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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. Attitudes, behaviors, 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. The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the 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. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Please note that the term “manage” occurs frequently in AAFP Curriculum Guidelines. “Manage” is used in a broad sense to indicate that the family physician takes responsibility for ensuring that optimal, complete care is provided to the patient. This does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician. Management may include appropriate referral to other health care providers, including other specialists, for evaluation and treatment.

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.**

Preamble

Health and medicine transcend geographic boundaries. Article 25 of the United Nations’ *Universal Declaration of Human Rights* (December 10, 1948) states, “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.

Almost 40 years later, despite these declarations and the numerous advances in health care around the world, there remains a continued need to address international health and access to basic health care as well as an increasing need for a domestic focus on the health of immigrants, refugees, and asylum seekers. The year 2015 showed a continued upward trend in the numbers of forcibly displaced peoples worldwide, reaching 65.3 million, according to the United Nations High Commissioner for Refugees annual report, *Global Trends*. The United States has responded to this crisis by resettling nearly 70,000 refugees and granting asylum to nearly 25,000 people, according to the Migration Policy Institute.

Given these ideals, the increasing cultural and linguistic diversity of the U.S., 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 this developing landscape of medicine. It is imperative for residency programs to create a learning environment that inculcates in all residents the attitudes and behaviors that foster lifelong learning as it pertains to changing health care populations (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). This curriculum is not designed to prepare family physicians for full-time settings abroad and,

as such, practitioners wishing to deliver health care in this context should seek additional knowledge and skills.

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 curriculum on global health should also include instruction on selected unique illnesses and on cross-cultural competency in general. 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.

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 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 health care
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

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, asylum seeking, and refugee populations in the U.S.—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 developing 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

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Global Health and Primary Care

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Health Equity and Health Disparities

U.S. Department of Health and Human Services (HHS). HHS action plan to reduce racial and ethnic disparities. A nation free of disparities in health and health care. https://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf. Accessed May 8, 2017.

Safe International Travel

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Medical Student and Residency Education

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Website Resources

General

American Academy of Pediatricians. International Child Health.
<http://www2.aap.org/sections/ich/>

Child Family Health International. www.cfhi.org/

Disease Control Priorities Project. dcp-3.org

GapMinder. www.gapminder.org

National Institute on Minority Health and Health Disparities. U.S. Department of Health & Human Services. National Institutes of Health.
<https://www.nimhd.nih.gov/programs/edu-training/hd-research-institute/>

Safe International Travel

American Academy of Family Physicians. Volunteering Abroad: Before You Travel.
www.aafp.org/about/make-a-difference/global-health/before-you-travel.html

Centers for Disease Control and Prevention. Travelers' Health. www.cdc.gov/travel

U.S. Department of State. Bureau of Consular Affairs. U.S. Passports & International Travel. <http://travel.state.gov>

Organizations for Networking in Global Health

American Academy of Family Physicians

Family Medicine Global Health Workshop. www.aafp.org/events/global-health.html

Global Health. www.aafp.org/about/make-a-difference/international.html

Global Health Video. www.aafp.org/medical-school-residency/fmig/lead/programming/global-health.html

American Medical Student Association. Global Health Scholars Program. <https://www.amsa.org/members/career/scholars-programs/global-health/>

Consortium of Universities for Global Health. www.cugh.org/

Global Health Programs Database. www.cugh.org/resources/2013-global-health-programs-database

Global Health Council. 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. 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. Supercourse: 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

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