

# DESIGNING A GLOBAL HEALTH CURRICULUM IN A FAMILY MEDICINE RESIDENCY

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## Introduction

Residents have a growing interest in global health issues. Applicants often ask about opportunities for global health experiences during residency training. As a response to resident interest, our program started a global health track in 2012. Faculty and residents meet monthly to discuss relevant global health topics. Elective time is used to pursue individual interests in global health work. Residents who fulfill the required coursework and clinical experiences will be recognized in their summative letter at the end of residency. This poster includes some of the components of our global health track, and can be used as a possible example for other residency programs interested in starting global health tracks.

## Monthly Activities 2012-2013

### The University of Arizona Family Medicine Residency Program Global Health Track Schedule

10 sessions required over the course of R2 & R3 years; optional but encouraged attendance during PGY1

**July:** Intro to the Global Health Track & fellow participants: Ideas, Opinions, & Roles. Challenges to Vaccination Campaigns using Measles as an example

Topic: Pediatrics

**August:** Journal Club & Seminar: Palliative Care in Resource Poor Settings

Topic: Hematology/Oncology

**September:** Burden of Chronic Disease in Global Health: Discussion of Epidemiologic Transition

Topic: Cardiovascular Health

**October:** Film & Discussion: *War Dance (105mins)* - Child soldiers, forgiveness & healing

Topic: Mental Health

**November:** Film & Discussion: *Mooladé (124mins)* - Female circumcision

Topic: Women's Health

**December:** This month's post-teaching day activity was replaced by two residency-wide teaching days devoted to global health topics including Refugee Health, Native American Traditions, Travel Medicine, and infectious disease & injury prevention along the U.S.-Mexico Border

**January:** Tropical Dermatology Cases

Topic: Dermatology

**March:** TB and WHO programs, Nutritional Assessment of Children

Topic: Pulmonology (February) and Nutrition (March)

**April:** Film & Discussion: *The Knowledge of Healing (89 mins)* - Traditional Tibetan Medicine

Topic: Integrative Medicine

**May:** Collaborative Workshop with Pediatrics and Emergency Medicine, *Helping Babies Breathe*

AAP curriculum for neonatal resuscitation in resource limited settings



## ACGME Competencies addressed in our global health track

**Medical Knowledge** – Monthly meetings incorporate the residency program's teaching themes. During the dermatology month, for example, residents reviewed diagnostic criteria for a variety of skin conditions during a case based session. When we discussed outbreak response vaccine campaigns for measles, during the pediatrics themed month, we reviewed the initial presentation of measles.

**Patient Care** – During each session, residents are asked, "How does this information apply to patients we care for here in the United States?" As approximately 20% of our outpatient clinic population are refugees from around the world, residents can often make connections between the patients we see in our everyday clinic, and the topics we discuss in the global health sessions. Many of the residents have attended deliveries for women who have had female circumcisions, for example, discussed in the film *Moolade*.

**Professionalism** – In the session about palliative care in global health settings, we discussed ethical issues in end of life care for children with AIDS. After watching the film *War Dance*, we discussed the long term effects of childhood trauma on the health of individuals and communities.

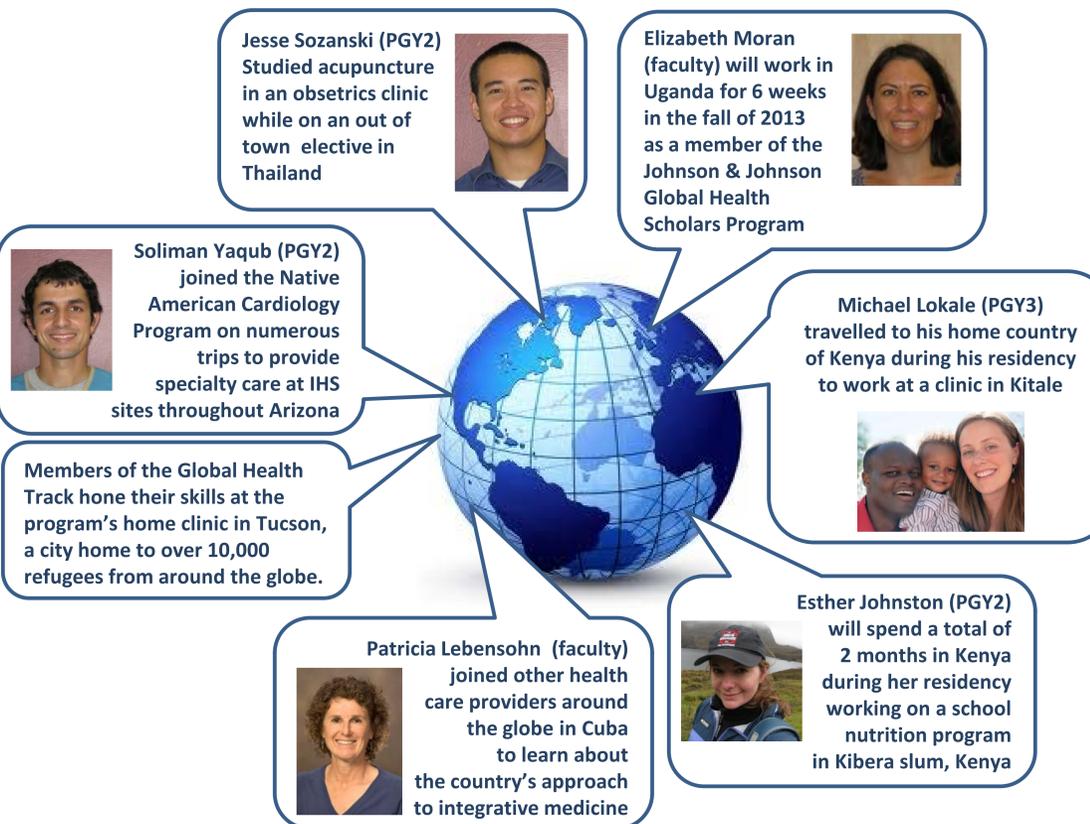
**System Based Practice** – Residents are encouraged to consider appropriate use of technology and health care system costs in resource poor areas. In the session on TB, we reviewed WHO statements on various tools available for diagnosis of TB, and the pros/cons of some of these diagnostic tools. We have also discussed forces outside of the health care system which can affect the delivery of services, including cultural, political, and economic factors.

**Practice Based Learning and Improvement** – The very nature of this voluntary global health track attracts residents who want to gain knowledge beyond the usual scope of a Family Medicine residency. One of the global health track requirements is that residents meet with an advisor to develop their own individual plan based on personal interests. As an example, one resident's global health elective will be spent evaluating a nutritional intervention she designed for at-risk children. Another resident arranged to learn traditional acupuncture in Thailand.

**Interpersonal and Communication Skills** – Monthly group discussions are respectful of a wide variety of experiences. Residents and faculty share reflections on readings, films, and personal work. A presentation about the resident's global health elective experience, given to the entire residency program, is required prior to graduation. Work is underway to develop collaborative relationships with global health tracks in other specialties (pediatrics, emergency medicine) at our institution.

## Additional Activities

Residents use at least one of their elective blocks to participate in an elective with a global health focus. This can include travel outside the US, but may also include work at an Indian Health Service site, or a site along the US-Mexico border. Their work is presented at the end of the third year in one of the weekly teaching day sessions. Additional time can be dedicated towards pursuing the MPH degree, or participating in the Global Health clinical course held each July at the Arizona Health Science Center.



Special thanks to Dr. Patricia Lebensohn, for her generosity with her home, kitchen, and time each month