Education and Training in Global Health



Brett D. Nelson, MD, MPH, DTM&H Division of Global Health MassGeneral Hospital for Children Harvard Humanitarian Initiative brett.d.nelson@gmail.com

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Discussion outline



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- Growing interest and opportunities in GH
 - Undergrads
 - Medical students
 - Residents
 - Fellows
- Obstacles to training
- Reasons for additional GH opportunities

GH among undergrads

- Undergrads enrolled in GH programs:
 - 1,286 (2006) to 2,687 (2009)
- Average 3 GH student organizations per university



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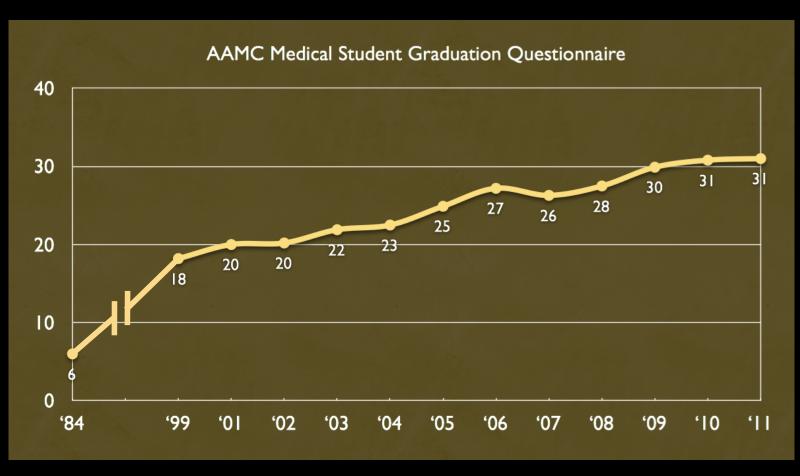
GH among medical students

- Med students GH participation increased from 6% to 31% (1984-2011).....
- Although, 40% report
 GH instruction still
 inadequate (2011)



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Growing med student GH participation



GH among residents

- Variable across institutions and disciplines
- 2/3 of Yale residents (IM, pediatrics, primary care) participated in GH elective (2006)
- Nationwide pediatric residency surveys:
 - 1996: 25% offered GH electives (additional 42% interested in developing GH electives)
 - 2007: 52% offered GH electives....

What does GH look like in residency?

- 2007 cross-sectional survey of all 201 pediatric programs
- 52% of programs had residents participating in GH elective within last 12 months
- Average, 7.4% (1.7-12.3%) of each program's residents participated in GH elective last year
- When do residents participate?

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PGY-1 0 (IQR 0-0)
PGY-2 1 (0-2)
PGY-3 1 (0-4)
All years 3 (1-7)
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Training opportunities for residents

• Prevalence of GH training opportunities, n/N (%):

Global health electives	55/106 (52)
Formal training curriculum	50/106 (47)
Global health lectures	43/106 (41)
Global health case reports	40/106 (38)
Global health readings or independent study	25/106 (24)
Global health journal club	9/106 (8)
Formal global health track	6/100 (6)

- GH topics covered by curricula
 - Majority covered HIV/AIDS, TB, cultural awareness
 - Fewer covered public health topics

Potential barriers for residents

Limited call-free elective time:

Median number of weeks	
PGY1	1 week (IQR 0-4)
PGY2	4 weeks (1-6)
PGY3	4 weeks (2-8)

- Limited funding
 - 42% of programs offered some funding
 - Only 14% of programs provided full funding for majority of residents
- Other interests and responsibilities

Observance of GH elective guidelines

1. Prerequisite clinical training

Prerequisite lectures (36%)

2.Adequate <u>pre-travel</u> orientation and preparation

- Vaccinations and medical consultations (78%)
- Pre-travel briefing (55%)
- Medical evacuation insurance (50%)
- Cultural orientation (36%)
- Language training (15%)

3. Preceptorship by host and U.S. faculty

Faculty mentorship (82%)

4. Formal post-travel evaluation and feedback

Resident debriefing sessions (77%)

GH fellowship training

- Also growing demand for post-residency GH training
- Largely began with IEM fellowships 15-20 years ago
- Expanding into other disciplines



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GH Fellowship survey

- 2010 survey of U.S. GH fellowships across medical disciplines
- To quantify and describe current GH fellowship training opportunities
- Results: 79 GH fellowship programs
 - 31 emergency medicine
 - 15 family medicine
 - 12 internal medicine
 - 12 pediatrics
 - 4 interdisciplinary
 - 3 surgery
 - 2 women's health

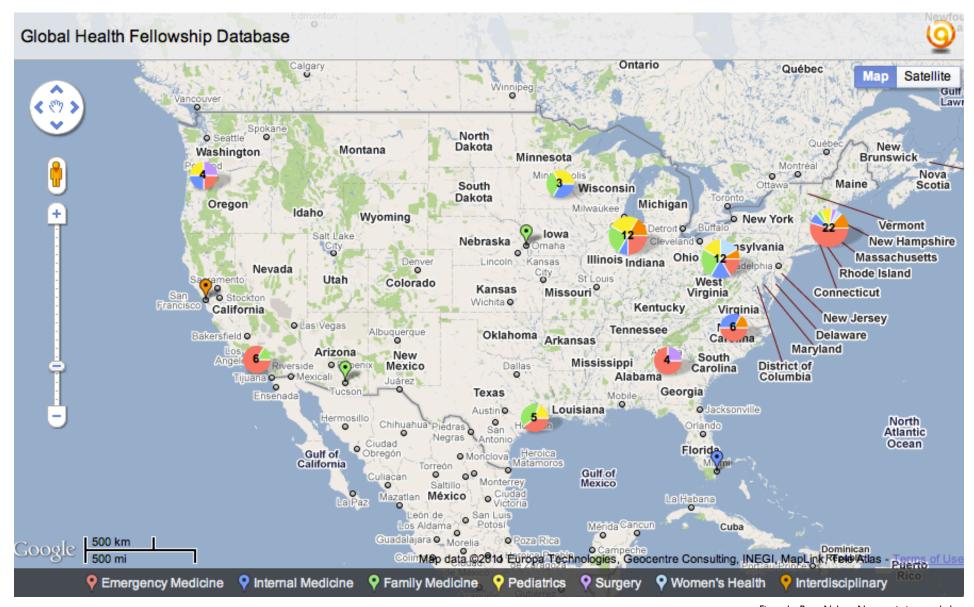


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What do GH fellowships look like?

- Application selection: Leading criteria were interview (84%) and career goals (62%)
- Length most commonly 19-24 months
- 75% provided advanced degree or diploma
- 53% integrated into residency training
- 43% had not yet graduated fellows

Other post-residency GH training

- CDC's Epidemiologic Intelligence Service (EIS)
- Field missions with MSF or other NGOs/IOs
- Baylor Global Health Corps
- Research fellowships (e.g. RWJ, Wellcome Trust)
- Splitting an academic or other position

Summary of obstacles during training

- Insufficient educational opportunities
- Limited funding and elective time
- Getting valuable experience without perhaps already having experience
- Balancing family, significant others, other interests
- Unclear training pathways and career models

Need to do more for trainees

• Greater...

... funding and elective time

... pre-travel preparation (w/competencies)

... in-country mentorship and supervision

... career mentorship

... bi-directional collaboration

Argument for more GH

- GH addresses unmet needs of others:
 - Providing direct benefit to communities served
 - Building sustainable local human capacity
 - Social responsibility



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Benefits to those participating in GH

- Exposure to wider spectrum of disease
- Greater physical examination skills
- Decreased reliance on lab tests and imaging
- Awareness of costs and resource allocation
- Greater cultural sensitivity
- Ability to adapt to different health systems

Long-term benefits to participating in GH

 Health professionals who have participated in GH are more likely to...

...work in underserved and multicultural communities domestically

...perform community service domestically

...work again overseas

Conclusion

- GH opportunities are improving at all levels of training
- Barriers still remain
- Significant benefits can make it a very worthwhile endeavor