Who Are We?

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- Christiana Russ – Boston Children’s
- Nikki St. Clair – Medical College of Wisconsin
- Donna Staton – AAP SOICH
- Sabrina Wagner – U of Wisconsin

Collaborators: Melanie Anspacher (DC Children’s), AAP Section on International Child Health
Conflicts of Interest

- None
Overview

• Provide a foundation for thinking about common global health education challenges
• Use sample cases to discuss frequently encountered hoops & hurdles
• Outline essential elements to consider when contemplating global health electives for residents
• Provide a collection of invaluable resources to take home!
Background

- Interest in global health experiences is at an all time high among medical trainees.
- Graduating medical students in the US & Canada who participated in a global health experience:
  - 1985: 6%
  - 2009: 30%

- Nearly all medical schools are incorporating some form of global health teaching.

Source: AAMC
Potential pitfalls

• Short term international medical trips can be self-serving, ineffective, and unsustainable:
  – May potentially impose burdens on local health facilities
  – Care delivered may fail to meet current standards of health care in the U.S. or in the country being visited

However
Opportunities

• These experiences have undeniable benefits to participants
  – Improve understanding of the diseases that cause most of the world’s pediatric mortality
  – Improved physical examination skills
  – Deeper appreciation of issues related to public health, professionalism, and cultural sensitivity
  – Maintain and foster passion for caring for vulnerable populations
Opportunities

• These endeavors have the *potential* for benefits to the host country
  – Capacity building
  – Influx of resources
  – Education and training of staff
Primum non nocere
Guidance on how to do this right?

- GHEC Code of conduct 2011
- Community-Campus Partnerships for Health (CCPH) [http://www.ccph.info/](http://www.ccph.info/)

A critical theme in all of these publications is *partnership* with
- Participating institutions
- Communities
- Other organizations
What makes a good partnership?

• Serves a specific purpose and may take on new goals over time
• Shared mission, values, goals, measurable outcomes and accountability
• Characterized by mutual trust, respect, genuineness, reciprocity and commitment
• Builds upon identified strengths and assets, but also works to address needs and increase capacity
What makes a good partnership?

• Enables resources among partners to be shared
• Clear and open communication by striving to understand each other's needs and self-interests, and developing a common language
• Principles and processes for decision-making and conflict resolution
• Feedback among all stakeholders with the goal of continuous improvement
• Share the benefits of the partnership's accomplishments
Foundations of a Partnership for Training in Child Health

Mutually beneficial for all stakeholders
Brief Example – Mutual Benefit

UW: GROWING GH INTEREST
- Increasing number of applicants asking about GH
- Gap in community health training
- Interest to work with vulnerable communities

KENYA: BRAIN DRAIN
- Kenyan physicians employed outside of their country
- Gap in community health training
- Nairobi-based training
A global child health rotation designed to equip both US and Kenyan pediatric residents with relevant knowledge and experience to reduce health disparities among children in resource-limited settings
Shared Goals

- **Prepare residents** for future careers as advocates for underserved populations, both globally and domestically.

- **Focus on** social, economic, environmental, and political influences on child health & health disparities.

- **Attract applicants** poised to make contributions in global health & community pediatrics.

- **Catalyze interaction** between residents and community groups, public/global health leaders, policy makers, and child advocates.

- **Provide a structure** for residents to maintain their passion for working in low resource settings.
Unique Features of the Partnership

• Pairing of UW and University of Nairobi residents for the entire eight week experience
  – Pairs live and work together for support and sharing of expertise

• The focus of the rotation is on the health needs of the community
  – Pairs spend less time on the management of hospitalized patients
Partnership - It Takes a Village

UW & Seattle Children’s
Bruder Stapleton
Suzinne Pak-Gorstein
Judd Walson
Maneesh Batra
Richard Shugerman
Heather McPhillips
Sylvia Lago
Brian Johnston
Maureen Pound
Sally Weatherford
Chris Kealy

KEMRI
Phelgona Otieno
Mike English

University of Nairobi
Ruth N’duati
Dalton Wamalwa
Lisa Obimbo

MOH/Kisii Provincial Hospital
Geoffrey Otuomo
Francis Macau
Cripus Nyongesa
Debra Ayoo

UW – Kenya
Ben Piper
Jacqueline Naulikha
Paul Ndungu
Toney Odhiambo
Benson Singa
“The multi-disciplinary approach was key, with the intersection of ethics, legal rights and responsibilities, public health and cross cultural work.

I was excited by the discussions that we had; we really fed off of each other and the peer-to-peer interaction really increased value of each session.”

-UW Resident
“This program has changed the way I envision my role as a physician by actually giving me the tools and skills I need in order to take that next step and make a difference.”

-UofN Resident
Ethics & Professionalism
Ethics & Professionalism

• Anticipate, prepare, discuss – use of sample cases in pre-trip preparation
• Clear expectations
• Culture shock & preparation – REACTIONS TO CULTURE SHOCK
• Never underestimate the power of the internet
Ethics Resources

Professionalism Resources

• Sample Professionalism Agreements (toolkit)
  – Donations
  – Culture & Communication
• Unite for Site photography policy:
  http://www.uniteforsight.org/volunteer-abroad/photo-ethics#_ftnref4
Health & Safety
Health

• Travel clinic is invaluable
• Immunizations, Malaria Prophylaxis, Bednets, DEET
• Pre-existing health conditions including mental health
• Injury Prevention (safe transportation, recreational activities)

TRAUMA IS THE MAIN CAUSE OF MORTALITY AMONG YOUNG TRAVELERS!
Occupational Exposures

• Post-exposure prophylaxis
  – medications
  – emergency stateside contacts
  – needle stick protocols

• TB masks
Safety

• Political unrest
• Natural disasters
• Role of US State Dept Travel Warnings
• Registration with embassy
• Emergency contacts (Who do you call? Who do they call?)
• Evacuation insurance and planning
• Kidnapping and ransom insurance—when to consider (and cost)
Health & Safety Resources

• Develop local partnerships, learn about local resources & contacts
• Review health/safety requirements before resident travel (checklist)
• Medical evacuation insurance
  • Examples: International SOS, MedJetAssist, Travel Assist Network, Travel Guard, Air Ambulance Card:
  • SOS baseline coverage: Evac to nearest local hospital ~$130
• Comparison of insurance vendors: http://www.squaremouth.com/
Health & Safety Resources

• Post-exposure resources
  – Institution-specific occupational exposure guidelines
  – MMWR Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis
    – www.cdc.gov
Health & Safety Resources

• US State Dept Smart Traveler Enrollment Program
  – https://travelregistration.state.gov/ibrs/ui/
  – http://travel.state.gov
Reducing Institutional Liability

• Anticipate: **Pre-travel risk reduction**
  – Mandatory preparation session
    • Outline potential risks (travel, occupational exposures, etc)
    • Provide resources to resident (State Dept, Embassy, Health, etc)
    • Obtain resident’s emergency contact information
    • Pre-travel health counseling
    • Code of conduct
    • “Signature of understanding”

• Plan for Emergencies:
  – **Medical and evacuation insurance**
  – **Emergency support** for trainees

• Ensure **Supervision**: Obtain letter of agreement from host

• Obtain **Malpractice** Insurance: Do you have coverage?
  – Notify risk management prior to departure

• Consider an institutional **waiver of liability**
Legal Resources

• Institutional regulations vary widely
  – Consult with your legal or risk management department

• Examples:
  – Pre-travel risk reduction session
  – Code of conduct
  – Letter of agreement from host institution
  – Waiver of liability
Optimizing Preparation and Debriefing of Residents
Overview

• Review the resources available for faculty and residents
  » General
  » Pediatric Specific
• Point out different models used to ensure residents are optimally prepared
• Highlight the essential preparations--the “must do” items
• Discuss the importance of a formal debriefing
General Resources

- Consortium of >90 universities, medical and other health professional schools
- Platform to help members develop & strengthen their global health education programs
- Provider of resources to individuals for enhancing skills in the practice of global health
Programs Focus on 4 Areas

• Curriculum and educational material development
• Student & faculty career development
• Training opportunities
• Education policy
Welcome to the GHEC Community!

Within GHEC's Online Community
Global Health Education Resources
A wide variety of resources, developed by experts in global health, are available to support self-paced learning in the field.
Global Health Education Wiki
An online authoring space to promote the collaboration and linkage of the collective intelligence of the community ... coming soon!

Global Health Education Forum

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> 80 Online GH Teaching Modules
• Annual Conference
• Competencies and Codes of Conduct
• Listserv (great network and resource!)

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GHEC Activities Update

Call for Submissions: A4HI Journal on Global Health
Non-clinical Case Studies Project - update & invitation
Vanderbilt Institute for Global Health News and Events
CPHI Global Health Rotations: CPHI Announces New Universal Healthcare Program in Ecuador
Exploring Medical Missions Conference
Medical Spanish/Global Health Course, Leon, Nicaragua
2010 GHEC Annual Report

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Save the Date!
for the
20th Annual GHEC Conference

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2011 Global Health Conference
Montreal, Canada
November 13 - 15, 2011

>> Conference Updates
Check Back Often For More Information!

Announcements to Post
General Resources

12 Chapters, including:

4. Competency-Based GH Education
5. Considerations in Program Development
6. Global Health Program Evaluation
7. Lessons Learned—Rotation Planning Advice
8. Mentorship in Global Health Education…
University of Michigan

Student Handbook for Global Engagement

- Applicable for students & residents
- Relevant chapters on:
  - Ethics of Research Abroad
  - Project Development With International Partners
  - Guidelines for Professional Behavior
  - Logistics of Research and Service Abroad
Pediatric Specific Resources

A Successful International Child Health Elective
The University of Colorado Department of Pediatrics’ Experience

Global Health Training in Pediatric Residency Programs
Brett D. Nelson, Anne OC. Lee, P. K. Newey, M. Robert Buchanan and Chad Young

Global Health Training for Pediatric Residents
Kristine Torjesen MD, Anna Manklalas MD, Robert Kohn, MD, MPH, Beren Duncan, MD

Global Health Training
Ethics and Best Practice Guidelines for Training Experiences in Global Health
John A. Cerny,* and James Segarini,* and the Working Group on Ethics Guidelines for Global Health Training (W2003.7)
Pre-departure… where to begin

At the end!

• Debriefing provides invaluable data

• Include feedback from
  » Host institution/faculty
  » Resident
Formalize Your Pre-Departure Program

Set a timeline to do the following:

– Step 1: Collect and review resources from a wide range of disciplines
– Step 2: Learn what established programs consider essential and note the different models used
– Step 3: Focus on the preparations essential for your particular field placements/rotations
– Step 4: Customize an orientation program and documents specific for your program
Preparation Procedures Vary

- Model 1
  Most residents travel to the same site, established ongoing relationship with host

- Model 2
  Residents travel to different sites, some self-arranged, in a variety of settings
Established Program Models

• University of Wisconsin Hospital & Clinics
• Children’s National Medical Center
• Case Western/Rainbow Babies
• University of Minnesota
• Cincinnati Children’s Hospital
• Medical College of Wisconsin
• University of Washington
• University of California San Francisco
• Children’s Hospital of Philadelphia
Preparation (1)

- Guidelines for preparing/choosing a site
- Guidelines for faculty mentors
- Applications for international electives
- Program/resident agreements
- Examples of checklists
- Waiver of liability samples
Preparation (2)

• Professionalism agreements
• Examples of timelines
• Health & safety recommendations
• Packing lists
• Resident Logs
Debriefing/Evaluation

- Forms to evaluate residents
- Forms for resident to evaluate rotation
ESSENTIAL COMPONENTS (1)

• Site selection, prerequisites and application process
• Partnership/sustainability
• Ethics and professionalism
• Health preparation
• Safety requirements/emergency plan
ESSENTIAL COMPONENTS (2)

- Legal precautions & liability waivers
- Personal preparations (packing lists)
- Cultural and language issues
- Clinical preparation (packing lists)
- Country/region familiarity

FLEXIBILITY!
Site Selection & Prerequisites

- Mutually beneficial relationship
- Appropriate supervision & clinical responsibilities and evaluations
- Security/communication
- Potential for long-term partnership

JFK Hospital, Monrovia, Liberia
Personal Preparation

• Special items to bring
  • Mosquito net
  • Baby wipes
  • Swiss Army Knife
  • Tool kit
  • Luggage locks
  • Currency: small bills!

• Household/family/work
  “Do Before Leaving” list
  • Pay credit cards!
  • Stop mail
  • Finish dictations
  • Email copy of passport and critical documents to oneself
Cultural & Language Prep

• Background readings helpful; best to talk with someone who’s been there recently
• If not fluent in the host language, learn key phrases at a minimum
• **REQUIRED** reading on reactions to “culture shock” or working in resource poor settings
• Pluralistic health settings
• Appropriate dress
• Gender issues
• Working with local colleagues
Clinical Preparation

- Acquire necessary medical license/permit
- Review common diseases/conditions
- Prepare presentations, handouts before leaving
- Know available resources
- Packing lists are helpful here too!
Country/Region Familiarity

- Geography, climate (seasons matter!)
- Basic politics, current issues
- Currency/transportation/communications
- Electricity/outlets/adaptors
Now that you have that plan…

– Step 1: Collect and review resources from a wide range of disciplines
– Step 2: Learn what established programs consider essential and note the different models used
– Step 3: Focus on the preparations essential for your particular field placements/rotations
– Step 4: Customize an orientation program and documents specific for your program
Don’t forget ….

The Importance of Debriefing!

- Make use of the feedback—constantly improve your preparation protocols
- Share your successes (and failures) with colleagues
Take Home Message:

Be Safe!

Be Flexible!
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THANK YOU!

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Section on International Child Health

Exceptional Care. Without Exception.

Children's Hospital Boston

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN-MADISON

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