Global health and residency training:
Addressing physician as communicator, health advocate and manager, but first do not harm!

(TL-23) 0930 – 1100  (304A, Quebec City Convention Centre)

A.E. McCarthy, Office of Global Health, UO Faculty of Medicine
P. Moroz, Children’s Hospital of Eastern Ontario, Ottawa
H. MacDonnell, Children’s Hospital of Eastern Ontario, Ottawa
Increasing number of residents are seeking global health experiences. Global health education in residency has been shown to carry multiple benefits for trainees who participate, their colleagues, the post-graduate programs, the patients and the home communities. Yet, most Canadian postgraduate programs do not have common objectives and do not follow uniform guidelines in global health training.
ICRE Abstracts...

• McMaster Internal Medicine international health elective: Acheivements and lessons learned (Abstract 75, page 38).

  • Elective in Kampala, Uganda university teaching hospital
  • PGY3 in internal medicine; N=14; 1 month elective
  • Resident goals
    gain experience in resource limited setting
    exposure to disease/conditions not seen in Canada.
  • Majority felt well prepared – used previous participants and self-research
  • Remarkably well rated (100% above average/excellent)

• Global Health in PGME: A literature review (Abstract 97, page 48).

  • Many ways to incorporate GH in PGME – many educational models
  • Acknowledge the many benefits – for trainee participants, for their colleagues, for the PGME program, for their home communities.
  • Barriers – need for sustained funding, pre-departure training, academic support
  • Opportunities highly valued and increasingly seen as part of mandate of programs

ACTION Global Health Network
www.actionglobalhealth.ca
Our Agenda

Meet the workshop presenters
Introduction to Global Health in PGME (Anne)
What Global Health training is available out there? (Paul)
Resources for GH training (Heather)

Small group discussion - 20 minutes
Recap of lessons learned - 5-10 minutes

Wrap up session - How do these scenarios incorporate CanMEDs roles
What needs to be included?
International / Global Health - Why me?
Because I am fortunate to have the privilege...
Global Health Workshop – ICRE 2011

Paul Moroz, current position
GFT academic surgeon, U of O, CHEO;

- Academic interests:
  - Pediatric spinal deformity
  - Global health
  - Pediatric trauma
  - Injury Epidemiology
My Inspiration to do Global Health
My Start In Global Adventuring

Pre-Medicine: Cdn Crossroads International – Grenada, Barbados.

Graduate School: Inuvik, Western Arctic, Alaska.

Medical School: “Gap year”: Nepal, India.

Ortho Residency: Nepal

Community Surgeon: Nepal, Bhutan.

Faculty: Bhutan, Tanzania, Nunavut, ICRC.
Dr. Heather MacDonnell

- FRCPC, AAP Pediatrics
- DMTH LSHTM, UK
- Assistant Prof, U Ottawa
- Director of Global Health, Dept of Pediatrics
- Co-Head International Adoption Clinic
- Children’s Hospital of Eastern Ontario
- hmacdonnell@cheo.on.ca
Students with international health experience are:

- More into primary care specialty
- More care for marginalized populations (HIV, homeless, mentally-ill)
- More likely emphasize history taking & physical exams in diagnosis
- Less likely to order expensive diagnostic tests
- More likely to understand culturally-sensitive issues in providing care for patients

Similar data emerging from PGME experiences
We are a global village!

- Canada is a mosaic of backgrounds and migration.
- Almost 20% of the population are new immigrants.
- Over ¼ million immigrants to Canada each year.
  - Increasingly from resource-poor countries.
- International adoptees – increasing numbers.
- As an example – Ottawa.
  - 5th destination city for new Canadians (TO, Mtl, Vancouver, Calgary).
  - Largest number of refugees per capita each year.
International Health – why bother?

So even if you decide to practice medicine only in Canada you will look after patients with global diseases – international health experience will be invaluable.
Social responsibility
  - part of professionalism
  - integral to role as a physician

International health, as part of social responsibility, needs to be incorporated into all levels of training
  - Undergrad to faculty development

Understanding issues related to global health are vital to fulfill role as an advocate for current/future patients
Global Health in General Surgery Residency: A National Survey
Journal of the American College of Surgeons March 2009, p 426-33

- Web survey PD 253 US Gen Surg Programs 2007-08
- One third of the 73 programs that responded had some GH educational activities - 86% with global clinical rotations - provided to prepare residents for GH careers and aid recruiting
- Barriers - time constraints, lack of accreditation approval, funding
- 57% of the 47 programs without these opportunities were interested
What should we be doing to prepare our residents for GH experiences?

- Set educational objectives
- Mandatory pre-departure training
- Support in country as required – provide a “life line”
- Provide debriefing on return
- Additional educational activity - Reflective summary, presentations related to GH experience and lessons learned
Some things to consider:

- Who will be supervising the resident?
- What about safety and security?
- What about post-exposure prophylaxis?
  - Recall in Canada – get PEP within 2 hours.
- What about infection control / occupational health issues?
  - Gloves, N95 masks, droplet protection
Protect yourself..... Plan Ahead
What’s “Out There” for Global Health Learning
Who Am I Supposed to Be?

- Med student starting out?
- Freshly retired?
- MSF Front-liner
- Red Cross conflict zone “war” surgeon
- Academic?
- Program Director with residents asking lots of questions.
What is You Want/Need to Know?

- Introductory concepts
- Skills – ID, surgical, lab, logistical
- How “much” do you need to know?
  - Active practise – Bush Hospital vs BC??
  - Supervisory role
  - Education
What Else Am I Looking For?

- Background
- Survivor Skills
- Safety knowledge
- Research ideas
- Research subjects
Resources Ever Increasing

- Local GH resources – groups, people
- Journals – journal clubs
- Specialty groups
- Meetings
- Courses
### Canadian distribution of institutions w/ ≥ 1 GH program (n=19)

<table>
<thead>
<tr>
<th>Province</th>
<th># Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>2</td>
</tr>
<tr>
<td>British Columbia</td>
<td>3</td>
</tr>
<tr>
<td>Manitoba</td>
<td>1</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>0</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>0</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>1</td>
</tr>
<tr>
<td>Ontario</td>
<td>9</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>0</td>
</tr>
<tr>
<td>Quebec</td>
<td>3</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>0</td>
</tr>
</tbody>
</table>
Distribution of GH programs within institutions (n=196)

- Report directly to president/provost: 13%
- Medicine: 41%
- Public Health: 13%
- Nursing: 10%
- College: 13%
- University-wide: 0%

62 (49% of 126) US Medical Schools
15 (88% of 17) Canadian Medical Schools

Other: Dentistry, Pharmacy, Law, International Studies, Social Work etc.

Trends in growth in number of GH programs
A Refugee Camp in the Heart of the City

A free, interactive, awareness-raising event

This fall 2011, Médecins Sans Frontières / Doctors Without Borders (MSF) will be bringing The Refugee Camp in the Heart of the City exhibit to Eastern Canada on a four-city tour.

**St. John’s:** Bannerman Park, September 8-11, 2011

**Halifax:** Garrison Grounds, September 15-18, 2011

**Moncton:** Riverfront Park, September 22-25, 2011

**Québec:** Place d’Youville, September 29-October 3, 2011

The goal of the exhibit is to raise awareness about the plight of the world’s 43 million refugees and internally displaced people (IDPs) uprooted by war and conflict.

Tours for Future Fieldworkers

Physicians, RNs and Technical Logisticians are invited to register for our « Future
Resources Ever Increasing

- Local GH resources – groups, people
- Journals – journal clubs
- Specialty groups
- Meetings
- Courses
Journals

- GH is a hot topic
- Search engines
- Free and open access – BMJ series, PLoS
- Specialty Groups
National Specialty Groups – GH Subgroups

- Orthopaedics Overseas – HVO, AAOS.
  - COA is behind.
- CAGS – International Surgery Committee
- SOGC –
- Pediatrics –
- Family Medicine –
- Anesthesia -

Everyone has “Links” that are very useful.
Meetings

Featured Resources
NEW RESOURCES

- Global Health Education in US & Canadian Univs. and Colleges (pptb) (pdf)
- A Comparison of 5 Introductory Global Health Textbooks (pdf)
- Global Health Training in Graduate Medical Education: A Guidebook, 2nd Ed (pdf)
- Core Global Health Competencies for Medical Students (doc) (pdf)

2011 Global Health Conference
Advancing Health Equity in the 21st Century
Montreal, Canada
November 13 - 15, 2011

>> Conference Updates

Awards
Nominations and Applications

2011 Student Faculty Awards
Annual Lancet & Yale Awards recognizing Excellence in the areas of Student Leadership, Projects and Research, and Teaching

GHEC Activities Update

- Child Family Health International (CFHI) announces new Intensive Beginner Spanish Program as well as scholarships for 2012 Global Health Education Programs
- Midwestern Global Health Conference, Omaha, NE September 9-11, 2011
- Students/Faculty: Request for global health case studies based on field
- Social Medicine Course in Northern Uganda
- Summer Institute in Women's Health & Empowerment at UCLA - apply now!
Bethune Round Table

BRT 2011 | BRT archive | BRT 2010

The Bethune Round Table is a unique international conference devoted entirely to surgical issues in the developing world, annually held in Canada.

The next Bethune Round Table will take place in Toronto, Ontario on May 25-27, 2012.

BRT History
Resources Ever Increasing

- Local GH resources – groups, people
- Journals – journal clubs
- Specialty groups
- Meetings
- Courses – time-frame questions:
Practical Considerations:

- What type of study and at which institutions?
- Would I consider studying abroad?
- Do I have the financial means?
- What scholarships, fellowships, financial support?
- Other logistical implications: On-call schedules, partners, patients?
- Locum? Sabbatical?
- Do I really need another degree? Well, maybe...
Global Health Free Online Courses and Podcasts

- Johns Hopkins SPH OpenCourseWare (OCW)
- USAid Global Health eLearning Center
- Berkeley Webcasts
- Harvard Center for Health and the Global Environment
- Harvard Global Health Delivery Online case series
Global Health Podcasts

- **PRI 'Global Health' podcasts & PRI 'The World' podcasts** - short (<10min) weekly news and analysis from Public Radio International on a huge range of global health and world topics.

- **World Health Organisation (WHO) podcasts** - short (<10min) weekly updates on public health from around the world.

- **UNICEF podcasts** - various programs from UNICEF Radio, TV and special announcements (podcast subscription only).

- **Medecins sans Frontieres (MSF) podcasts** - short/medium (5-20min) monthly updates and analysis of humanitarian issues.

- **London School of Hygiene and Tropical Medicine podcasts** - fortnightly feature articles on global health issues and news.

- **Harvard School of Public Health podcasts** - occasional talks from Harvard public health leaders and researchers addressing a range of domestic and global health issues.

- **'Praxis Series' podcasts** - a monthly panel discussion series hosted by the World Bank Pacific Department on international development.
<table>
<thead>
<tr>
<th><strong>TULANE UNIVERSITY</strong></th>
<th><strong>UNIVERSITY OF VIRGINIA HEALTH SYSTEM</strong></th>
<th><strong>UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES</strong></th>
<th><strong>JOHNS HOPKINS UNIVERSITY</strong></th>
<th><strong>WEST VIRGINIA UNIVERSITY</strong></th>
<th><strong>GORGAS MEMORIAL INSTITUTE OF TROPICAL AND PREVENTIVE MEDICINE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COURSE NAME</strong></td>
<td>Diplomate Course in Clinical Tropical Medicine and Traveler’s Health</td>
<td>Certification in Tropical Medicine &amp; Traveler’s Health</td>
<td>Clinical Tropical Medicine and Traveler’s Health</td>
<td>Summer Institute in Tropical Medicine and Public Health</td>
<td>Clinical Tropical Medicine and Traveler’s Health</td>
</tr>
<tr>
<td><strong>CONTACT PERSON</strong></td>
<td>Richard A. Ochalek, Tulane School of Public Health and Tropical Medicine</td>
<td>Barbara Muna, Division of Infectious Diseases</td>
<td>Patrick Hickie, Department of Preventive Medicine</td>
<td>Ashley Simmons, Program Coordinator Institute in Tropical Medicine and Public Health</td>
<td>Malinsa A. Fisher, M.D., M. Sc. or Nancy Sanders, Global Health Program</td>
</tr>
<tr>
<td><strong>ANNUAL DATES</strong></td>
<td>Late August through mid-December</td>
<td>Part of a 3-yr I.D. Fellowship that begins every July 1</td>
<td>February – May</td>
<td>Late June through late August</td>
<td>Mid-June through early August</td>
</tr>
<tr>
<td><strong>DURATION</strong></td>
<td>4 months</td>
<td>3 years</td>
<td>8 weeks (four 2-week modules); participants may take 1-4 modules; each module is 4 credits; 16 credits maximum</td>
<td>8 weeks (four 2-week modules beginning in June; participants may take 1-4 modules per year</td>
<td>0 weeks</td>
</tr>
<tr>
<td><strong>AVAILABLE ANNUALLY?</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>TUITION</strong></td>
<td>$10,000 for full 2005</td>
<td>Part of fellowship in infectious diseases and international health</td>
<td>$5,000, federal employees $1,500</td>
<td>Academic credit: $882 per credit, for 12 credits or more the full-time tuition rate is $10,794. Non-academic credit: $375 per credit, totaling $1,500 per module and $6,000 for all 4 modules. *Cost subject to change</td>
<td>$5,750 physicians and dentists in private practice taking all four modules, $4,750 physicians and dentists working overseas for charitable NGOs taking all four modules and other health care professionals (nurses, PA’s, residents, fellows and physicians from developing countries) taking all four modules. $1,600 Residency/fellowship programs visiting 2 or more</td>
</tr>
<tr>
<td><strong>APPROXIMATE LIVING EXPENSES PER MONTH</strong></td>
<td>$1,000 for room and board</td>
<td>Federal per diem (daily) rates in Bethesda, MD - $1200 lodging, $61 meal, $1 incidentals. Lower rates generally available</td>
<td>Housing expenses ranging from $600-$1,000 per month.</td>
<td>Housing expenses ranging from $425-$750 per month.</td>
<td>$700</td>
</tr>
</tbody>
</table>
The Gorgas Courses in Clinical Tropical Medicine

Learn Tropical Medicine in the Tropics!

The Gorgas Diploma Course

- Lectures, Case Conferences, Diagnostic Laboratory and Daily Bedside Teaching on a 36-bed Tropical Medicine Unit
- Taught in English • International Faculty

365 Contact Hours

Course Dates:

In Perú

January 30 - March 30, 2012
*Fully enrolled; Waiting list closed*

January 28 - March 29, 2013
*Application form now available here; applications accepted starting Oct 1, 2011*

The Gorgas Advanced Course
August 8 - 19, 2011

The Gorgas Expert Course
August 6 - 17, 2012
What we're learning - delivering SURG 510

It's two years since BIS rolled out SURG 510 - the world's first online graduate course focusing on surgical care in underserved regions of the world. We didn't know what to expect -- 5 students? 20 students? highly experienced surgeons? residents? How will the online format be regarded? What about the quality of the online discussions?

Here's what we are learning:

- it's popular--to meet demand we offer it twice a year, September and January
- 46% of the students were surgeons
- 34% of the students were surgical residents (no plastics, no ophthalmology, yet)
- Canadian residents have come from UBC, McGill, McMaster, University of Calgary
- 80% have had some experience internationally; the balance aspire to include international surgery work in the future
- international enrolment has doubled since 2009
- the online format is liked
- weekly hours spent on the course: 4 to 8
- Program Directors play an important role in informing residents about the course

We are constantly updating and improving the course to reflect recent developments and feedback from our graduates. This summer we have focussed on updating the module on maternal mortality with inputs provided by Branch member Dr Dorothy Shaw, Canada G8/G20 Spokesperson for The Partnership for Maternal, Newborn and Child Health and VP Medical Affairs at BC Women's Hospital.

The course has attracted participants from Pakistan, India, Kuwait, Germany, Italy, the United States as well as from across Canada. Participants include a surgeon with the Aga Khan University, Pakistan, a Paul Farmer Fellowship resident based in Boston, an Associate Professor of Surgery, University of Parma, Italy as well as the Head of Vascular Surgery at the University of Western Ontario.

HERE is why they took SURG 510
“Known” Global Health Institutions:

- London School of Tropical Medicine and Hygiene
- Oxford School of Public Health
- Harvard School of Public Health
- Johns Hopkins School of Public Health
- Liverpool School of Tropical Medicine
- London School of Economics
LONDON SCHOOL OF TROPICAL MEDICINE AND HYGIENE (LONDON, UK)

The London School of Tropical Medicine and Hygiene is the UK’s national school of public health and one of the leading postgraduate institutions worldwide for research and postgraduate education in global health. It remains part of the University of London, however the London School is the largest institution of its kind in Europe with a remarkable depth and breadth of expertise encompassing many disciplines. It remains one of the highest-rated research institutions in the UK. It maintains a rich multicultural environment with over 800 students from around 120 countries coming to study doctoral or masters degrees. Coursework in tropical medicine and public health are offered, as well as multiple research opportunities. It also afford the possibility of undertaking some of the masters courses via correspondence.

OXFORD SCHOOL OF PUBLIC HEALTH (OXFORD, UK)

The Oxford School of Public Health (Department of Public Health and Primary Health Care) forms part of Oxford’s Medical Sciences Division. This department has a notorious and distinguished record of research. There are multiple renowned research groups and units which provide a strong environment of multi-disciplinary research, including epidemiology of cancer and HIV, occupational epidemiology, epidemiology of diabetes and dyslipidaemias and health status and outcomes measurement. Additionally, they offer the unique MSc in Global Health Science, which attracts students from across the globe.

HARVARD SCHOOL OF PUBLIC HEALTH (BOSTON, USA)

The Harvard School of Public Health (HSPH) remains one of the leading institutions in this field. It aims to train future leaders in the sphere of global health to learn to tackle some of the world’s most challenging public health problems, whilst creating a strong intellectual community across the globe. The school is widely considered to be one of the leading institutions in the world. The school is well known for its research and education programs in the field of public health.

JOHN HOPKINS SCHOOL OF PUBLIC HEALTH (BALTIMORE, USA)

John Hopkins School of Public Health is the world’s largest school of public health and is home to many ‘big names’ in global health. Based in Baltimore, it offers the opportunity to pursue further academic study through doctoral programs, a masters and non-degree programs (its MPH program regarded by many as the best available). It also offers distance education and part-time enrollment, including the option to study in sister institutions worldwide.

If you have time, money, and prestige would benefit...??
East African Diploma in Tropical Medicine and Hygiene

The East African Diploma in Tropical Medicine and Hygiene is a new postgraduate certificate awarded by LSHTM. It is a three-month course taught by School staff and colleagues in Tanzania and Uganda. It is designed for doctors planning to work in Africa.

Course aims and philosophy

LSHTM has been providing advanced training in global health policy and practice for over a century. The School’s alumni work in many countries and many hold prominent positions in health ministries, universities and international organisations. The current course is highly respected and heavily oversubscribed.

The new East African DTM&H takes the essence of the London course and translates it into an African context. It emphasises preparing doctors for practice by immersing students in the clinical and public health issues facing African doctors today. Small group sessions are led by local health professionals and at least a quarter of the course material is directly related to clinical practice.

A proportion of the fees paid by international students will be used to fund low cost scholarships for East African physicians. At least a third of the places for local doctors as part of our commitment to building capacity for postgraduate medicine in the region. The residential course will be enriched by the academic and social mixing between overseas and African doctors.

On completing the course we hope you will have gained an insight into the practical realities of healthcare in East Africa. You will evaluate the evidence for various health interventions, both public and individual, and make a safe and competent assessment. In essence we intend the course to prepare you for a broad range of health work in Africa.
The MPH

Masters of Public Health (MPH) still remains one of the most widely recognised credentials in the public health sphere today.

Examples:
- The Johns Hopkins University - [http://www.jhsph.edu/](http://www.jhsph.edu/)
- Oxford University - [http://www.publichealth.ox.ac.uk/gradstu/globalhealth](http://www.publichealth.ox.ac.uk/gradstu/globalhealth)
- Mahidol University, Thailand - [http://www.mahidol.ac.th/mueng/faculties.htm](http://www.mahidol.ac.th/mueng/faculties.htm)
เมื่อวันที่ 30 กันยายน 2558 รองศาสตราจารย์ นายแพทย์พิทยา จำนวนเพลลิค คณบดีคณะสาธารณสุขศาสตร์ เจ้าของบัตรเกียรติคุณ เพื่อแสดงความนับถือกระตุ้นมหาวิทยาลัยมหิดลเป็นองค์กรหลักในการยืนยันการดำเนินงานโครงการพัฒนาระบบและกลไกเพื่อเติบโตใหม่ โดยการสมัครระหว่างปี พ.ศ. 2546 - 2554 โดย ศาสตราจารย์เกียรติคุณ นายแพทย์ทรัพย์ศักดิ์ ล้ระดับผู้นักสกนิก มีเหตุผลในการเป็นองค์กรหลักในประเทศไทย โดยมีการส่งเสริมและพัฒนาการทางสุขภาพ สมานบรรณาธิการ ณ ห้องแชฟฟี ชั้น 3 โรงเรียนมัธยม นานวันอาทิตย์ จักรินนทบุรี
Canadian Universities that offer MPH with a global health concentration or MGH

- Simon Fraser University MPH with global health concentration (http://www.fhs.sfu.ca/graduate-programs/master-of-public-health-mph-program/global-health-concentration)
- University of Alberta MPH with global health concentration (http://www.publichealth.ualberta.ca/en/programs/mph_programs/mph_glb_hlth.aspx)
- University of Toronto has a “sort of” concentration in global health (http://www.phs.utoronto.ca/AppInfo_Prog.asp)
- McMaster University has a new MGH program (http://fhs.mcmaster.ca/global_health_masters/admissions.html)
MASTER OF PUBLIC HEALTH (MPH) PROGRAMME

'One year programme for improvement of health in Tanzania'

The Master of Public Health Programme of Tumaini University was launched in October 1998, with the first group sponsored by WHO through the Ministry of Health.

The course is based on intensive class-work, group discussions, independent study and research. Participatory teaching and interactive learning methods (group work, presentations based on own experience and case studies) are a fundamental part of the overall pedagogical philosophy of the course.

Collaboration with other Universities is being strengthened. Memoranda of understanding is being developed between KCMC and Universities in Tanzania, other African countries, Europe and USA. These will enable the exchange and sharing of expertise, experience and resources.

Click for more information on:

Aim and Objectives of the Course
Resources for Resident Global Health Electives

- Local department or University-based
- Professional Association
- International Collaborations
AAP Recommendations for ICH/GH Electives

- Resident should have completed the first 18 months of pediatric residency
- Minimum 4-week elective block should be committed to the elective
- Elective should be a clinical experience, preferably “hands-on”
- Faculty preceptors in the (United States) and the host country are necessary
- Orientation prior to the elective should address cross-cultural awareness, health and personal safety
- Resident should prepare written objectives prior to the elective
- Resident should share a common language with other members of the health care team in the host country
- There should be a formal evaluation process during the elective
- Resident should summarize the experience in a written or oral presentation
- There should be a debriefing session for the resident on his or her return home

Arch ped adol med Vol 153, 1999
Pre-Travel Prep: What should it ideally include?

- Cultural Competency
- Personal Safety
- Travel Medicine Consultation with post-exposure prophylaxis
- Global Health Ethics
- Fundamentals of Global Health:
  - Social determinants of health
  - Specialty specific medicine
How can this be achieved?: Local Resources

- Resident personal study alone (not recommended)
- Meeting with departmental elective supervisor or GH designate
- Specialty specific pre-elective preparation course (rare)
- Faculty of Medicine (UG +/- PG) pre-elective course
- Other university-based pre-elective course (‘International’ Office)
- AGHN website, online modules, pocketbook
U of O Pre-Departure Global Health Conference

- Cultural Competency, Country research, Intercultural communication
- Personal Health and Safety, Security Abroad
- Global Health Ethics
- Medical Tourism, past trainees ‘lessons learned’, MSF experience
- Surgery in the GH context, Trauma and Traffic Accidents
- Incorporating GH into your Training
U of O UGME Pre-Departure GH Online Modules (in development, McCarthy)

- Introduction to Global Health
- Social Determinants of Health
- Cultural Competency
- Personal Safety
- Ethics

Interactive, multimedia Cases + theory Reflective Completion certificate

ACTION Global Health Network
www.actionglobalhealth.ca
Professional Associations

- May not have organized pre-departure preparation *per se*
- Guidelines for Resident Global Health Electives (e.g., AAP)
- Global Health Teaching
  
  → "Global Child Health Curriculum" (DVD + Trainer Manual)
  
  Canadian Paediatric Society 2011
Global Child Health Modules for Canadian Paediatric Residency Curriculum

• 2007 National Needs assessment survey of Can Peds PDs and chief residents identified critical training deficits in GH topics

• National committee of 18 GH experts from CPS ICH section
  ▪ Module objectives linked with existing RCPSC competencies
  ▪ Consulted with 3+ Paediatric program directors
  ▪ 4 x 1 hr modules designed for academic ½ days
  ▪ Foundational GCH knowledge, not necessarily pre-elective
Module 1: Global Child Mortality

Module 2: Undernutrition

Module 3: Fever in the Returned Child Traveller

Module 4: Children and Youth New to Canada
Global Child Health Modules for Canadian Paediatric Residency Curriculum

• Launched June 2011, local ‘champions’ in all 16 programs

• Highly participatory, each module contains:
  ▪ Powerpoint presentation
  ▪ Interactive activities, break-out groups, videos (2)
  ▪ Multiple choice questions
  ▪ Clinical ‘OSCE’ SP scenarios with checklists (exam format)
  ▪ Resident handout
  ▪ Trainer Manual, DVD
International Collaborations: Global Health Education Consortium (GHEC)

• Online modules project (> 80 as of May 2010):
  • Global Health: Priorities, Problems, Programs, Policies (12)
  • Health Systems, Services, Resources, Programs (22)
  • Infectious, Parasitic, and Communicable Diseases (19)
  • Methods, Tools, Skills and Related (2)
  • Modulos en Espanol (12)
  • Non-Communicable Diseases, Injuries and Related (16)
  • Priority and Vulnerable Populations (7)
  • Working and Visiting in Low Resource Countries (6)
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Annual Lancet & Velji Awards recognizing Excellence in the areas of Student Leadership, Projects and Research, and Teaching
Deadline Extended to: October 15, 2011
(download pdf file)

Submit an Abstract Proposal
http://2011globalhealth.org/abstracts.html

Announcements to Post
at Your Global Health Center:
>> Conference Announcement (pdf)
>> Save the Date (jpeg)
>> Mini Announcement (pdf)
Resources for Teaching Global Health

• Countdown to 2015 (UN MDG indicators)
  www.countdown2015mnch.org
• Online GH curriculum:
  • Bayloraids.org/curriculum
  • Globalhealthedu.org
  • Globalization101.org
  • Johns Hopkins School PH
    http://ocw.jhsph.edu
  • Partners in Health
    http://model.pih.org/model
• Medicus Mundi (Swiss)
  Globalhealthtraining.org
November 13–15 | Montreal, Canada

2011 Global Health Conference
Advancing health equity in the 21st Century

Hosted by the Global Health Education Consortium, the Canadian Society for International Health, and the Consortium of Universities for Global Health

GHEC
Global Health Education Consortium

Canadian Society for International Health

La Société canadienne de santé internationale

Consortium of Universities for Global Health

Making the university a transforming force in global health
Cases - small group discussion – 20 minutes

Please discuss the cases at each table.

For each case please answer the following:

- What is the issue?
- What could have been done before the elective/project to avoid or make the trainee better prepared to deal with this issue?
- What can you do now? Note – you are here and the trainee is in the host environment.
- What will you do after the trainee returns?
Review of Case Discussions
You are a PGY1 in your 6th month of orthopedic training. You have just arrived in a rural hospital in South America and you are working in the emergency department. A young man comes in an open fracture of his tibia. You scrub in and proceed to the OR with your supervisor, once you arrive in the room you are told that you will be doing the surgery with a non-physician assistant…

- What is the issue?
- What could have been done before the elective/project to avoid or make the trainee better prepared to deal with this issue?
- What can you do now? Note – you are here and the trainee is in the host environment.
- What will you do after the trainee returns?
Case:

You are a pediatric resident doing an elective in rural Cambodia. The staff are happy to see you, since they have just received a new ventilator and are anxious for you to teach them how to use it!

You have never seen a ventilator like that. And, to date, you have done a one month rotation in pediatric ICU. What is more – there are two children being admitted through the ER with respiratory failure.
You are a pediatric resident doing an elective in rural Cambodia. The staff are happy to see you, since they have just received a new ventilator and are anxious for you to teach them how to use it! You have never seen a ventilator like that. And, to date, you have done a one month rotation in pediatric ICU. What is more – there are two children being admitted through the ER with respiratory failure.

- What is/are the issue(s)?
- What could have been done before the elective/project to avoid or make the trainee better prepared to deal with this issue?
- What can you do now? Note – you are here and the trainee is in the host environment.
- What will you do after the trainee returns?
How do global health experiences address CanMEDs roles?

- Expert
- Communicator
- Health advocate
- Collaborator
- Manager
How do global health experiences address CanMEDs roles?

- **Expert** (clinical skills, expanded knowledge of conditions)
- **Communicator** (also addressing Cultural competency)
- **Health advocate** (likely more of benefit in Canada)
- **Collaborator** (may be increased multidisciplinary care)
- **Manager** (more aware of resource allocation)
1. Pre-departure training
   - including common health & safety and ethical challenges faced during global health placements.

2. Host country contact person:
   a. Clarification of expectations including service, learning opportunities, logistical support, and remuneration for the elective placement from both the resident’s and the host’s perspective.
   b. Local health and safety concerns.

3. PGME departments should provide clear expectations regarding resident conduct, educational, and service commitments. Includes objectives.

4. PGME departments should also offer each returning resident a confidential debriefing or counseling session with an appropriate person or group. Residents should be made aware of this service prior to their departure.
Hope that I have convinced you that:

- Global health important here and abroad
- Increasing demand and expectation that opportunities will be available through PGME programs
- Expectations of quality, safety, ethics, and support before/during/after global health electives
- There are lots of resources out there to help you, and likely a number of people within your specialty who are already involved
Thanks for your attention and participation!

Comments and Questions Please...