

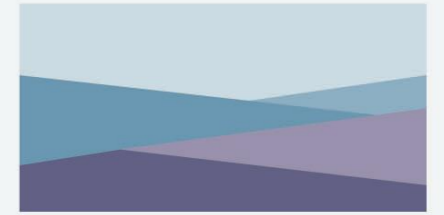


Promising Best Practices: Intersections of Global Health and International Education

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UCSF Department of Family and Community Medicine
Board of Directors, American Academy of Family Physicians
(AAFP) Center for Global Health Initiatives

NEW HORIZONS
IN INTERNATIONAL
EDUCATION

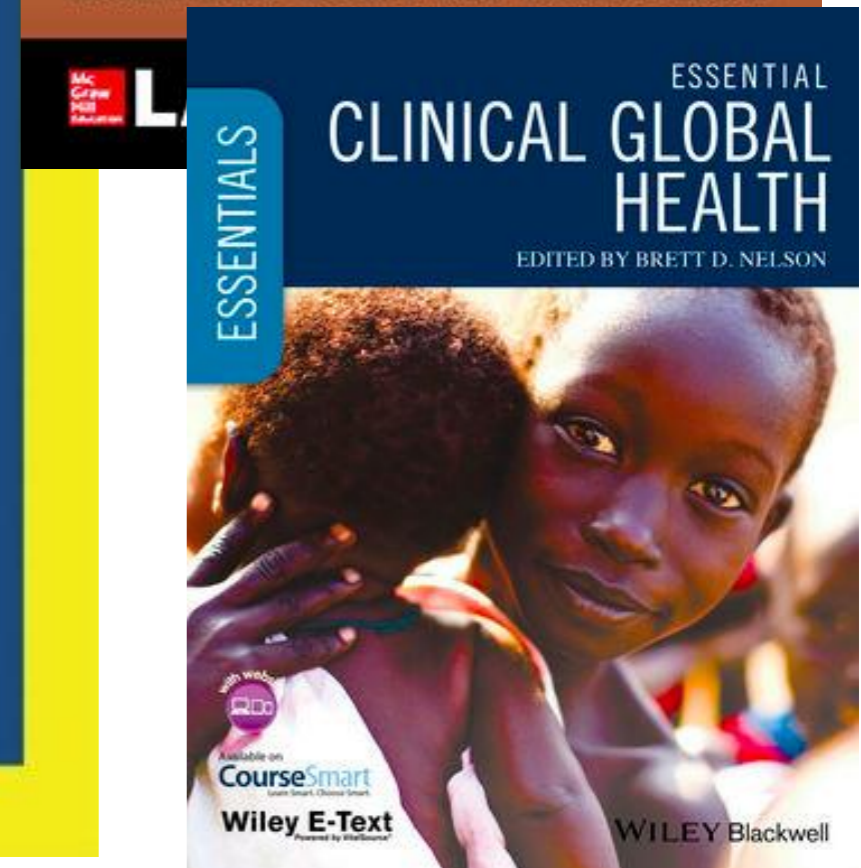
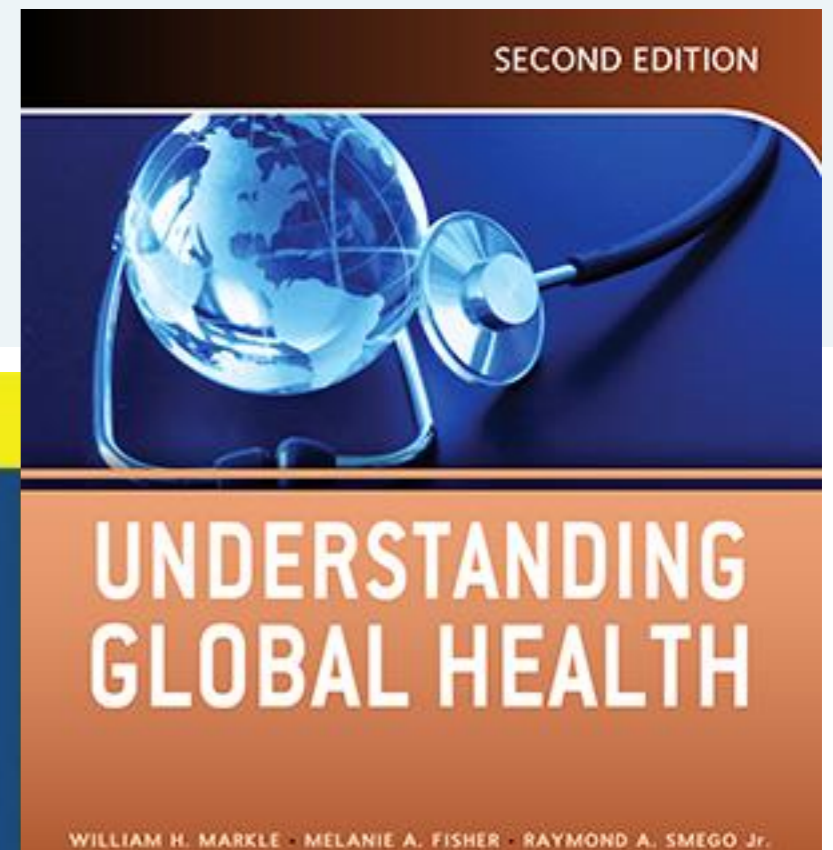
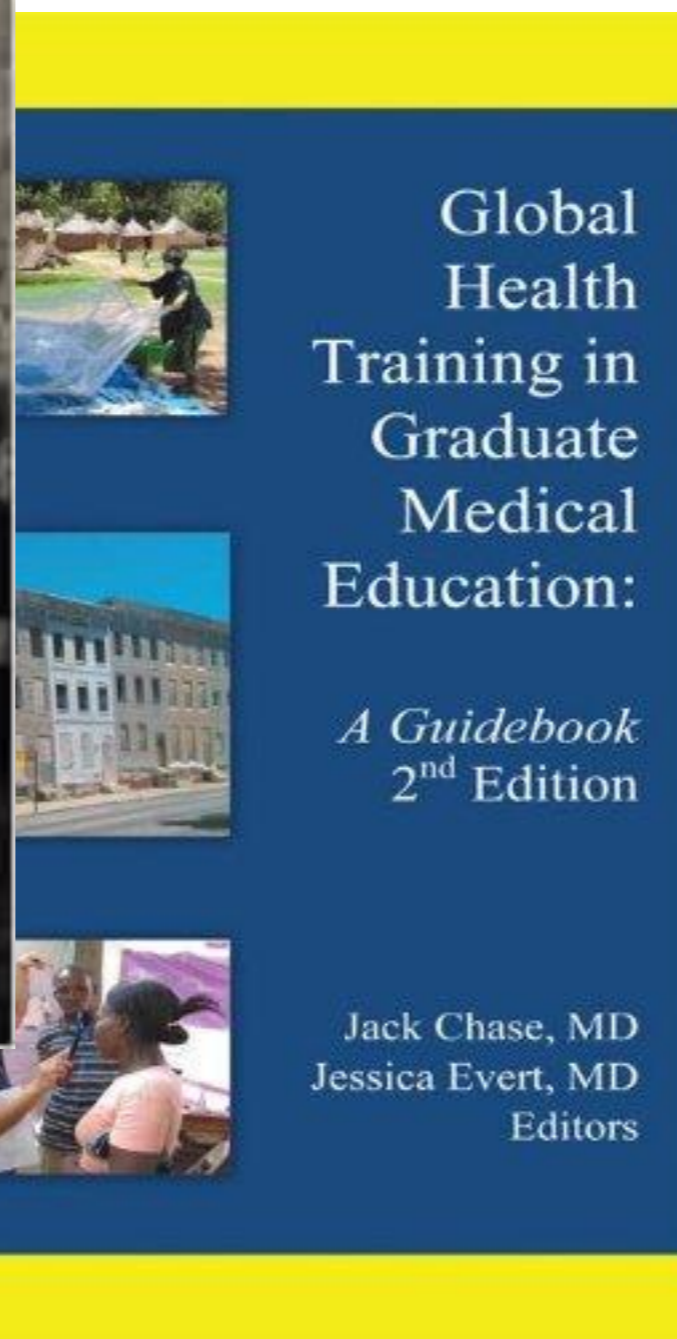
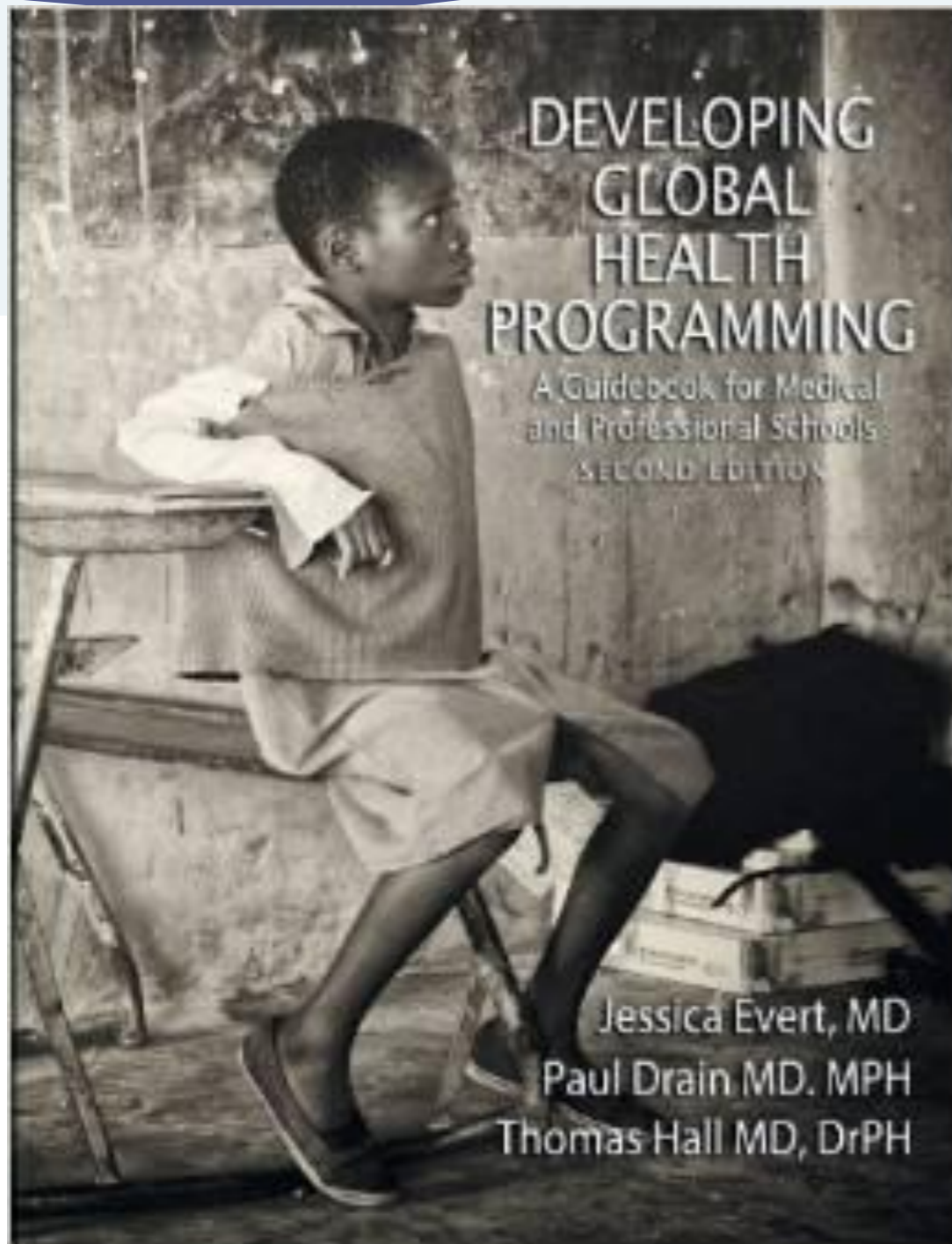


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What is Global Health?

“a field of study, research, and practice that places a priority of achieving equity in health for all people. Global health involves multiple disciplines within and beyond the health sciences, is a synthesis of population-base prevention with individual level clinical care, promotes interdisciplinary collaboration, and emphasizes transnational health issues and determinants.”

Koplan et al. Consortium of Universities for Global Health Executive Board: Towards a common definition of global health. Lancet. 2009; 1993-1995.

OR....

“a concept fabricated by developed countries to explain what is regular practice in developing nations.”

Consortium of Universities in Global Health. 2008. Annual Report.

ARTICLES

GLOBAL HEALTH ETHICS FOR STUDENTS

ANDREW D. PINTO AND ROSS E.G. UPSHUR

Keywords
global health,
international health,
ethics,
students,
education

ABSTRACT

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Ethics and Best Practice Guidelines for Training Experiences in Global Health

John A. Crump*, Jeremy Sugarman* and the Working Group on Ethics Guidelines for Global Health Training (WEIGHT)†

[+ Author Affiliations](#)

GLOBAL HEALTH ESSENTIAL CORE COMPETENCIES

All medical graduates should understand the major factors that influence the health of individuals and populations worldwide. They should have a basic understanding of the complexity of global health issues, especially in low-resource settings, and be able to identify sources of information concerning global health topics. They should appreciate the role of physicians as advocates for improving the health of patients and populations in their

Global Health Competencies & Practice

International Education/Service-Learning Pedagogies & Best Practices

Resource-Conscious, multi-cultural setting (LMIC or HIC)

- and community care (e.g., patient privacy, coding, immunizations, etc.).
- f. Ensure students meet language competency or that language services are available for students in all settings. Programs should consider compensating translators when they are required to assist in student interactions.
- g. Ensure pre-departure training, onsite orientation and reentry assessment and feedback are available for all students. These should address ethics and impart an understanding of the student's responsibility for their actions while abroad.

3. **Student Learning and Development:** Programs should identify appropriate student learning and development outcomes specific to the experience:

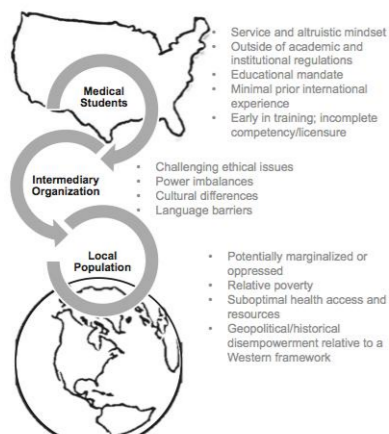
- a. Ensure learning and development outcomes are appropriate for undergraduate students.
- b. Ensure learning outcomes focus broadly on professionalism, standards of practice, ethics, cultural competency, language proficiency, community health, patient safety and personal safety.

4. **Academic Framework:** Programs should clearly articulate the academic requirements of students prior to placing them in an experiential setting.

- a. Ensure undergraduate students have adequate academic education that matches expectations in the experiential setting, including but not limited to medical language skills.
- b. When students are involved in research, assure all projects are reviewed by the appropriate oversight body for every entity involved.

5. **Clinical or Community Health Experiences:** Experiential opportunities should be offered in collaboration with established, licensed health care and public health organizations located in the host communities. Prior to students participating in an experience, host programs should negotiate and come to agreement with the experiential institutions to ensure student learning and safety objectives will be met. Through negotiation, host programs and experiential institutions will:

- a. Establish that the primary purpose of the experience is learning about health care and public health and provide an opportunity for students to learn about the host community's health care system and its challenges.



Oath of Global Ambassadors for Patient Safety

This certificate confirms that I have completed the University of Minnesota Health Careers Oath. I agree with and am committed to my responsibilities for patient safety while abroad.

UNIVERSITY OF MASSACHUSETTS BOSTON

50 Years

It is unethical for me to practice direct patient care in a country I am visiting. Regardless of the boundaries and safety, and would be placing that patient at considerable risk.

Signature

Date

Internships, Service Learning and Volunteering Abroad: Successful Models and Best Practices



ETHICAL AWARENESS IN GLOBAL HEALTH: FOUR CASES FOR MEDICAL EDUCATORS

MARY WHITE AND JESSICA EVERT

Keywords
Education,
developing world bioethics,
medical ethics,
research ethics

ABSTRACT

In recent years, the growth of interest in global health among medical students and residents has led to an abundance of short-term training opportunities in low-resource environments. Given the disparities in resources, needs and expectations between visitors and their hosts, these

MEXICO

OAXACA

- Realities of Health Access & Inequities

MEXICO

PUERTO ESCONDIDO

- Tropical Medicine & Community-Based Care
- Women's Reproductive Health

INDIA

MUMBAI/PUNE

- Confronting Tropical Disease Challenges
- Maternal & Child Health

INDIA

RURAL HIMALAYAS

- Rural/Urban Himalayan Rotation
- Intro to Traditional Medicine

ECUADOR

QUITO /PUYO /CHONE

- Amazon Community & Indigenous Health
- Andean Health
- Implementing Universal Healthcare
- Reproductive Health
- Urban & Rural Comparative Health
- Infectious Disease Eradication
- Sonrie Ecuador-Dental Program

BOLIVIA

LA PAZ

- Pediatric Health & Adolescent Medicine

BOLIVIA

TARIJA

- Healthcare in Remote Southern Bolivia

SOUTH AFRICA

DURBAN

- HIV/AIDS & Healthcare

SOUTH AFRICA

CAPE TOWN

- Healthcare Challenges

INDIA

NEW DELHI

- Public Health & Community Medicine
- Sight for All-Ophthalmology Rotation

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Essential Components of Global Health Education Programs



Curricular Scaffolding & Pre-departure Training

Goal & Expectation Setting, Competency/Learning Objectives

Onsite orientation/safety/security



Experiential/Imbedded Learning (+/- Service)

Integration into Career & Citizenship

Structured Reflection



Assessment & Evaluation



CFHI
child family health
international

Accreditation & Professional Standards

11.3 Oversight of Extramural Electives

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student. Information about such issues as the following student and the medical school in order to inform the student experience prior to its approval:

- Potential risks to the health and safety of patients, staff
- The availability of emergency care
- The possibility of natural disasters, political instability
- The need for additional preparation prior to, support elective
- The level and quality of supervision

Subject: ADA House Resolution 31H-2010

We are writing to share with you the American Dental Association's (ADA) policy regarding students' participation in dental outreach programs first proposed by the American Student Dental Association and the Pennsylvania Dental Association last fall. The 2010 House of Delegates supported the concept and adopted Resolution 31H-2010: Participation in Dental Outreach Programs:

Resolved, that it be policy of the American Dental Association (ADA) that students in U.S. dental schools and pre-dental programs who participate in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) be strongly encouraged:

- To adhere to the ASDA Student Code of Ethics and the ADA *Principles of Ethics and Code of Professional Conduct*;
- To be directly supervised by dentists licensed to practice or teach in the United States;
- To perform only procedures for which the volunteer has received proper education and training.

The dedication of the growing number of volunteers who work in some of the world's most deprived communities is fully supported by the American Dental Association. However, we have experienced a sense of increasing uneasiness that some volunteers, albeit with good

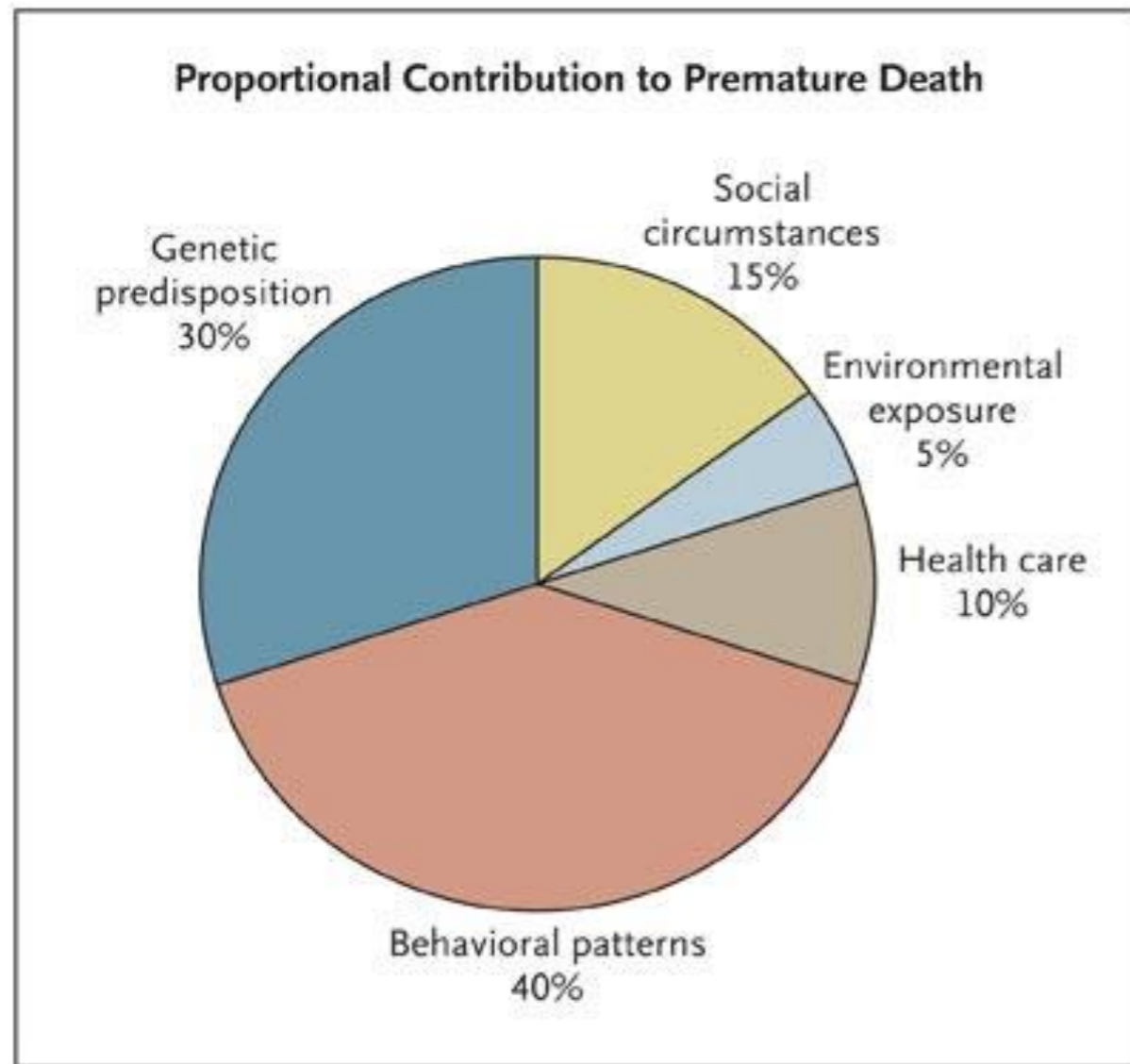


Association of
American Medical Colleges
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Guidelines for Premedical and Medical Students Providing Patient Care
During Clinical Experiences Abroad

Acquiring exposure to a variety of health-related clinical settings is a vital part of premedical and medical student preparation. Many students are now taking advantage of opportunities to gain clinical experiences abroad, where regulations governing the procedures that students can perform on patients are often less stringent and well defined than in the United States and Canada. Additionally, existing local regulations may not be uniformly or fully enforced. While many students have had beneficial experiences through involvement in patient care activities

Competencies



Schroeder SA. NEJM 2007;357:1221-1228

Level I: Global Citizen Level Competency sets required of all post-secondary students pursuing any field with bearing on global health.

Level II: Exploratory Level

Competency sets required of students who are at an exploratory stage considering future professional pursuits in global health or preparing for a global health field experience working with individuals from diverse cultures and/or socioeconomic groups.

Level III: Basic Operational Level

Competency sets required of students aiming to spend a moderate amount of time, but not necessarily an entire career, working in the field of global health.

Two sub-categories exist in Level III:

Practitioner-Oriented Operational Level: Competency sets required of students practicing discipline-specific skills associated with the direct application of clinical, public health skills acquired in professional training and direct application of non-health fields' (e.g., law, economics, environmental sciences, engineering, anthropology, and others) discipline-specific skills applied to relevant problems and tasks encountered in global health.

Program-Oriented Operational Level: Competency sets required of students within the Basic Operational Level in the realm of global health program development, planning, coordination, implementation, training, evaluation, or policy.

Level IV: Advanced Level

Competency sets required of students whose engagement with global health will be significant and sustained. These competencies can be framed to be more discipline-specific or tailored to the job or capacity in which one is working. This level encompasses a range of study programs, from a masters level degree program, up to a doctoral degree with a global health-relevant concentration. Students enrolling in these programs are usually committed to a career in global health-related activities.

Jogerst, K., Callender, B., Adams, V., Evert, J., Fields, E., Hall, T., Olsen, J., Rowthorn, V., Rudy, S., Shen, S., Simon, L., Tores, H., Velji, A., & Wilson, L.. Identifying interprofessional global health competencies for 21st century health professionals. Annals of Global Health. (to be published May 2015)

Primary role of students is learners. Program structure is related to learning outcomes.

Global Health Educational Engagement—A Tale of Two Models

Jasmine Rassiwalla, Muthiah Vaduganathan, MD, MPH, Mania Kupershtok, Frank M. Castillo, MD, MA, and Jessica Evert, MD

Abstract

Global health learning experiences for medical students sit at the intersection of capacity building, ethics, and education. As interest in global health programs during medical school continues to rise, Northwestern University Alliance for International Development, a student-led and -run organization at Northwestern University Feinberg School of Medicine, has provided students with the opportunity to engage in two contrasting models of global health educational engagement.

Eleven students, accompanied by two

in December 2010. This model allowed learning within a familiar Western framework, facilitated high-volume care, and focused on hands-on experiences. This approach aimed to provide basic medical services to the local population.

In July 2011, 10 other Feinberg students participated in a four-week program in Puerto Escondido, Mexico, which was coordinated by Child Family Health International, a nonprofit organization that partners with native health care providers. A longer duration, homestays, and daily language classes hallmarked

the cultural and ethical of visiting medical students population. This program providing a holistic cultural for rotating students.

Establishing comprehensive curricula requires finding between providing medical a fulfilling educational experience honoring the integrity of that are medically underserved article provides a rich comparison between two global health models and aims to inform



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Article



All-indigo rainbow

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New 'Doctors Without Licenses' Program Provides Incompetent Medical Care To Refugees

NEWS IN BRIEF • Doctors • Healthcare • News • ISSUE 50-08 • Feb 25, 2014

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NAFSA
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Structured (Critical) Reflection

2010, 1–6, Early Online



TWELVE TIPS

Twelve tips for teaching reflection at all levels of medical education

LOUISE ARONSON

University of California, USA

Abstract

Background: Review of studies published in medical education journals over the last decade reveals a diversity of pedagogical approaches and educational goals related to teaching reflection.

Aim: The following tips outline an approach to the design, implementation, and evaluation of reflection in medical education.

Method: The method is based on the available literature and the author's experience. They are organized in the sequence that an educator might use in developing a reflective activity.

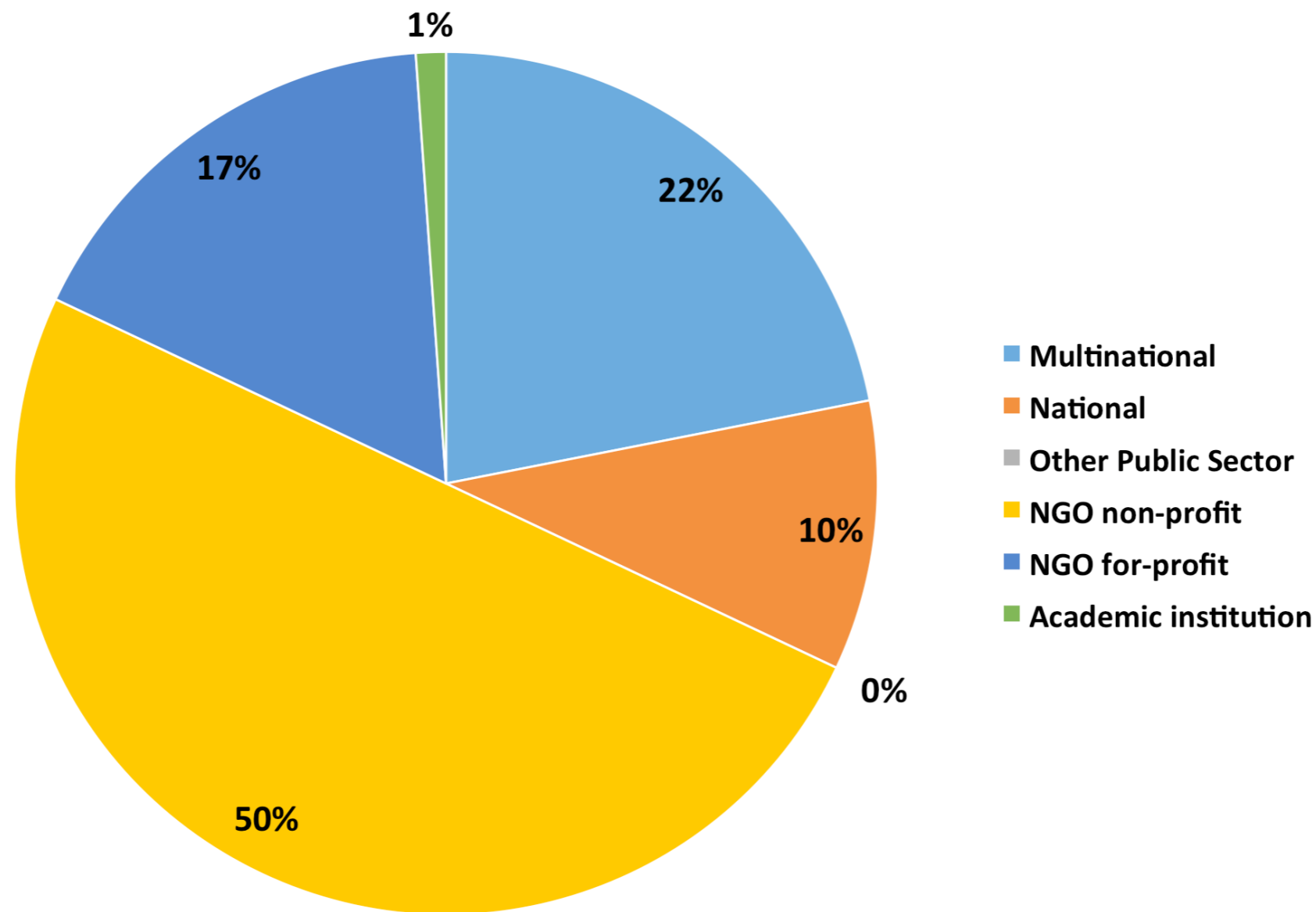
Results: The 12 tips provide guidance from conceptualization and structure of the reflective exercise to implementation and feedback and assessment. The final tip relates to the development of the faculty member's own reflective ability.

Conclusion: With a better understanding of the conceptual frameworks underlying critical reflection and greater advance planning, medical educators will be able to create exercises and longitudinal curricula that not only enable greater learning from the experience being reflected upon but also develop reflective skills for life-long learning.

Assessment/Evaluation

- Assessment of trainee progression toward competencies (knowledge, attitude, skill)
- Trainee evaluation of program
- Assessment of external target impacts (ie. For targeted interventions, health measures, etc).
- Assessment of impact of trainee and/or institution on host setting
- Host/partners evaluation of partnership
- Assessment of progress toward institutional/program goals

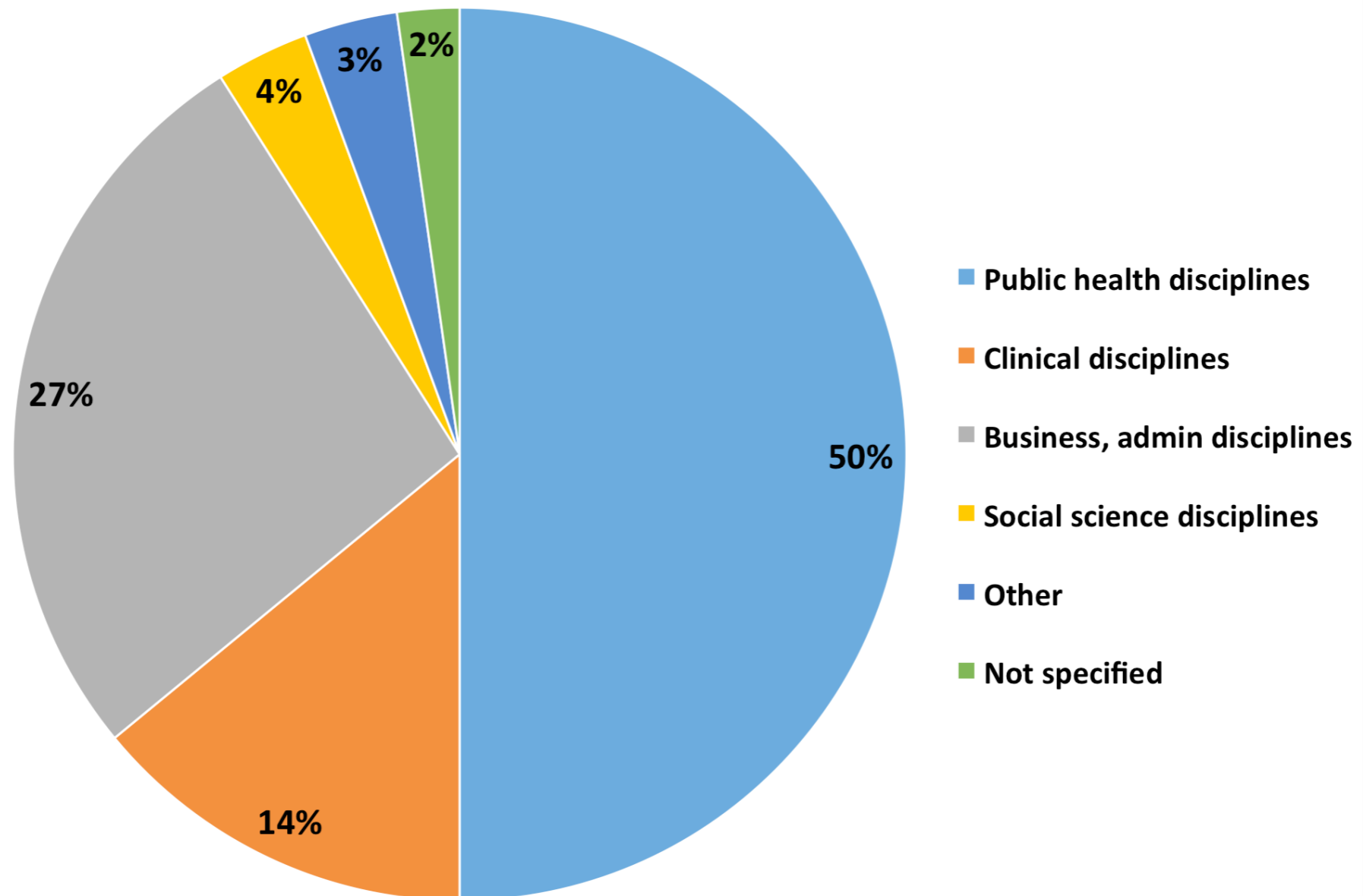
Considering Career Opportunities in Global Health



Types of global health employers by sector

Eichbaum Q, Hoverman A, Cherniak W, Evert J, Nezami E, Hall T. Career opportunities in global health: A snapshot of the current employment landscape. Journal of Global Health. June 2015; doi: 10.7189/jogh.05.010302.

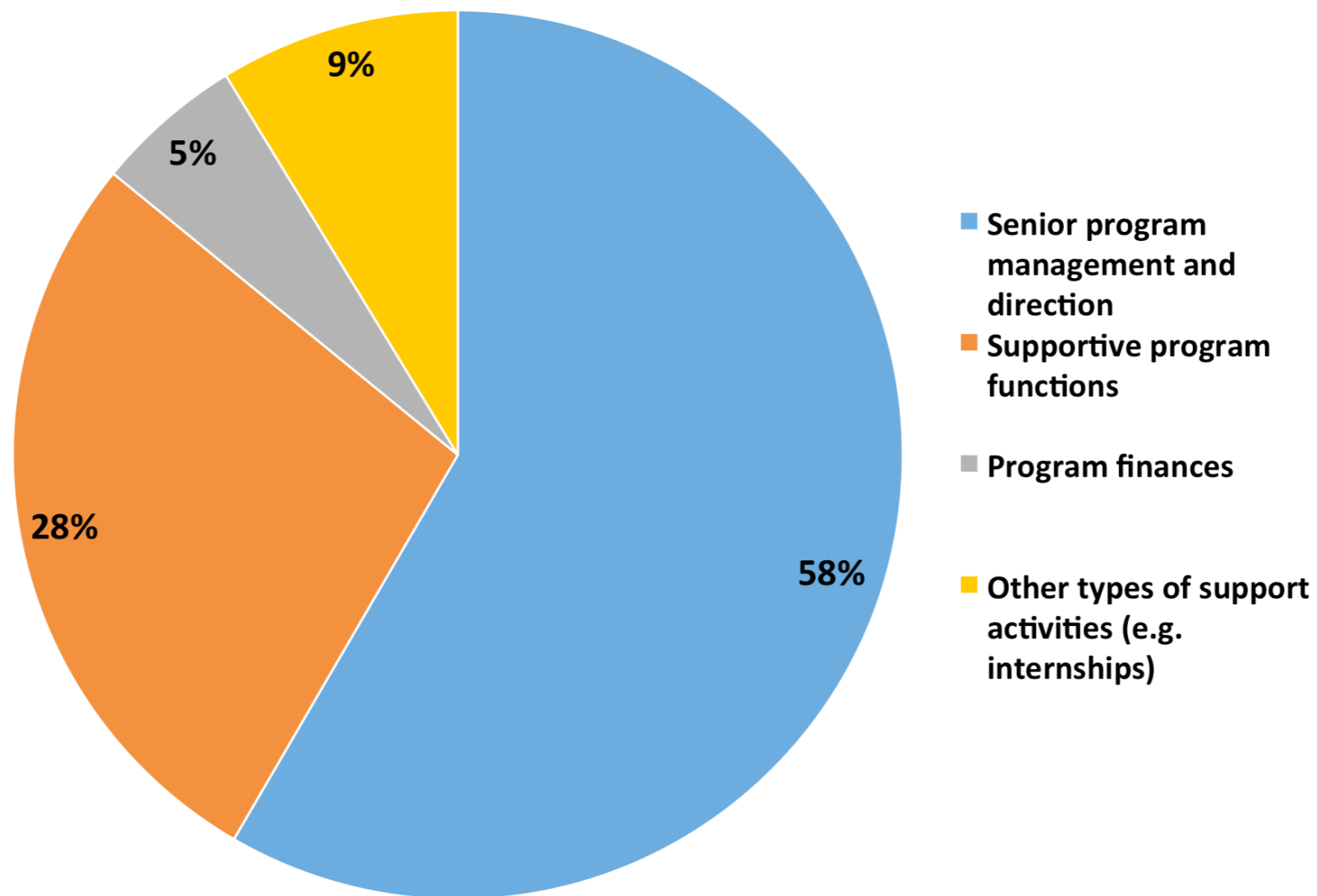
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Disciplines sought by global health employers

Eichbaum Q, Hoverman A, Cherniak W, Evert J, Nezami E, Hall T. Career opportunities in global health: A snapshot of the current employment landscape. *Journal of Global Health*. June 2015; doi: 10.7189/jogh.05.010302.

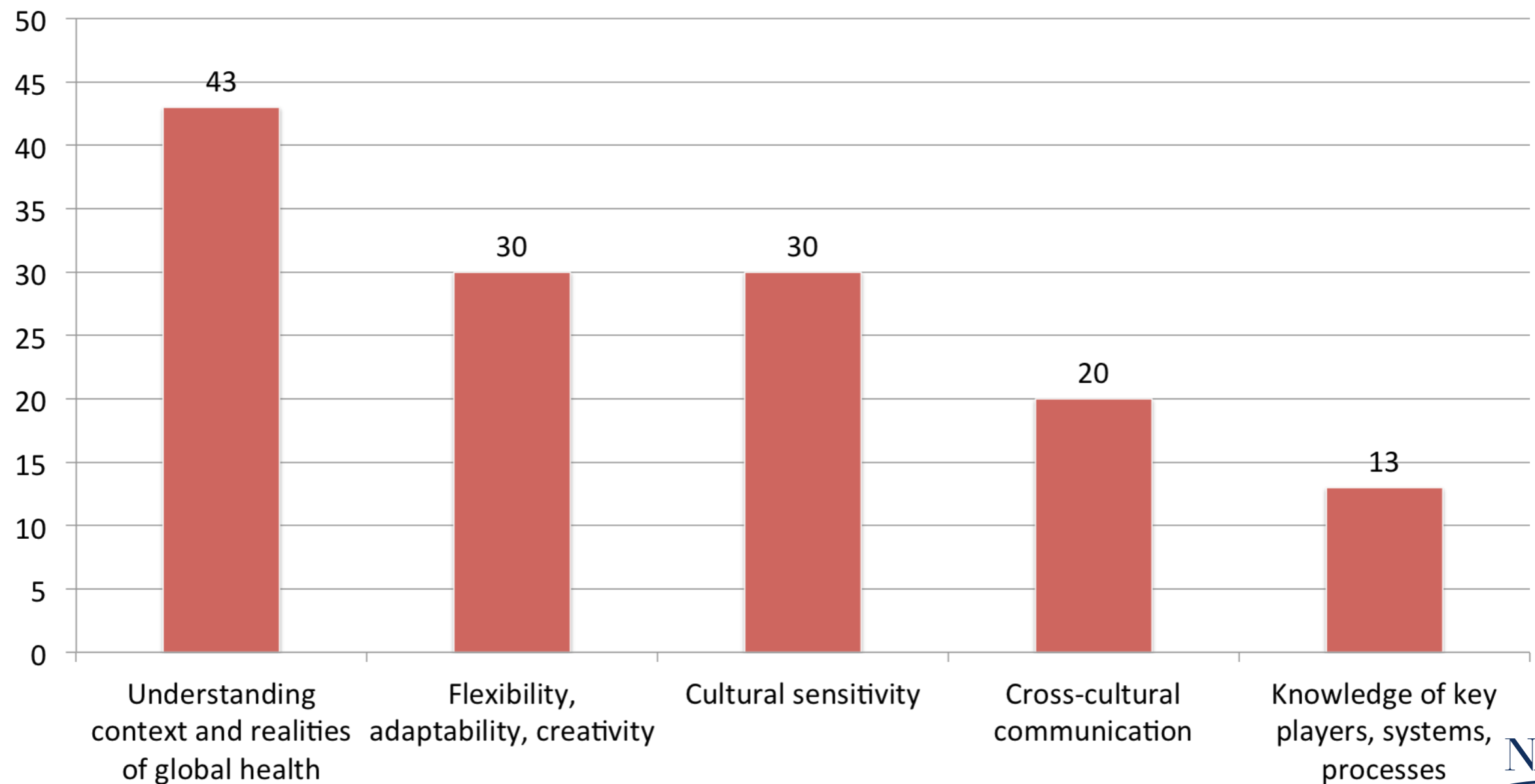
Considering Career Opportunities in Global Health



Types of positions offered by global health employers

Perceived Weaknesses: Opportunities for International Education

Perceived Weaknesses of Domestic Health Professionals Moving to Global Health



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