

# Building a Global Health Curriculum

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## What does global health mean?

- “Global health” describes the interconnectedness between a physician’s practice community and the world beyond and includes international rotations as well as caring for recent immigrant and refugee populations

# Goal

Challenge learners to believe that every resident can and should be taught to be globally minded.

This is possible through many different avenues, including local, regional and international education and work.

3

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# Objectives

- Acknowledge the value of a globally minded curriculum
- Identify ways in which your program is globally minded
- Develop action steps to promote resident and faculty engagement in a globally minded curriculum

4

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# Value

- need for culturally compassionate and competent care
- benefits of globally minded curriculum for programs and trainees

5

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# Value

- Students' idealism and desire to work with underserved populations declines as they progress from preclinical training through residency
  - IMs help prevent decline
  - Does it help prevent burnout?
- More compassion for underserved, heightened awareness of social determinants of health
- Contrast health systems w/ US
- Recruiting tool
- More likely to work in academics or public service than private practice
- Understand why cultural and ethnic influences may predispose someone to a certain disease entity or hinder them from actively participating in care
- Instill cultural humility, important to meeting the health care needs of our increasingly diverse society
- Graduates from US allopathic medical schools are using IHE as a criterion for selecting their residency program

6

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# Value

- 2 years after IHEs, participants reported continued positive influence on clinical and language skills, awareness of cultural and socioeconomic factors, and greater recognition of the importance of communication skills.
- Among medicine graduates of Yale University, participants in an IHE were more likely than non-participants to have a practice that includes immigrant patients (43% vs. 24%,  $P = 0.006$ ) and patients on public assistance (80% vs. 54%,  $P < 0.001$ )
- More likely than non-participants to consider or plan future work overseas ( $P = 0.002$  and  $P < 0.05$ , respectively)

TABLE 2  
The *Four Points* and their most relevant impacts

The Four Points	The Impact
Serving Host Nation	Increases Understanding of Ethical Humanitarian Efforts <i>Capacity Building</i> <i>Accountability</i>
<i>Participation in delivery of clinical care</i> <i>Participate in Public Health Activities</i> <i>Participate in System Development</i>	
Deliver Quality Care to Their Home Institution	Improves Relationships Between U.S. Hospitals and Their Respective Communities. <i>Increase patient satisfaction in multicultural communities</i> <i>Incorporate Public health practices</i>
<i>Gain cultural humility</i> <i>Become cost conscious</i> <i>Increase awareness of social determinants of health</i>	
Foster Global Health Education	Increases Global Health-Trained Professionals <i>Physicians will better face our evolving healthcare challenges</i> <i>Physicians will value system/team approach to care</i> <i>Physicians will value preventative and primary services.</i>
<i>Global burden of diseases</i> <i>Community Health</i> <i>Exposure to public health crisis</i>	
Becoming a Global Health Mentor	Increases Global Health Careers <i>More physicians entering primary care</i> <i>More physicians working in poor communities in the United States.</i> <i>More humanitarian physicians as U.S. ambassadors.</i> <i>More physicians involve in health systems improvement.</i>
<i>Residents sharing their experiences</i> <i>Senior residents providing career advice</i>	

# Ethics: medical tourism

- '...the manipulative use of populations that are in need, communities that are in need, for one's own clinical development'
- '...taking advantage of the opportunity to see a different health system in a different culture without any sense of giving back to that community and [having] more a selfish perspective...'
- '...someone [who] will take a week off from their practice and contact some hospital on their own without really hooking into a project which has a long-term vision... [or] asking what the needs [of the host community] are.'

9

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## A Word on Ethics

- New responsibilities are required of medical schools which offer IHEs. These are:
- 1 to provide pre-departure training for trainees;
- 2 to ensure that IHE opportunities have sufficient structures in place to mitigate the negative effect of medical tourism, and
- 3 to provide opportunities for trainees to conduct self-reflection and to critically assess their IHE experiences

10

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# Stage your program

- Discuss strategies for developing a curriculum that addresses this need, including helping learners identify local as well as international opportunities

11

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# Stage Your Program

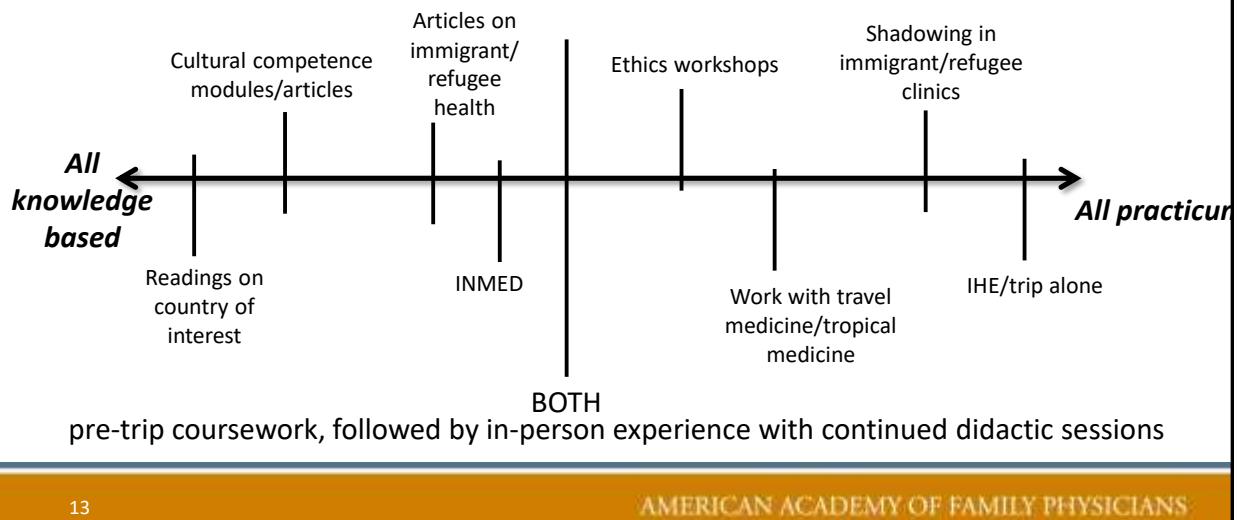
Break into groups to discuss

- Where do you stand?
- What are barriers?

12

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# Stage Your Program



13

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# Stage Your Program

- What are barriers to global health curriculum?
  - Interest, financial support, elective time or faculty availability (do they have to take vacation time), opportunities, maintaining up-to-date content (time consuming)
- Programs w/ >2 faculty involved in global health activities, a greater number of residents, and >4 weeks of call-free elective time during PGY2 had significantly greater resident participation in international rotations
- barriers -- 52 resident surgeons, the most significant perceived barriers were:
  - financial(82%)
  - scheduling conflicts (53%)
  - concerns for personal safety (41%)

14

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# Action Steps

- Curriculum needs to be well-supervised and structured with clear goals and objectives to be most effective
  - Four Points, ACGME goals
- AAFP website gives Learn, Prepare, Engage structure

15

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16

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## Action Steps – Learn

- Global health journal club or book club
- Seminar series involving global health topics
- Elective didactic course for residents
- A review of the global burden of disease

17

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## Action Steps – Learn

- Consortium of Universities for Global Health, <https://www.cugh.org/resources/educational-modules>
- NextGenU, [www.nextgenu.org](http://www.nextgenu.org)
- Community Oriented Primary Care Curriculum, <https://www.graham-center.org/rgc/maps-data-tools/tools/copc.html>

18

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## Action Steps – Learn

- EthnoMed, [www.ethnomed.org](http://www.ethnomed.org)
- Johns Hopkins School of Public Health open courseware, [www.ocw.jhsph.edu](http://www.ocw.jhsph.edu)
- INMED courses (easily translates to practical experience as well)

## Action Steps – Prepare

- Address barriers
  - Finances – alumni funds, global health training fund
  - Have flexible scheduling for residents, elective time (1, 2, 4 + wk)
  - Address safety concerns, mitigate
- FACULTY LEADERSHIP – having a core faculty member be the point person go on trips, be the IMPH champion
  - Among 144 family medicine residency programs, the most strongly correlated factor in high rates of resident participation in international rotations was the number of program faculty conducting international work during the previous two years

## Action Steps – Prepare

- Principles of service learning programs, <https://www.aafp.org/patient-care/global-health/guiding-principles.html>
- Prepare to work abroad as a physician
- Preparations for risk management and behaviors for a specific international rotation

## Action Steps – Engage

- With other learners vs. in community, local vs. national vs. global
- Several domestic opportunities on AAFP website, <https://www.aafp.org/patient-care/global-health/domestic.html>
- Refugee/immigrant clinics – state refugee health coordinator
  - <https://www.acf.hhs.gov/orr/resource/orr-funded-programs-key-contacts>
- AAFP Global Health Workshop (usually in the fall, 2018 is 9/12-9/18 in Jacksonville, FL)

# Action Steps – Engage

- Migrant farmworkers – Migrant Clinicians Network
- Asylum evals and clinics --  
<http://physiciansforhumanrights.org/asylum/student-asylum-clinics.html>, <https://healthright.org/take-action/join-our-team/>
- Trips: FOTCOH, global health database
  - Organizations founded/operated by AAFP members, <https://www.aafp.org/patient-care/global-health/ngo.html>
- Global Health Mentoring Program

23

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## Example Model

### **"Teaching Immigrant and Refugee Health to Residents: Domestic Global Health"**

- Three domains
  - global burden of disease, travel medicine, and immigrant health
- Core competencies
  - health disparities, cultural competency, tropical and travel medicine, and infectious disease
- Curriculum components = didactics, clinical sessions and ambulatory morning report
- Didactic sessions included
  - (a) country profile: overview of social structure, environment, history, cultural beliefs/family life, education, economy, politics, and human rights
  - (b) population health: health policies, health system/ resources, epidemiology, health statistics, and environmental health; and
  - (c) clinical management of tropical (and unfamiliar) diseases

24

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# Our coursework for Haiti

## PRE-TRIP:

- Top causes of lost DALYs
- Health disparities
- Medical tourism

## DURING TRIP:

- Bridge to local/national healthcare system
- Collaborate w/ local docs
- Tour hospital
- Didactics -- content of the sessions included
  - (a) country profile: overview of social structure, environment, history, cultural beliefs/family life, education, economy, politics, and human rights
  - (b) population health: health policies, health system/ resources, epidemiology, health statistics, and environmental health
  - (c) clinical management of tropical (and unfamiliar) diseases
- Clinical sessions (i.e. seeing patients)
- Evening report (works best before dinner on this trip) – chance for residents/students to share interesting cases they saw the day before, ask questions, group learning

## POST-TRIP:

- Debriefing
- Project -- reflection paper
- Immigrant health

# The Power of Debriefing

- “potential danger following troubling experiences like these is that if they are not discussed and reflected on in an effort to understand their root causes and outcomes, the student may be left with feelings of anger and dismay in relation to any or all attempts at improving health care in developing countries. Instead of the student returning from the IHE experience with a positive outlook on the possibility of improving global health and how this may be achieved, they may end up feeling disempowered with a very negative outlook”

# Opportunities for Research

- Do IHEs delay or mitigate burnout?
- What curriculum structure is most valuable to learners?
- What factors impact financial support for IHEs?

27

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# Curriculum Resources

- guidebook, Developing Residency Training in Global Health, published by the Global Health Education Consortium, a non-profit consortium of health professionals, educators, students, and institutions, provides guidance for incorporating global health training in residency program
- AOA Bureau on International Osteopathic Medical Education and Affairs
- ***American Academy of Pediatrics has developed guidelines for overseas clinical rotations***

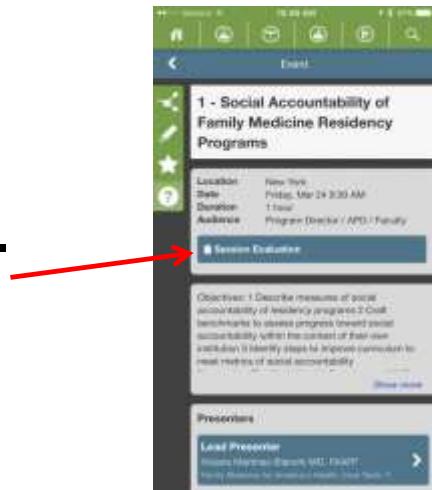
28

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# References

- Coupet S & Del Valle J. "A Case for an International Health Elective Training Program During Residency: A Four-Points Call for Action." *Teaching and Learning in Medicine: An International Journal*, 25(3): 266-271.
- Asgary R, Lanford Smith C, Sckell B & Paccione G (2013) *Teaching Immigrant and Refugee Health to Residents: Domestic Global Health*. *Teaching and Learning in Medicine: An International Journal*, 25(3): 258-265.
- Grudzen C & Legome E (2007) Loss of international medical experiences: knowledge, attitudes and skills at risk. *BMC Medical Education*, 7:47.
- Thompson M, Huntington M, Hunt D, Pinsky L & Brodie J (2003) *Educational Effects of International Health Electives on US and Canadian Medical Students and Residents: A Literature Review*. *Academic Medicine*, 78: 342-347.
- Wilson J, Merry S & Franz W. *Rules of Engagement: The Principles of Underserved Global Health Volunteerism*. *The American Journal of Medicine*, 125(6): 612-617.
- Bazemore AW, Henein M, Goldenhar LM, Szafarski M, Lindsell CJ, Diller P (2007) The effect of offering international health training opportunities on family medicine residency recruiting. *Family Medicine*, 39(4): 255-60.
- Petrosiniak A, McCarthy A & Varpio L (2010) *International Health Electives: thematic results of student and professional interviews*. *Medical Education*, 44: 683-689.
- Coupet S (2012) *International Health Electives: Strengthening Graduate Medical Education*. *Journal of the American Osteopathic Association*, 112(12): 800-804.
- Iserson K. (2013) "Practical Realities of Doing Volunteer Medical work in the Developing World." *Family Practice Management*, 20(5): 22-26. <https://www.aafp.org/fpm/2013/0900/p22.html>
- Mishori R, Winkler-Prins V & Otubu O. (2013) "Working With International Populations – Abroad or in Your Own Backyard." *Family Practice Management*, 20(5): 27-30. <https://www.aafp.org/fpm/2013/0900/p27.html>

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complete the  
session evaluation.



Thank you.



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