/providers	Bring down supplies Strengthen their capacity, provide continuing education	Add to burden of clinic work-load (eg hosting students) Undermine local physicians by providing free services	Collaborate with local physicians, providers; Think before acting
Foreign medical school or institution; Govt, NGOs	Collaboration; improved relations	Lack of reciprocation Overstep or duplicate efforts	Look for opportunities to reciprocate experiences; communicate honestly; work with....
OTHER			

Donors or potential donors	Increase donations	Fail to provide reports/ update	Develop Task or To Do list, prompts on calendars
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Going Global: Overcoming Barriers as You Develop a Global Health Program

IMPACT - knowing what you want to achieve and building towards that. “What value does this bring, and to whom?”

Why worry about impact/value?

1. Potentially reduces barriers (financial, cooperation, improves on-site logistics etc).
2. Mitigates against adding new barriers (overseas risk, harm to reputation back home, host site political barriers)

WHO do you want to impact	Intended Outcomes (how do you want to impact them?)	Unintended Outcomes (How might your effort Negatively impact them? and create new barriers)	Mitigating Risk and Reducing Barriers
HOME INSTITUTION			
Learners (students, residents)	Demonstrate value of FCM in GH, recruit into FCM; develop specific knowledge, skills, attitudes etc	Inappropriate level of supervision → risk; Negative word-of-mouth from other students/residents (e.g. disorganized experience)	
Faculty	Provide international experience in underserved care	Improper or no orientation to the site, the work, etc	
Program director, Institution leadership	Disseminate work of effort; bring visibility to program/institution; enhance reputation	Injury abroad → program may get shut down Negative publicity→mar reputation	
HOST SITE			
Patients	Improve health	Poor or No integration with local health system → potential harm	
Clinic/hospital staff & Physicians/providers	Bring down supplies Strengthen their capacity, provide continuing education	Add to burden of clinic work-load (eg hosting students) Undermine local physicians by providing free services	
Foreign medical school or institution; Govt, NGOs	Collaboration; improved relations	Lack of reciprocation Overstep or duplicate efforts	
OTHER			

Donors or potential donors	Increase donations	Fail to provide reports/ update	
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INDIANA UNIVERSITY

DEPARTMENT OF FAMILY MEDICINE

School of Medicine

IU Methodist Family Medicine Global Health Track

Part of IUSM Center of Global Health Interdepartmental Global health track

ACGME Requirements

- IV.B.1.a).(1).(5) Respect and responsiveness to diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (core)
- IV.B.1.e).(1).(a) Residents must demonstrate competence in : communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

Mission

IU School of Medicine's interdisciplinary Residency Track in Global Health engages highly motivated residents from diverse specialties to better understand the social, economic, cultural and environmental factors that contribute to health and disease throughout the world. The program seeks to equip residents to address health disparities and encourages long-term commitment to global health issues, both domestic and international. The Residency Track curriculum is co-curricular alongside each participant's residency educational mission and requirements.

General Information

Since its inception in 2011, the Interdisciplinary Track has included residents from multiple medical specialties, including Family Medicine, Pediatrics, Internal Medicine, Med-Peds, OBGYN, Surgery, psychiatry, EM/Peds, Peds/Psych/child psych, Neurology, Physical Medicine and Rehabilitation, Urology, and Emergency Medicine. Residents from other specialties are welcome to apply.

PGY-1 are invited to apply if in good standing with the program in the middle of the fall with applications due by end of each Calendar year. Interviews take place during January and February. Notification of Approvals are released March-April.

Goals & Objectives

By the end of the track, the resident will be able to master competencies, Attitudes, Behaviors, knowledge and skills in the global health context

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 U.S. 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 interpretation and translation services 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 and Behaviors

The resident should demonstrate attitudes and behaviors that encompass:

- Commitment to overall global health improvement and application as able in individual practice
- 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 or related to patients in their own practice
- Understanding 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
- Advocacy 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 the following:

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 (e.g., psychological impact of transitions, trauma, undocumented status, limited monetary resources)
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. Disease specific consequences due to regional and genetic influences of health (e.g., glucose-6-phosphate dehydrogenase [G6PD], sickle cell disease, tuberculosis)
9. Availability and safety of medications in international settings
10. Unique health care delivery methodology and outcomes data for specific international settings
11. Epidemiology of global infectious and chronic disease
12. 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
13. Non-medical issues (e.g., political, safety, environmental, and climate factors) unique to international travel and tourism
14. Specific safety factors, legal considerations, and personal freedoms that might be handled differently when taking part in health care delivery in an international setting (e.g., conflict zones, epidemics)
15. 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 interpretation and translation services
 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. Practice with an intentional consideration of the prevalence of human trafficking and sexual exploitation and their effect on individual and societal healthcare
 6. Use clinical skills to appropriately diagnose and treat patients in the context of local resource availability
 7. Select, perform, and interpret diagnostic procedures within the context of limited-resource health care settings
 8. Formulate a plan of care that is relevant and practical in a specific cultural setting
 9. Arrange appropriate follow-up care within the context of local resources
 10. 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

Methods/ Components of Global health track

Specific goals of the track include a curriculum focused on mentorship, education, Global Medicine Experience (International or local) and scholarly activity.

Mentorship

Residents meet with a mentor twice a year to discuss their progress in the global health track, investigate how global health might fit into their career after residency, and inspire long-term commitment to global health issues and addressing health disparities. Mentorship is encouraged to deepen and grow into other arenas, such as working on a research project together, writing up a case study, or developing a conference workshop

Education

Local

-IU Center of Global-health Didactics

A half-day joint learning session is held each quarter. This session includes didactics, hands-on learning, case reports, journal club, and discussion of ethical and medical issues encountered in global health.

-IU-Methodist Family Medicine Didactics

Once to twice a year, part of longitudinal didactic lectures.

National

-AAFP Global health Summit Conference, every fall

Virtual online material

-Consortium of Universities for Global Health.

Global Health Training Modules. www.cugh.org/resources/educational-modules

-Ibadan-Swansea Partnership. University of Ibadan, Nigeria and Swansea University, UK. International Health eLearning Modules.

http://isp.swanhi.org/index.php?option=com_content&task=blogcategory&id=27&Itemid=37

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

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

-World Health Organization. Management for health services delivery. Short and longer courses of study. www.who.int/management/newitems/en/index1.html

Global Health Rotation, Local or international

Resident will work with mentor, Residency Program and GME office in the submission and approval for an away elective, which can take place during PGY2 or PGY3.

The proposal will include:

- 1- Goal and objective for the experience
- 2- Approved location by Residency Program and GME office
- 3- Name of Family Medicine/Equivalent Faculty who will be preceptor in the host institution.
- 4- Letter or invitation/Acceptance from the host Institution/Preceptor
- 5- Full schedule of activities
- 6- Maximum duration of 4 weeks
- 7- Budget
- 8- Timeline of the Submission is based on Residency and GME office requirements.

Scholarly Activity

Residents complete a scholarly project or presentation on a global health topic related to their specialty. This may be a presentation on an IU School of Medicine campus or at a national/International global health conference

- 1- IRB proposal, Survey, manuscript
- 2- Presentation of poster/ round table/ lecture / workshop at a local, national or international conference
 - Local conference (IU Scholar Day, every spring)
 - National conference (AAFP Global health summit or STFM Annual Spring Conference)
 - International (WONCA, World Organization of Family Doctors)

Requirements to complete the track “Global health Track Passport”

Mentoring Meetings: minimum of 5

Scholarly project: minimum of 1

International or local-global rotation: minimum 1

Education/Conferences: Minimum of 8

Exit survey: emailed from IU Center for global health closed to graduation

IU Center of Global Health Contact

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Assistant Professor of Clinical Family Medicine

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Assistant Family Medicine Residency Director of Global Health

Statewide Course Director Sub-I Family Medicine

Chair Teaching Award Committee IUSM

Gold Humanism Honor Society Member

Indiana University School of Medicine

Department of Family Medicine

Level 1 CF Trainer

STFM Global Health Educator Collaborative Chair

STFM Medical Education Committee

BASIC PROGRAM COMPONENTS	BREAKDOWN	ASSETS	NEEDS	SOLUTIONS
Funding		Resident Education money CME Allowance Hospital Medical staff	More money	1. Approval to use educ. Funds 2. Aid resident in fund raising* 3. Rotary Club et al. 4. Create tax free donation fund 5. Physician giving campaign *See Reading/Article Handout
Support Services	Local	2 residency coordinators IT/Public Relations support Commercial Travel agency	Funding coordination International trip scheduling Local elective scheduling	1. Utilize IT/Public Relations 2. Faculty heavily involved up front 3. Turn structured functions over to residency coordinators
	International	Partnering NGO, Mission	In Country travel arrangements	1. Use of primary recurring contact
Safety / Security	Resident Program	In country faculty Home faculty contacts Mission, NGO procedures	Local knowledge State Dept travel warnings?	1. Safe Traveler (STEP) 2. Emerg contact and Communication Procedures and Cell Phones
Liability	Resident Program	System wide standardized form	Liability Insurance protection? Workers Comp Ins? Health/repatriation insurance	1. Commercially available 2. Standardized waivers
Traveler Health	Resident/Med Student	cdc.gov travel Immunization / travel clinic PEP Protocols and Med availability Malaria prophylaxis	Healthy travelers Learner education on health risks	1. Vaccine guidelines 2. Healthy behavior guidelines 3. Pre + Post travel exams 4. HIV risk avoidance & PEP

Time for Rotations	Time Away from Program	1 allowed month away Vacation/PTO	NEED MORE TIME FOR INTERNATIONAL ROTATIONS !!! 4 - 8 weeks	<ol style="list-style-type: none"> 1. Identify stakeholders 2. Advocate for benefits 3. Creative thinking (track w/ extra education time, "share" unused time away)
	Local elective time	6 months electives locally		<ol style="list-style-type: none"> 1. Create local global health elective that doesn't require time away
International Locations and Partnerships	Identify Quality International Rotations in Existence	Use flexibility to create own rotation as asset	Better ways to gauge quality	<ol style="list-style-type: none"> 1. Identify a handful of good options (shoulder to shoulder) 2. Rely on others with long term connects (INMED) 3. Lists (FMIG/AAFP site)
	Foster Long-Term International Partnerships	6 international trips with long term partnerships already leaving from our community Relationships w/ PSU, et al.	More choices of non-faith-based opportunities Flexibility in scheduling	<ol style="list-style-type: none"> 1. Don't recreate the wheel 2. Identify most promising sites and get involved 3. Consider partnering w/ other organizations (Shoulder to Shdr)
Educators	Program Organizers and Developers	3 Faculty w/ Int'l Experience Interested Community Physicians	Time and Structure that Facilitates Development	<ol style="list-style-type: none"> 1. Faculty Collaborate 2. Develop Board of Faculty and Community Physicians
	Public Health Educators	Johns Hopkins, Penn State and Maryland w/in 1 hr A few community physicians with MPH	Funds and Scheduling Issues	<ol style="list-style-type: none"> 1. Compile Reading Material 2. INMED/GHEC material 3. Asynchronous courses 4. Raise Funds 5. Explore existing connections
	Infectious Disease Educators	Infectious Disease Specialist w/ Int'l involvement Laboratory/Pathology Staff	Curriculum Commitment to cause Time	<ol style="list-style-type: none"> 1. Add ID lectures on Trop Med 2. Lab staff teach basic field lab skills 3. Wellcome Trust DVDs TM 4. INMED/GHEC material

Interested Residents	In Program	7 of 24 residents with basic experience/interest in global health	Unclear level of commitment Busy, Challenge coordinating international rotations	1. Involve Resident planning full-time medical missions in developing/piloting curriculum 2. Help facilitate accessible international rotations
	Attract Applicants	Med Students from 4 med schools rotating in office Public Relations and IT support through hospital	Ways to get the word out and attract serious applicants	1. Talk with interested rotators 2. Develop applicant brochure 3. Develop Website 4. Give talks at global health venues
Curriculum	International Electives	Already in existence	More curriculum, planning Travel medicine experience Follow-up after experience	1. Embed <1mo trip in global health elective month 2. Travel medicine for self 3. Pre-trip preparation 4. Post-trip presentation/debrief
	Local Global Health Educational Opportunities	WHO TB specialists HIV clinic in town Migrant workers Immigration Detention Ctr Mentors	Defined curriculum Faculty Supervisor Develop Relationships	1. Pilot w/ interested residents 2. Tailor to goals/objectives 3. Develop readings -> online 4. Meet with mentors

Gordon Zubrod, MD, Benjamin Fredrick, MD, Paul Larson, MD