

Global Learning in the Health Professions

Globalization is reshaping education worldwide...

- More than ever, in the health professions there is a shift toward global interdependence...mutual dependence at a global level.
- We ARE educating "global health professionals", and addressing health issues that transcend geographic boundaries
- We need to close the gaps re: global learning in health professions education
- Health professions education is global by design
 - And community based, particularly for underserved populations









Educating the Next Generation of Global Health Professionals: Educational Frameworks

LIAISON COMMITTEE ON MEDICAL EDUCATION

Council on Education for Public Health

JS•MLE

United States Medical Licensing Examination

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The Lancet Commissions



THE LANCET

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk", Lincoln Chen", Zolfigar A Blistos, Jordon Golven, Algel Crigo, Timothy Evens, Honey Fineberg, Patricle Garcia, Yang Ke, Patricli Rylley. Bany Krimanamy Afrif Meleri, David Naylor, And Feblis Mendez, Srimsth Beddy, Sunan Scrimshow, Jaime Sepulvella, David Servadido.

Executive summary

Problem statement

100 years ago, a series of studies about the education of health professionals, led by the 1900 Flexner report, sparked groundbreaking reforms. Through integration of modern science into the curricula at university-based schools, the reforms equipped health professionals with the knowledge that contributed to the doubling of life span during the 20th century.

By the beginning of the 21st century, however, all is not within and between countries, underscoring our collective failure to share the dramatic health advances equitably. At the same time, fresh health challenges loom, New infectious, environmental, and behavioural risks, at a time of rapid demographic and epidemiological transitions, threaten health security of all. Health systems worldwide are struggling to keep up, as they become more complex and costly, placing additional demands on health workers.

Professional education has not kept pace with these challenges, largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates. The problems are systemic mismatch of competencies to patient and population needs; goor transwork; persistent gender stratification of professional status; narrow technical focus without broader contextual understanding: episodic encounters rather than continuous care: predominant hospital orientation at the expense of primary care; quantitative and qualitative imbalances in the professional labour market, and weak leadership to improve health-system performance. Laudable efforts to address these deficiencies have mostly floundered, partly because of the so-called tribalism of the professions-ie, the tendency of the various professions to act in isolation from or even in competition with each other.

Redesign of professional health education is necessary and timely, in view of the opportunities for mutual learning and joint solutions offered by global interdependence due to acceleration of flows of knowledge, technologies, and financing across borders, and the migration of both professionals and patients. What is clearly needed in a thorough and authoritative re-examination of health professional education, matching the ambitious work of a century ago.

That is why this Commission, consisting of well. Glaring gaps and inequities in health peniet both 20 professional and academic leaders from diverse countries, came together to develop a shared vision and a common strategy for postsecondary education in medicine, mirring, and public health that reaches beyond the confines of national borders and the silos of individual professions. The Commission adopted a global outlook, a multiprofessional perspective, and a systems approach. This comprehensive framework considers the connections. Jamo P Grant School of Patter between education and health systems. It is centred on people as co-producers and as drivers of needs and demands in both systems. By interaction through the unauntainequal labour market, the provision of educational services restourcements generates the supply of an educated workforce to meet the demand for professionals to work in the health system. To have a positive effect on health outcomes, the professional education subsystem must design new instructional and. Governing Chies.

Worldwide, 2420 medical schools, 467 schools or Naving University of departments of public health, and an indeterminate number of postsecondary numing educational institutions train about 1 million new doctors, marses, on Garata Parto Nation 1870 midwives, and public health professionals every year. Severe institutional shortages are exacerbated by maldistribution, both between and within countries.

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COLLEGIATE NURSING

Commission on Dental Accreditation



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International Educators

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Are we training global health professionals?...







ARE we training global health professionals?...







Are we training global health professionals?...





The most significant perceived learning gaps in domestic-only preparation:









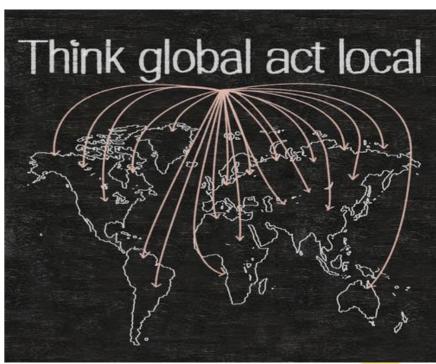




Key challenges faced by the institution....

- Students are demanding more global learning...it's hard to keep up!
- Student/health professional migration
- Program quality & ethical concerns
- Risk management, safety & security (international and community engagement)
- Institutional priorities/resource needs
- Requires curricular changes/re-alignment (accreditation requirements)
 - High-Impact Global Learning Experiences/Curricular Design
- Many stakeholders involved (interprofessional education)
- Drive for revenue vs balance for teaching excellence/research
- Maintaining a healthy balance of international vs "glocal" engagement







High-impact Global Learning at Drexel University?

About Drexel University
Philadelphia, Pennsylvania (Urban University)
28,000 students; 12 colleges/schools



- 1891: Anthony J. Drexel founds the Drexel Institute in Philadelphia
- 1919: Curriculum incorporates Co-operative education

 (at Drexel, undergrads: 1-3 co-ops, 6-18 months of work experience)
- 2002: Drexel acquires the College of Nursing and Health Professions, the College of Medicine, and the School of Public Health from MCP Hahnemann University
- 2014: SPH moves to University City Campus
- 2015: Dana and David Dornsife School of Public Health (transformative gift)





DORNSIFE SCHOOL OF PUBLIC HEALTH AT DREXEL UNIVERSITY







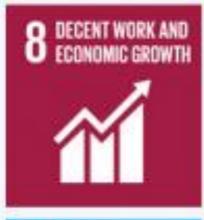
































Opening Doors Health Disparities Research Training

The Opening Doors Program is designed to provide undergraduates (from any accredited college/university), Drexel SPH master's and doctoral students, and Drexel medical students with education and training to pursue advanced study and careers as health disparities researchers.



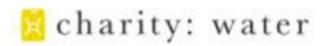


Partnerships: Critical to success



Corporate/N GO Partner

































Partnership

- 49 NGO staff enrolled in online global health certificate (WASH cohort)
- Participants from 19 countries across Sub-Saharan Africa
- Mentoring Drexel University Dornsife Global Development Scholars
- (3-6 month field experiences)

DRI & Drexel WASH Capacity/Building Program



Drexel University

The Problem:

insufficient human resource capacity in developing countries across disciplines related to water, sanitation and hygiene (WASH) remains one of the most significant barriers to effective and sustainable service provision. In most developing countries, there are large experienced international non-governmental organizations (NGOs) operating in the WASH sector but their local field staff often lack the necessary technical human resource capacity to effectively implement WASH interventions. To help World Vision, and ultimately other NGOs, address these human resource capacity needs, the Desert Research Institute (DRI) and Drexel University are collaborating to provide technical capacity training and action research through a series of competency-based training modules to field staff across Africa.

The Program:

The DRI and Drexel courses will all be for academic credit and will be taught online as well as in the field; each course will include a 7-10 day module, which will be taught in person in Africa. There are two tracks for the program — a certificate in International WASH at DRI/University of Nevada, Reno and a certificate in Global Health (WASH track) at Drexel University. Upon admission into a bachelors, masters or PhD program, credits earned from the Drexel certificate program, with a grade of "B" or higher, can be applied toward undergraduate or graduate degree program requirements. Drexel University will offer the following courses in the program: 1) Monitoring & Evaluation; 2) Sanitation; 3) Hyglene Promotion; 4) Behavior Change, Social and Software Aspects of WASH; and 4) Health Aspects of WASH.







Monitoring and Evaluation (M&E):

Monitoring and evaluation (M&E) is an essential tool to collect and provide evidence of outcomes in development practice. WASH M&E initiatives provide insightful, field-level information and analysis that drives accurate and timely project oversight, informative reports to donors and stakeholders, and tracking and evaluation of project efficacy. The goal of this 3-credit course is to guide students in understanding the theories, methods, and application of design of monitoring and evaluation frameworks, including gender-sensitive, mixed methods approaches to M&E at the nexus of WASH and global health. This course addresses both theory and practice; students will be able to put into practice the key steps for designing an M&E pian. Case studies to gain M&E practical experience, including engendered M&E project frameworks, will also be employed during the course.

2) Evidence and Practice in Global WASH: Hygiene Promotion:

The primary and direct impact of WASH is on health and of all health impacts, the most significant is the prevention of water-related disease, including diarrheal disease. Primary barriers to water related disease transmission include both physical infrastructure (e.g. wells and latrines), and hygienic practices and behaviors. The goal of this 3-credit course is to explore the fundamentals of hygiene promotion and behavior change in WASH, including the main methods and approaches, as well as the community engagement aspects of WASH programming. Upon completion of this course, students will be able to analyze the importance of community hygiene promotion in WASH projects, demonstrate how to implement participatory community hygiene promotion campaigns, define approaches used to hygiene promotion and behavior change in successful WASH projects, and recognize practical hygiene promotion and behavior change strategies used at the nexus of WASH and global health.

Program Costs

The cost of the program is being subsidized by donations from the Domsife Family, Drexel University Online and the Drexel University School of Public Health.

Contact Information

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OPPORTUNITIES FOR UNDERGRADUATE AND GRADUATE STUDENTS FROM ALL MAJORS AND DISCIPLINES AT DREXEL (3-6 months in the field)

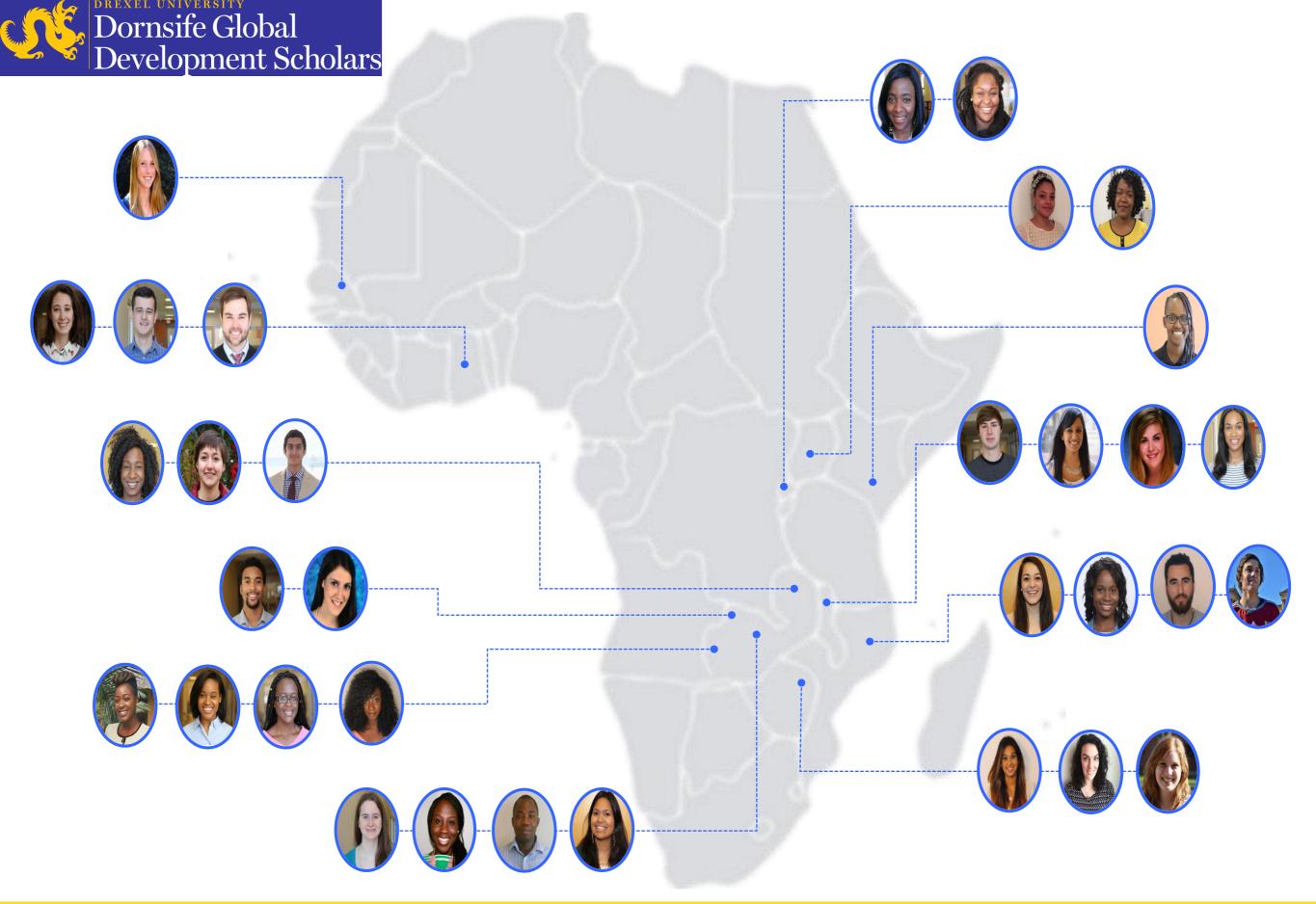




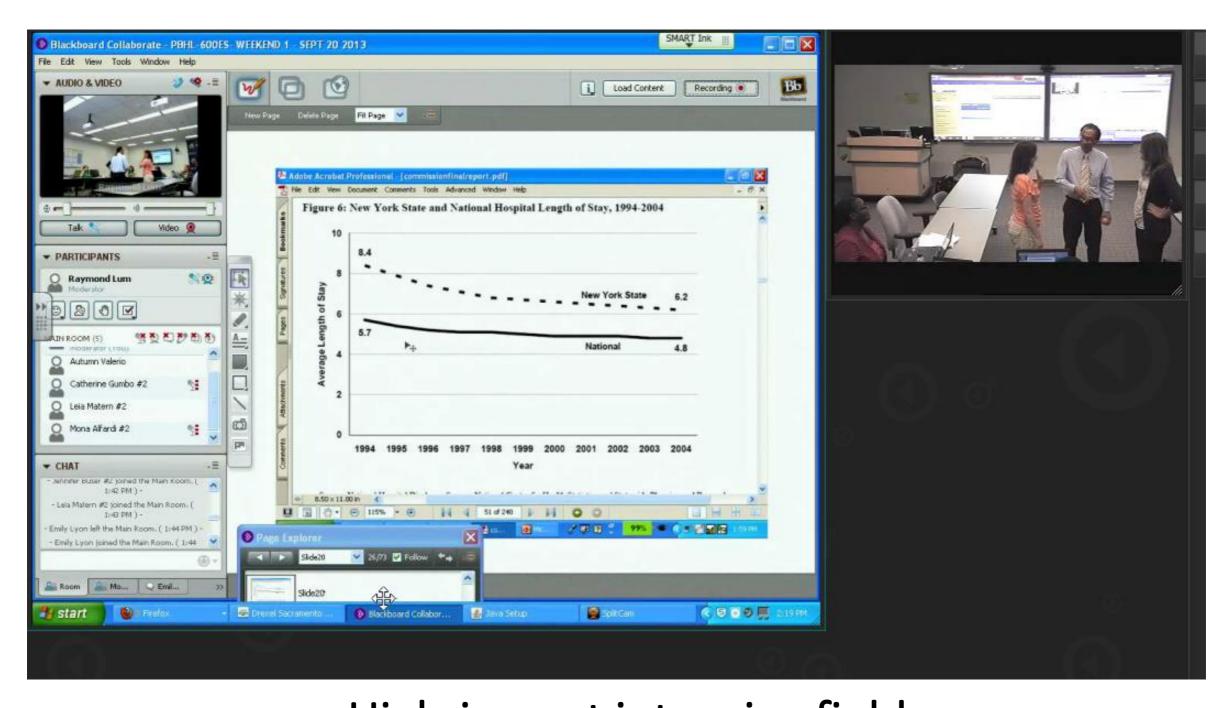


Reeti Sharma (Grad Student, MPH Epidemiology)

Malawi, 3 months, Summer

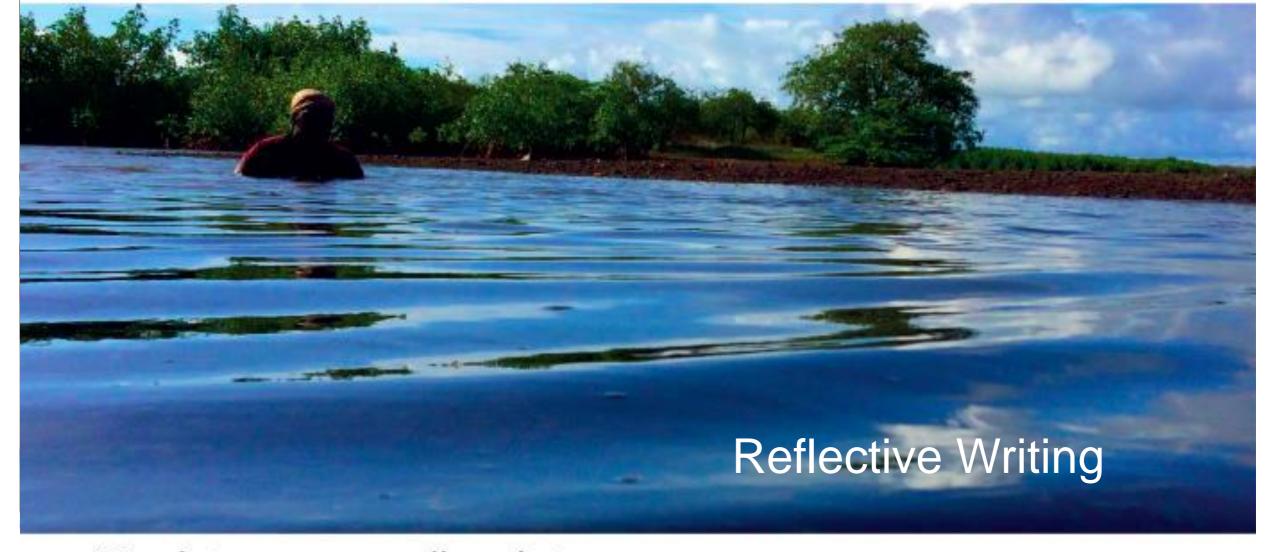


Global Health Certificate - Online PBL Interactive Video with Global Partners & Students





High-impact intensive field course (integration module and field practicum) Faculty-led in West Africa & Cuba



"It's what you see, as well as what you don't see that gives way to proper understanding of issues beneath the surface."

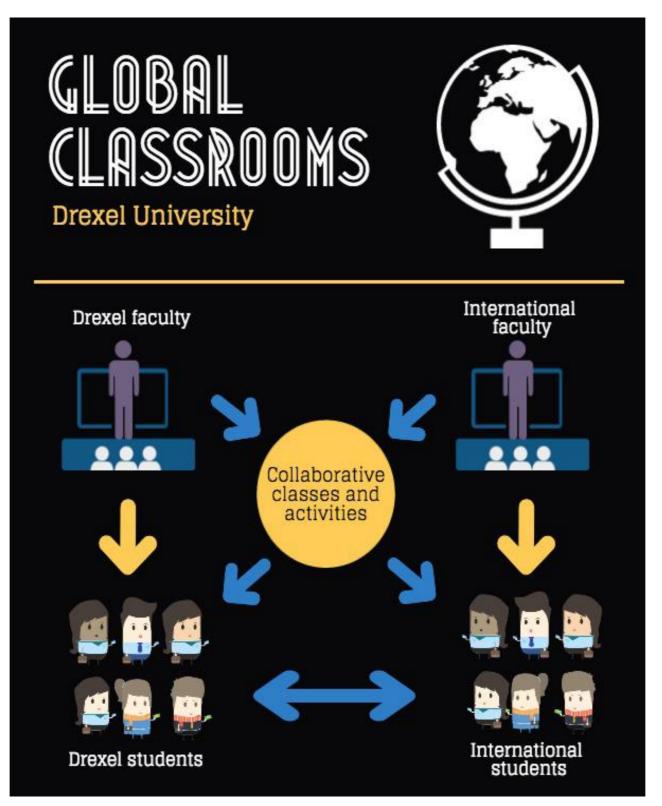
Dr. Tererai Trent, TT International Foundation

This section focuses on water, sanitation, hygiene, waste disposal (WASH), and gender roles in Senegal and The Gambia. Concluding with a brief reference to the relationship between WASH and continued gender discrepancies faced by women in both countries.

WASH

As of May 2014 in The Gambia about 85% of the population had improved drinking-water access and 60% had improved sanitation facilities (WHO, 2014a). In Senegal the conditions are worse, about 65% and 50% of the population has access to the above listed categories respectively (WHO, 2014b). Water in rural Senegal can be accessed from 1000 electric pumps, 1500 manual pumps, and more than 4600 modern wells. In both countries the effectiveness of the available pumps and wells is limited by contamination due to a lack of proper coverings. Furthermore the water can evaporate for up to two months in the winter or dry season (Dankelman et al., 2008).

The Gambia has taken measures to improve WASH. Operation Clean the Nation or Set Settal, encourages citizens to clean public areas. The drainage of sewage is outdated in areas of The Gambia. In the town of Cachikaly, in the city of Bakau the drainage is an outflow system mostly seen in low land regions. The litter is thrown into a canal that runs parallel to the sidewalk and flows to the ocean. As of 2012 the main cause of death in The Gambia and Senegal in children under 5 was Malaria. Influenza, Pneumonia, and Diarrheal disease are also main causes (WHO, 2014a). With proper WASH conditions Malaria and



(Drexel University Office of International Programs)

Questions to consider today....

- What is "Global Learning" in the health professions? At your institution?
- What are high-impact global learning experiences?
- What are the challenges and the opportunities?
- How can we design curricula to better incorporate high-impact global learning experiences?
- How do you know how effective these experiences are?
- How do you recruit others on campus to "your cause"?
- How do we nuture diverse global health leaders?



THANK YOU

Continue the conversation....



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Shannon Marquez, Associate Vice Provost for Global Health Drexel University, Philadelphia, PA





Sustainable Health

Health

Healthy children for a healthy world

Food Assistance

A hunger-free world

WASH

Every child deserves clean water

How WASH contributes

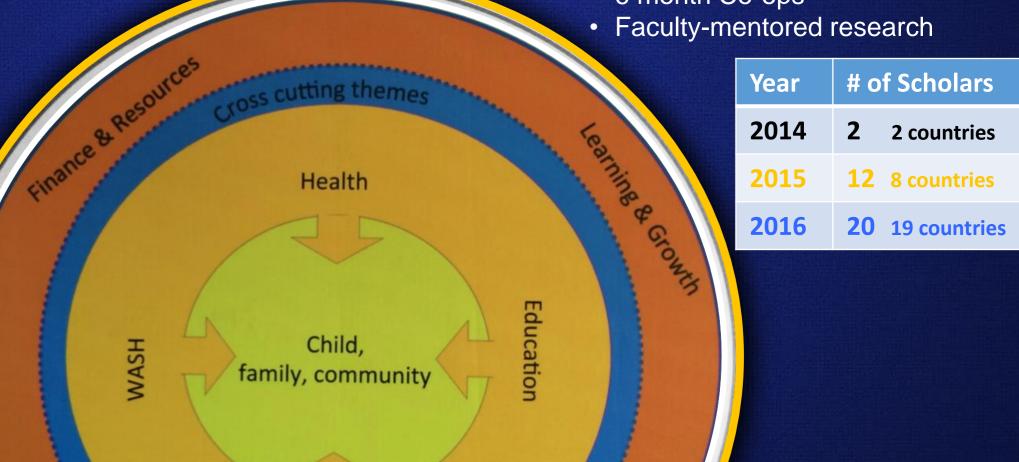
Health and Nutrition	Literacy	Self-reported well-being
88% of diarrheal disease is caused by unsafe WASH*	Reduced school absenteeism by half or more among girl students	Provided the entry point to gain community support and ownership of projects
Reduced chronic malnutrition rates by 40%	Dramatically improved teacher deployment and retention rates	Removed the heavy burden and threats on women and children from walking long distances
Increased food security allowing communities to grow nutritious vegetables and reduce hunger	Increased student test scores by one full letter grade	Enabled parents to better care for their children with the time saved fetching water

*Source: World Health Organization

DORNSIFE GLOBAL DEVELOPMENT SCHOLAR FRAMEWORK

- ANGOLA
- ETHIOPIA (Center)
- GHANA (Center)
- KENYA
- LESOTHO
- MALAWI
- MALI
- NIGER
- MOZAMBIQUE
- NIGER
- RWANDA
- SENEGAL
- SIERRA LEONE
- SOUTH AFRICA
- SWAZILAND
- TANZANIA
- UGANDA
- ZAMBIA (Center)
- ZIMBABWE

- Summer international experiences
- 6 month Co-ops



Food Security & Economic

Development

Internal Processes





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World Vision announces pledge to provide one new person with clean water every 10 seconds by 2020

Philanthropists Dana and Dave Dornsife announced their intentions to provide \$40 million over five years to support World Vision water, sanitation, and hygiene programs (WASH) in Africa.

By World Vision Staff
Published September 29, 2015 at 06:15pm PDT

September 30, 2015

\$45 million, new name for Drexel public health school

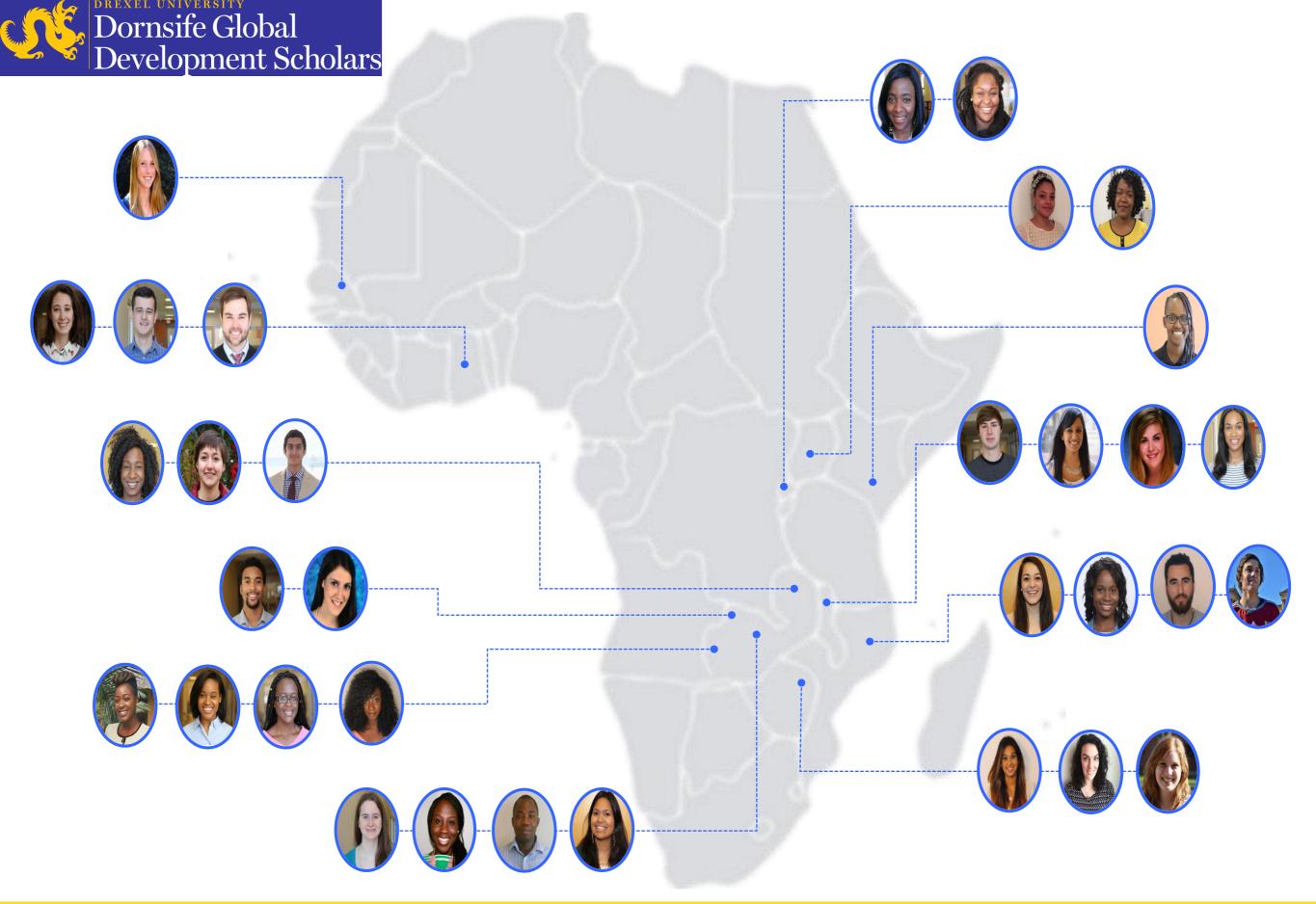
Philadelphia, September 30, 2015-

An idea that started in the back of a car in Ethiopia a few years ago culminated Wednesday with a \$45 million gift to Drexel University's public health school and a new name: the Dana and David Dornsife School of Public Health....



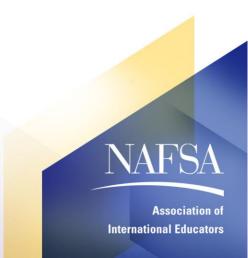






Discuss the Challenges and Opportunities at Your Institution

- Be sure to articulate challenges within the context of resource needs
- Align opportunities with strategic plan/institutional priorities
 - e.g. advancing the research enterprise; accreditation requirements
 - Discuss the ROI
 - Show data



Next Steps: How to Recruit Others to Your Cause

- Leverage and align local experiences/opportunities for global learning
- Highlight and address the "pipeline" issues; interprofessional educational opportunities
- Seek out colleagues/stakeholders with overlapping and mutual interests..eg intercultural competency and diversity, experiential learning, community/population health, one health/planetary health, health disparities, service learning, assessment and evaluation of learning
- Collaboration and partnership!



Next Steps: How to Recruit Others to Your Cause

- Show where the "rubber meets the road"
 - Where theory is put into practice
 - Marketing/social media campaigns
 - Enlist students/alumni as "ambassadors" for your cause
 - Showcase and inventory global learning
 - Use global classrooms and other online learning strategies





DREXEL UNIVERSITY

Office of

Global Health and International Development

Questions?

Discussion?



Next Steps....the survey

Please participate in the NAFSA survey...be open to sharing results Results will be compiled and shared with the community

- Why were you interested in the event?
- What did you learn?
- What do you plan to do as your next steps?
- What are the challenges you face? Did you find solutions?

For more information, contact Heather MacCleoud



THANK YOU

Continue the conversation....



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