Residency Programs and Global Health

Creating a Foundation Utilizing Best Practices

APPD Annual Conference
April 2, 2011
Who Are We?

- Cliff O’Callahan – Middlesex Hospital, Connecticut; AAP SOICH
- Cindy Howard – U of Minnesota
- Suzinne Pak-Gorstein – U of Washington
- Chuck Schubert – Cincinnati Children’s
- Sabrina Wagner – U of Wisconsin

Collaborators: Melanie Anspacher (DC Children’s), Chandy John (U of MN), Chris Stewart (UCSF), AAP Section on International Child Health
Conflicts of Interest

• We have none!
• No commercial relationships…
• Nothing!
Who Are You?

Program Status

– Have a program at your institution?
– Global Health Elective only
– Global Health Track / Pathway
– Global Health Fellowship

– We are passing around a contact list, please give us your email
Outline for Today

Global Health Program Templates
Core Curriculum
GHEC Manual and Module
Toolkit
Evaluation Tools
Breakout Session
Why Global Health Training?

90% of the world’s children live in developing countries
95% of “Under 5” deaths occur in developing countries

Known interventions could prevent 60% deaths
200 million children are at risk for loss of developmental potential

Direct impact on clinical care in the U.S.
Direct benefits to resident education

Disparity in distribution of global workforce
Interconnectedness of health, economy, security
Origins of ‘Best Practices’

• Literature
• Medical education principles
• Ideals about global health endeavors
• Our experiences
• Experiences of colleagues
Building Curriculum

- Define your audience
- Determine your program curricular goals

- Certificate program
- GH Track or Path
  - In-depth, Structured GH Curriculum
  - "Local global" or international elective and curriculum
- Core Curriculum

Adapted from Donna Denno
Concept: Tiered Approach to Global Health Training for Pediatric Residents

**Global Child Health Fellowship**
- Small number of positions to match annually
- 2 core years following residency completion
- Potential components:
  - Clinical work, hospital-based and outpatient
  - Masters degree (Public Health or Epidemiology)
  - Business coursework for leadership and management development
  - Intensive language training (optional 3rd year)

**Global Health Track (for Residents)**
- Scholarly activity with global pediatric health focus
- Mentorship at home institution and also with internationally-based physicians
- Lecture series
- Journal club
- International elective rotation (4-8 weeks)

**Residents Doing International Elective Rotations**
- Choice of program affiliates or new sites located by residents
- Criteria for ensuring quality educational experience
- Assure direct benefit for hosting site
- Series of Web-based modules to complete prior to travel
- Funding opportunities, internal and extramural

**All Pediatric Residents**
- Core curriculum that covers fundamental basics of global children's health
- Integrated into regular conference or morning report series

Dziuban, 2008
Goals and Curriculum

Identify Goals & Objectives

Build Curriculum to Match Program Goals

Steps in Curriculum Design
Setting (e.g. research vs. service oriented)
Needs/Asset assessment
What is possible
Buy-in
Support
Implementation

Examples of goals:
- Enriching medical knowledge
- Improving clinical competence
- Developing teaching skills
- Understanding a different health care system
- Serving the community
- Experiencing the challenges of international research
Competency #6: System Based Practice

“...demonstrate knowledge of health care delivery systems in other countries, the role of international agencies and interactions between them.”

Howard Academic Medicine Vol.86 April 2011.
Competency 6: Systems Based Practice

- Develop understanding and awareness of the health care workforce crisis in the developing world, as well as in the US the factors that contribute to this, and strategies to address this problem.

- Compare and contrast different health care delivery settings in the developing world and the US

- Demonstrate sensitivity to the costs of medical care in countries and settings with limited resources and how these costs impact choice of diagnostic studies and management plans for individual patients.
Applying Objectives: Structure

Medical Knowledge & System-based Practice (competency 2 & 6)
- Noon conference
- Evening seminar
- Visits to local global health groups

Patient care (competency 2 & 6)
- Case-based learning
- Direct clinical experience
- Local or international elective

Practice-based Learning and Self-Improvement (competency 4)
- Journal club
- Self reflections with mentor

Professionalism & Communication (competency 3 & 5)
- Mentoring
- Role playing
- Case-based teaching
Global Child Health Educational Modules (GCHEMP)

Objectives:

- Cohesive series of high-caliber, competency-based, on-line **educational modules** to address pediatric topics in **global health** for residents and faculty.

- Supplement residency program GH curriculum by addressing a core subset of SOICH **learning objectives**.

- Cover topics areas that may otherwise be difficult for an individual residency program to address.
Approach to Fever

Malnutrition

Approach to Respiratory Distress

Approach to Altered Mental Status and Seizures

Approach to Diarrhea

Approach to Injury and Trauma

Approach to Emergent Triage, Assessment and Treatment/Procedure

Preparing the Resident for a Global Health Elective

Public Health Systems and Health Access Inequities

Cultural and Ethical Perspectives in Global Health

Socio-Political-Economic Factors that Impact Child Health

Global Neonatal and Maternal Health

Refugee and Immigrant Health

Global Child Health Educational Modules Project (GCHEMP)
Sample Module
Formative Evaluation Methods

Individual Resident:

• Attendance record (Professionalism)
• Moodle module & noon conference quizzes (MK)
• Elective evaluation of the resident by the faculty preceptor (All Competency Domains)
• Case and journal club presentations (MK, Comm, PBLI)
• Academic project (Depending on project – MK, PC, PBLI, SBP)
• Project presentation (Comm, Professionalism)
• Reflective journaling (PBLI)
Formative Evaluation Methods

Program:

• Multiple choice questionnaire with each lecture/journal club and grand rounds
• Open ended evaluations post presentations
• Evaluation of the faculty mentors, elective and partner sites by the residents
• Post ICHE focus groups
• Annual review of ICHE with partner site faculty
• Academic projects
• Resident advisory committee
OUTCOMES:
• Change in knowledge, skills and attitude
• Long-term career commitment and practice style
• Recruitment

MEASURES:
• Pre and post test
• Post Match Survey
• 3, 6 & 9 Year Follow –Up of Alumni
Advocating for Your Program

– Conducting a **needs assessment** – resident survey, alumni survey, number of candidates inquiring about GH training opportunities
– Making **leadership** aware of GH programs nationally
– **GH as a recruitment tool** – number of resident applicants who express interest in GH; post-match survey; number of residents in track, survey at end of residency
– **Priorities in Community Pediatrics**
– **ACGME competencies** for Community Pediatrics met through GH training
– **RRC requirements** met
– **Literature** describing growing number of GH programs and impact on careers
BREAKOUT!  30 minutes

• Using Improvement Science to build your program

• Your AIM
• Key Drivers
• Interventions
Learning Structure

Aim

Key Drivers

Interventions or Design Changes
Bibliography

• Diers “Competencies for the Adaptable Physician: Training Residents to Care for Vulnerable Populations” *Open Med Ed J*; 2009, 2; 26-35
AAP SOICH Toolkit

- 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
Other Resources

GHT Creating a Foundation Utilizing Best Practices

available free of charge on the GHEC website (www.globalhealtheducation.org, “Resources” section, for both “Students and Faculty”) in PDF format, and will be available for purchase in soft-cover as early as June, 2011 from electronic bookstores including BarnesandNoble.com and Amazon.com.
Contact Information

- **Cliff O’Callahan**
  Cliff_O’Callahan_MD @MIDHOSP

- **Cindy Howard**
  drcindy@umn.edu

- **Suzinne Pak-Gorstein**
  spakgor@uw.edu

- **Chuck Schubert**
  chuck.schubert@cchmc.org

- **Sabrina Wagner**
  swagner@pediatrics.wisc.edu
THANK YOU!