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HOME

GHLC COMMITTEE

GET INVOLVED

<u>RESOURCES</u>

Pediatric Global Health Education: Standardization, Implementation and Innovation

APPD 2018 Spring Meeting

March 20, 2018

Atlanta, GA

Session leaders are representatives from the APPD Global Health Learning Community Steering & Executive Committee

- S Christiana Russ MD, DTMH, Boston Children's Hospital
- Tania Condurache MD, MSc, University of Louisville School of Medicine
- Sabrina Butteris MD, University of Wisconsin
- S Michael Pitt MD, University of Minnesota
- S Heather Crouse MD, *Baylor College of Medicine*
- S Heather Lukolyo MD, MHS, Baylor College of Medicine
- S Joanne Mendoza MD, University of Virginia
- S Adelaide Barnes MD, Children's Hospital Philadelphia
- S Nicole St. Clair MD, University of Wisconsin

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Conflicts of Interest





Review a newly developed robust implementation guide for global health educators— the *Pediatric Program Director's Guide to Global Health*.



Identify audience-specific challenges, and develop actionable strategies to implement or improve global health education for pediatric trainees at participants' own institution.

THE THE MEDISSIPLE

Organize participants into work-groups based on the selected top five thematic areas of innovation in GH education, develop SMART goals, and draft work plan and timeline for identified scholarly projects.

| 1:00-1:30 | Introductions & needs assessment |
|-----------|---|
| 1:30-2:00 | Overview of a new resource GLOBAL HEALTH IN PEDIATRIC EDUCATION: <i>An Implementation Guide for Program Directors</i> |
| BREAK | |
| 2:15-3:15 | Small groups: SWOT analysis to identify challenges & solutions at your institutions |
| 3:15-3:45 | Large group: identify top thematic areas |
| BREAK | |
| 4:00-5:00 | Small groups: develop scholarly project ideas |
| 5:00-5:30 | Large group: report back, final Q&A, evaluations |



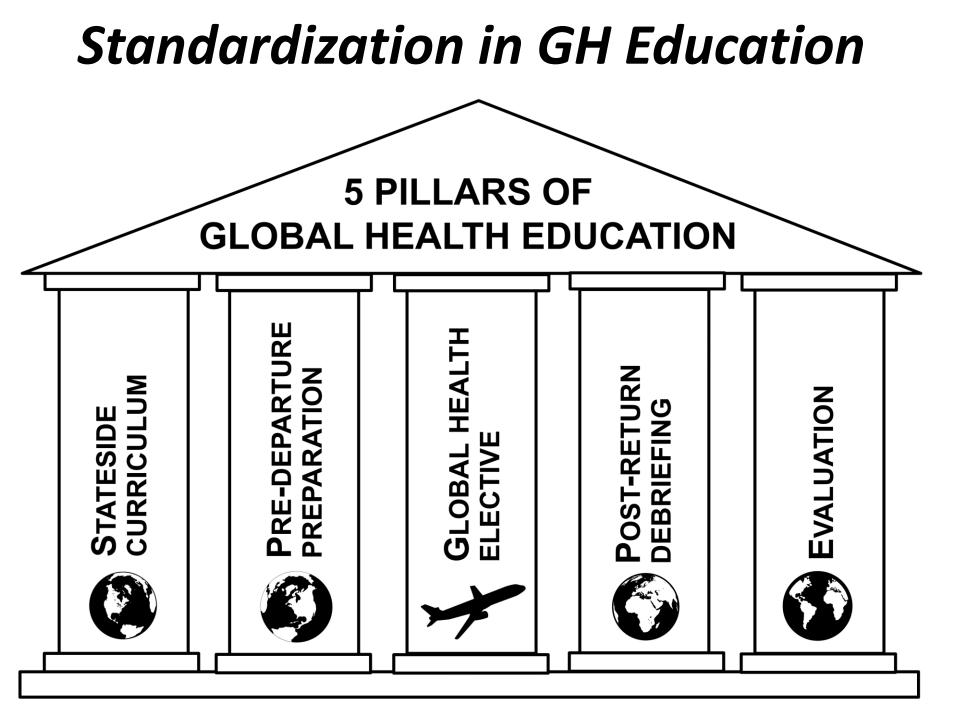






Audience Needs Assessment

What are you hoping to get out of this workshop?



Tiered Approach for Pediatric Global Health Training

TIER 3: Trainees with GH Career Interests - Scholarly projects

- GH Track / GH Residency
 - GH Fellowships
 - Advanced degree(s)

TIER 2: Trainees Doing Global Electives

Mentorship

- Pre-departure training, mentorship, partnerships

TIER 1: All Trainees

- Core conferences

- Integrated into noon conferences, morning report, etc.

Suchdev et al. A Proposed Model Curriculum in Global Child Health for Pediatric Residents. Acad Pediatr. 2012. Howard et al. Development of a Competency-Based Curriculum in Global Child Health. Acad Med. 2011.

GLOBAL HEALTH IN PEDIATRIC EDUCATION:

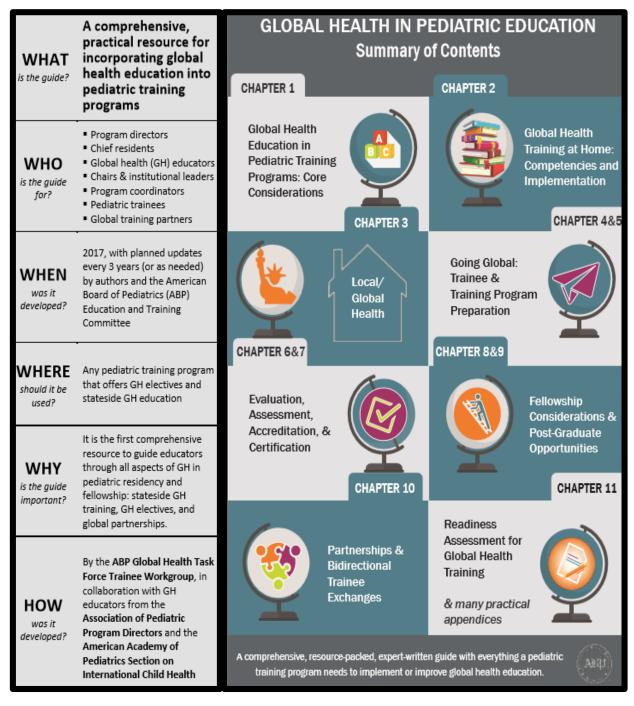
An Implementation Guide for Program Directors





Sumeet Banker, MD, MPH, Sabrina Butteris, MD, Tania Condurache, MD, MSc, Heather Crouse, MD, Heather Lukolyo, MD, MHS, Stephanie Marton, MD, Patricia (Trish) McQuilkin, MD, Michael Pitt, MD, Marideth Rus, MD, MEd, Christiana Russ, MD, Charles (Chuck) Schubert, MD, Gordon Schutze, MD, Nicole St Clair, MD, Andrew Steenhoff, MBBCh, Omolara Uwemedimo, MD, MPH, & Jennifer Watts, MD, MPH, on behalf of the Global Health Task Force of the American Board of Pediatrics

bit.ly/globalhealthpedspdguide



INTRO: Training globally-minded pediatricians

Trainee demand
 Stakeholders
 The "why" for global health training
 Target audience

GLOBAL HEALTH IN PEDIATRIC EDUCATION:

An Implementation Guide for Program Directors

CH 1: Global health education in pediatric training programs: core considerations



Table 1: Opportunities to integrate GH education into pediatric training programs,based on learner audiences.

Appendix A: Global Health Tracks in Pediatric Residency Programs

Appendix B: Position description for a GH Track Director (template)

Appendix C: Position description for a GH Track Program Coordinator (template)

GLOBAL HEALTH IN PEDIATRIC EDUCATION: An Implementation Guide for Program Directors CH 2: Global health training at home: implementation





Table 2: Examples of resources for pediatric GH curriculum development & delivery

CH 3: Local/global health



Table 3: Health considerations associated with human migration Table 4: Local/global competency-based objectives Appendix D: Local/global elective (example 1 week schedule)

CH 4: Going global: training program preparation

- Table 5: Checklist of considerations for trainees and program directors pertaining to GH electives and partnerships
- Table 6: Opportunities for scholarly dissemination of projects completed during GH electives.
- Appendix E: Evacuation insurance & emergency contact card
- Appendix F: Risk reduction agreement (template)
- Appendix G: Post-exposure guidelines for global health electives (template)
- Appendix H: Global health elective pre-travel health self-assessment (template)
- Appendix I: Culture shock & communication/social media guidelines
- Appendix J: Professionalism agreement / code of conduct (template)
- Appendix K: Guidelines for donations & customs considerations
- Appendix L: Resources for finding a global health elective Appendix M: Packing list (template)
- Appendix N: Themes and best practices identified in the literature for short-term global health engagement Appendix O: Choose your own adventure: case scenarios pertaining to global health electives



GLOBAL HEALTH IN PEDIATRIC EDUCATION:

An Implementation Guide for Program Directors

CH 5: Going global: trainee preparation



visits outside of a sustainable framework, and paternalistic pursuits. Also ensure that you have a firm understanding of the importance of cultural and professional humility prior to global engagement.

EXPLORE PERSONAL MOTIVATIONS FOR WORKING GLOBALLY

CHOOSE AN ETHICALLY SOUND GLOBAL HEALTH OPPORTUNITY Review the Working Group on Ethics Guidelines for Global Health Training (WEIGHT) recommendations pertaining to ethical partnerships, and seek apportunities that are ethically sound, mutually beneficial, and preceded by clear communication and agreement with the hosts regarding the purpose of your visit.

Avoid poverty tourism, seeking opportunities to practice outside the scope of your expertise, "drop-in"



ENSURE THAT GOALS ARE OPENLY ADDRESSED PRIOR TO THE VISIT

Clearly identify your professional goals and scope of practice and ensure that they are in line with the host goals for your visit. Also identify what documentation of licensure is required.



GAIN INSIGHT INTO THE IN-COUNTRY AND ON-SITE RESOURCES

When applicable, review formularies, supplies, other resources (e.g. clinical, research, etc.) at the host site.



RESEARCH THE REGION, PEOPLE, RELIGION(S), LOCAL LAWS, AND CUSTOMS

Engage in pre-departure cultural and language studies and, when able, meet with people from the region or who have traveled/worked in the region.



ASSESS AND PREPARE FOR ON-SITE PROFESSIONAL SCENARIOS

Identify the factors (e.g. resources, endemic diseases, infrastructure, etc.) that will inform modifications to your professional practice on-site, and determine what additional training is required prior to the visit to adapt to those factors.



ASSESS AND PREPARE FOR PERSONAL SCENARIOS DURING TRAVEL

Ensure that basic travel logistics are addressed and safety precautions are taken (e.g. registration with the Department of State Smart Traveler Enrollment Program; purchase of traveler and evacuation insurance; travel vaccines; malaria prophylaxis when applicable; post-exposure prophylaxis; safe modes of transportation; etc.).



RESEARCH AND RECOGNIZE CULTURE SHOCK

Review the stages of culture shock, and recognize them during your own experience. Prior to travel, identify resources to assist you during the rejection/frustration stage of culture shock.



ESTABLISH HOME COMMUNICATION PLANS THROUGH PRIVATE VENUES, AND IDENTIFY TIME FOR DEBRIEFING POST-RETURN

Ensure that communication meets professionalism guidelines (e.g. avoid public blogging, posting clinical photos, etc.), and that there is an opportunity established for debriefing post-return.



FOSTER CLEAR COMMUNICATION WITH HOSTS, INCLUDING DEVELOPMENT OF BIDIRECTIONAL PREPARATION GOALS, EXPLORATION OF OPPORTUNITIES FOR SUSTAINABLE COLLABORATION, AND INCORPORATION OF EVALUATION

Establish ongoing communication during and after the visit to optimize sustainability and future engagement, if applicable.

Source: St Clair et al, American Board of Pediatrics Global Health in in Pediatric Education: An Implementation Guide for Program Directors, 2018









JOHNS HOPKINS



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econd edition

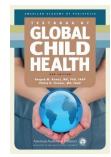
Procedural Education for Adaptation to Resource Limited Setting

Hospital care for children





The Practitioner's Guide to Global Health





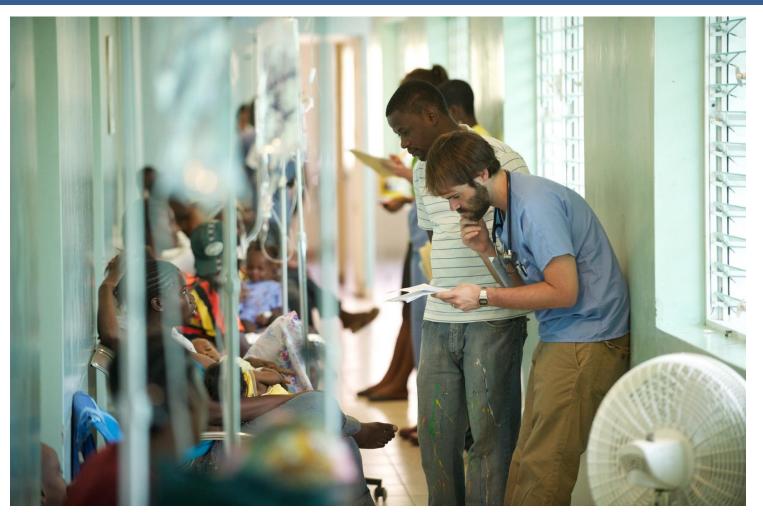
Ethical Challenges in Short-Term Global Health Training

BERMAN INSTITUTE

OF BIOETHICS

Appendix P: trainee planning timeline & checklist

CH 6: Evaluation & assessment: who, what, where, why & how



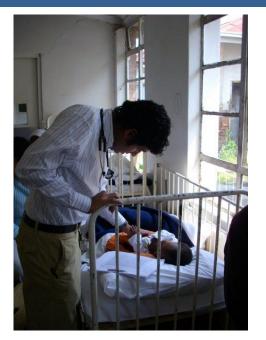
Appendix Q: Trainee assessment for GH electives (examples)

CH 7: Accreditation & certification considerations



- ✓ > 6 months requires review and approval by the ABP
- ✓ Individuals do not require ABP approval unless they impinge on the 6 month rule
- Programs are expected to seek global health elective preceptors who routinely provide health care to infants and children (not necessarily MD)

CH 8: Fellowship opportunities in global health



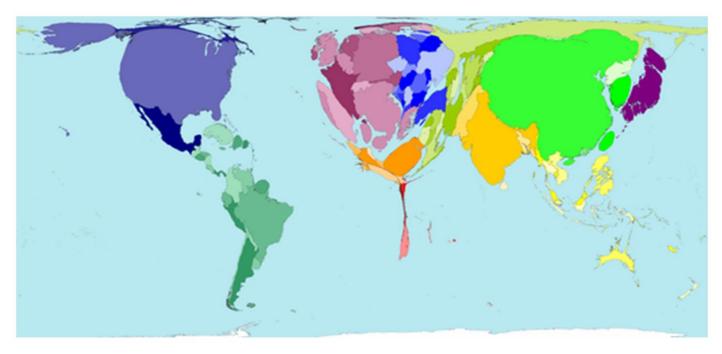




- Appendix R: Curriculum for a general pediatric GH fellowship
- Appendix S: Goals/objectives for a combined subspecialty-GH fellowship
- Appendix T: Combined subspecialty-GH fellowship training pathway
- Appendix U: Alternative pathway petition letter for GH training during pediatric subspecialty fellowship
- Appendix V: Draft schedule / block diagram for a fellow to include with ABP petition letter

CH 9: Post-graduate opportunities in global health

Physician Density Based on Country



Territory size shows the proportion of all physicians (doctors) that work in that territory. www.worldmapper.org

Table 7. Post-graduate career opportunities in global healthAppendix W: Global health resources after residency training

CH 10: Partnerships and bidirectional trainee exchanges



- Table 8: Benefits of Bi-Directional Exchanges of Learners within Global HealthPartnerships
- Table 9 Obstacles and Solutions Encountered During Implementation ofBidirectional Exchange between Lurie Children's and Bugando Medical Centre
- Table 10 Suggested Timeline for Implementation from Model Exchange at

 Indiana University
- Table 11: Example of 4-Week Curriculum for Visiting Trainees (from LurieChildren's/BMC Exchange)
- **Appendix X: Memorandum of understanding**

GLOBAL HEALTH IN PEDIATRIC EDUCATION:

An Implementation Guide for Program Directors

CH 11: Readiness assessment for global health training

STEP 1: Curriculum development

- Core curriculum integrated into standard residency training (noon conferences/afternoon sessions) and potentially into morning report and an advocacy curriculum. See Chapters <u>1</u>, <u>2</u> & <u>3</u>
 - o Harness local expertise both among faculty and in the community for curricular content
- GH Faculty Champion(s). This is critically important for successful development of GH training in a residency program. This person does not have to be an associate program director but an APD can be very advantageous in helping to focus the program on GH.

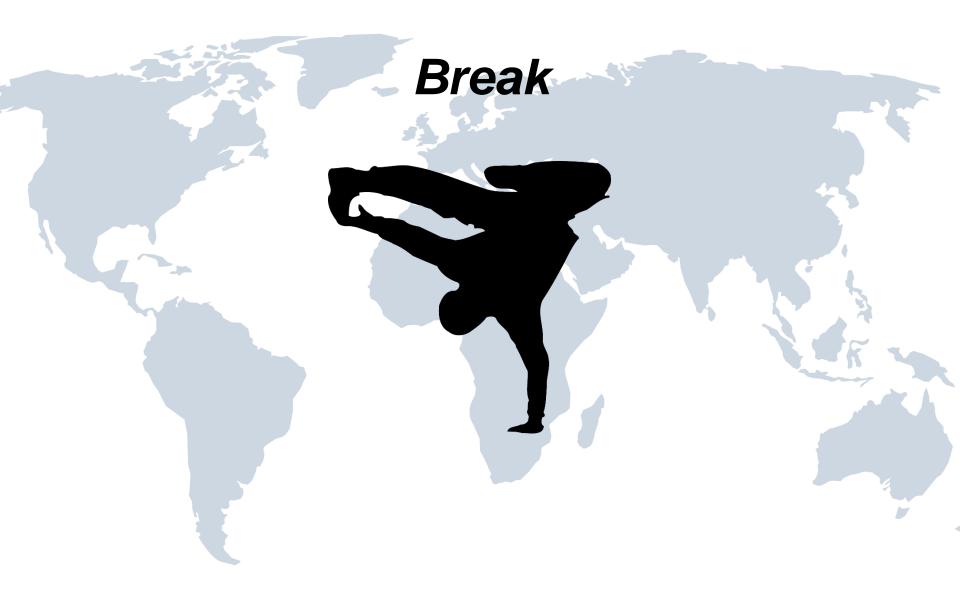
STEP 2: GH Elective (see Chapters 4 & 5)

- All of the above and:
- GH director
 - o Additional GH mentors for the trainees is ideal
- Checklist components in <u>Table 5</u> (for the institution and the trainee)
- Debriefing process
- Evaluation process (Chapter 6)
- +/- bidirectional training partnership (checklist in <u>Chapter 10</u>)

STEP 3: GH Track or Fellowship (see Chapter 1)

- All of the above and:
- Support of leadership (including residency program, department, hospital, and institution)
 - Refer to "Making the Global Pitch to the C-Suite" for leadership talking points (Appendix D)
- GH program director and core GH faculty assembled
 - More extensive mentorship process in place
- GH program coordinator
- Determination of required activities
- Expanded curriculum and consideration of the "individualized curriculum"
 - e.g. bootcamp, GH simulation sessions
- Competencies identified and linked to curricular and experiential elements
- GH sites: consideration of a true partnership with sites including bidirectional exchanges (refer to checklist in <u>Chapter 10</u>)
- Scholarly project process
- Fellowship-specific considerations, if applicable (<u>Chapter 8</u>)
- Pre-graduation evaluation





Implementation in GH Education

Small Groups...Go!

Using Worksheet #1, 60 minutes

What challenges do you face at your institution that prevent you from having your ideal global health education program?

What are some different areas of global health education that you might improve at your institution based on the PD Guide? What steps would you need to take to implement those changes?

Implementation in GH Education Large Group Report Back, 30 minutes

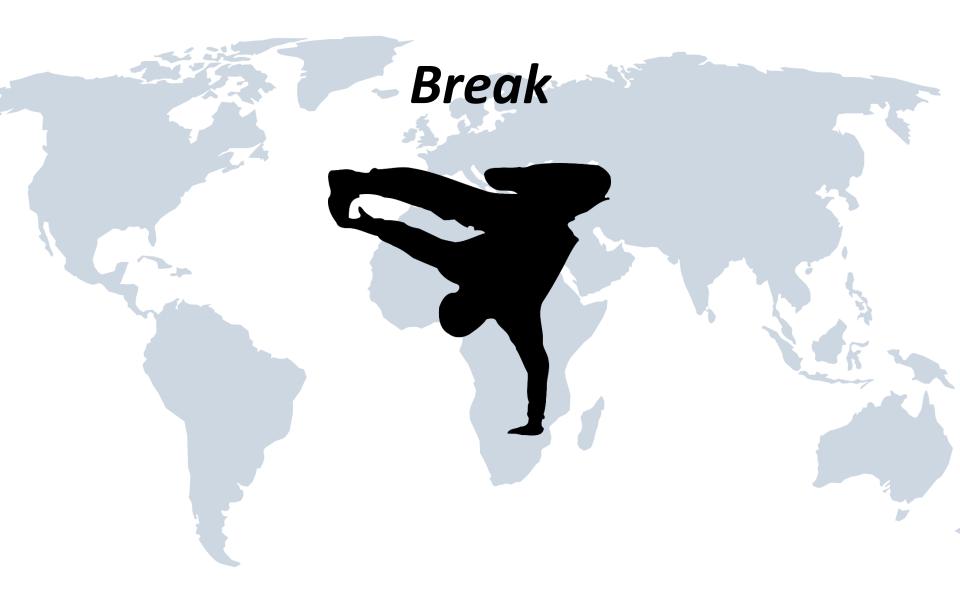
What are the key challenges that GH educators are facing in implementing high quality GH education?

What are the resources that already help address those challenges?

What are the potential areas for scholarly work?

Innovation in GH Education

Scholarly work groups...Go!



Preview of Additional Resources

pedsglobalhealthed.com

sugarprep.org

https://youtu.be/iV11exmWiPk

Using Worksheet #2, 60 minutes

- Strainstorm project ideas to address the identified challenge
- Develop SMART goals
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Timely
- Oraft workplan and timeline

Innovation in GH Education

Large group report back, 30 minutes

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



Section on International Child Health Section on International Medical Graduates

Global Child Health Abstract Symposium:

"Advocacy and Justice for Children at Home and Abroad"

Wednesday, 1:45-3:15: Earn MOC Part 4 Credit while Improving your Global Health Education Program

Thursday, 10:10-11:55 Global Health Table to Able

Questions? Alcy Torres, MD Abstract Chair artorres@bu.edu

Heather Crouse, MD Abstract Co-Chair hlcrouse1@gmail.com

Vayram Nyadroh Manager, International Relations soich@aap.org

For more information on NCE: http://www.aapexperience.org

Sunday, November 4, 2018, 8:00 AM – 5:30 PM AAP National Conference & Exhibition (NCE) Orlando, Florida

- The Section on International Child Health (SOICH) is partnering with the Section on International Medical Graduates (SOIMG) to host a joint abstract program on global child health.
- Abstracts in the categories of original research, program evaluation, and educational or advocacy initiatives will be considered. Selected abstracts will be accepted for podium (oral) or poster presentations.
- Submissions by members and non-members of SOICH and SOIMG are welcome; participation is open to health professionals in any field.
- Travel awards will be awarded to presenters of 3 accepted abstracts: (1) first author from a Low and Middle Income Country (LMIC) who is a trainee; (2) first author from a LMIC who is a non-trainee; (3) ICATCH awardee from a LMIC. Each award will reimburse travel costs up to \$3,000. Presenters who wish to apply for this award will submit a short application when submitting their abstract.

Deadline for submissions is Friday, April 13, 2018

Submit abstracts electronically to the AAP: https://www.conferenceabstracts.com/cfp2/login.asp?EventKey=HCAVHEXY Thursday, 1:30-3:00: Global Health Learning Community

Friday, 10:30-12: Introducing SUGAR PACK! Predeparture Activities Curricular Kit for Global Health Electives

Thank you!

Please complete your evaluations