



The Returning Resident: exploring the impact of a short-term global health experience on post-graduate trainees

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Background & Rationale



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OBJECTIVES

- Understand the breadth of literature assessing the impact of STEGHs on visiting medical trainees
- Discuss the themes gleaned from the analysis of resident debrief reports and interpret the significance of these themes as they relate to global health programming
- Consider ways to improve the debrief process in order to glean the most useful information and guide actionable response

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LITERATURE REVIEW

Am. J. Trop. Med. Hyg., 80(5), 2010, pp. 1179-1182
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Global Health Training Ethics and Best Practice Guidelines for Training Experiences in Global Health

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

Possible domains of interest:

- Elective logistics
- Participant health & safety
- Experiences (ex. ethical dilemmas)
- Reintegration post-elective
- Impact (on host site as well as future career)



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OUTLINE

- Rationale
- Literature Review
- Program Overview
- Methods
- Findings
- Discussion



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Literature Review

Reflections on trainees' experiences abroad:

- Logistics and specific programmatic review
- Short-term impact
- Long-term/career impact
- Experiential learning*



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PROGRAM OVERVIEW: MALAWI/WWAMI EXCHANGE PROGRAM



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The Malawi/WWAMI Global Health Program: The goals

- US residents visiting Malawi
 - Clinical support
 - modeling of family medicine principles
 - Building relationships, sharing values
 - Teaching students of all disciplines; facilitating multi-disciplinary approach to patient care
 - Supporting QI projects
 - Building team leadership



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The Malawi/WWAMI Global Health Program:

- **2013:** Global Health Service Partnership (GHSP) formed
- **2014:** academic partnership piloted in Blantyre
- **2015:** 1st WWAMI residents to Mangochi District Hospital
- **2017:** 1st Malawian residents to Seattle for elective
- **2019:** Partnership solidified and funding committed by PSJH



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The Malawi/WWAMI Global Health Program: The goals

- Malawian registrars visiting US
 - Exposure to clinical medicine /primary care in a different context
 - Self-identified clinical areas of interest (adolescent, geriatric, sports medicine)
 - Building relationships, sharing values (UW Global Health Leadership, AAFP GH Summit)
 - Learn about clinical teaching by shadowing attendings
 - Develop leadership skills
 - Observe multi-disciplinary care model



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The Malawi/WWAMI Global Health Program: The components

- Bidirectional exchange
- Protection of host-country national resources (human & material)
- Prioritization of host-country learning needs



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PROGRAM EVALUATION

- Medical students evaluate US residents (monthly)
- MDH staff evaluation of residents (yearly)
- Debrief with US residents
 - In Malawi
 - Upon return to US



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Special Thanks to Carrie Schonwald



- Interviews with all returning residents
- Financial support via PSJH Global Partnerships

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Resident as Learner

*I also learned a lot from the CO's in the female ward. They had very different ways to approach disease processes. **I had to remember that I was not the expert on what is common in Malawi**, looking at it from an outsider's perspective.*

*I learned a ton from the **medical students** also because they were **experts at illnesses not familiar in the US and also the system**--but we also learned together about what was possible and what wasn't.*

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METHODS

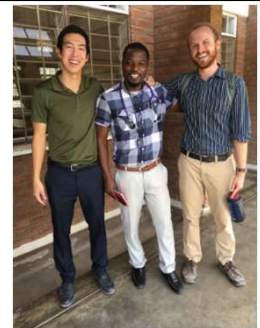
- Interviews of 12 residents were conducted after they returned to the U.S. Memos were written by the interviewer.
- AMW created a codebook based on 2 interviews. CS applied the codebook to assess for reliability. CS and AMW coders then open coded all memos.
- Six themes emerged from the 49 codes.

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Resident as Learner

- **Learning from everyone**
- **Knowledge in tropical diseases**
- Technical skills
- Fundamentals of clinical medicine
- Systems thinking



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FINDINGS

6 major themes:

- Resident visitor as learner
- Resident visitor as teacher
- Perspective changes
- Impact on professional values and goals
- Processing challenges
- Developing community and partnerships



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Resident as Teacher

I enjoyed the opportunity to work as a leader- consultant on the ward--to teach trainees on how to assess patients and work through medical decision making.

Sometimes there aren't a lot of other clinicians there and you have to make a personal decision whether or not to direct the care more aggressively in emergent moments (life or death). But still in the back of your mind wondering if this is the right thing to do--should I flag someone down and get someone else to do what is needed and have the teaching and learning happen.

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Resident as Teacher

- Teaching clinical knowledge and reasoning
- Residents recognized their role should be as a facilitator
- Teaching across multiple settings: didactics and wards
- Teaching limitations: resources and learners



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Impact on Professional Values and Goals

*In our case specifically, we had already talked about doing global health work in the future- this helped us solidify what we would want that to look like and how we could do that together. **This experience made that a lot more real and that made it feel a lot more tangible and possible.***

*When I left for Malawi, I was feeling a bit tired and burnt out and being in Malawi re-lit the fire. I can see why it should really be done in third year, because you have more skills and you are more needing that reminder of why you chose family medicine. **To remember not just the how but also the why.***

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Perspective Changes

*What stands out to me the most is the **perspective on the lack of resources and how amazing the providers over there are, how much work they have to do and the training they need to go through, it was just so eye opening...It really put in perspective their workload and what they had to do with their amount of training compared to ours. The registrars are constantly on call. Surgery, obstetrics, medicine, outpatient clinic, etc. They were just amazing. That is what I brought back.***

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Impact on Professional Values and Goals

- Interest in global health: strengthened, clarified
- Affirmation of professional values
- Increased comfort with working in low resource settings that require broad spectrum of training
- Barriers include impact on personal lives



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Perspective Changes

- Medical privilege in the U.S
- Medical crisis and severity of illness
- Coping methods



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Processing Challenges

*I saw a two month old baby of a patient on the ward who was clearly malnourished and tried to connect the baby to the nutrition group, but that was not regarded as an appropriate connection because relatively in Malawi, the fact that the baby at two months weighed less than it did at birth that is not that bad compared to other babies in Malawi, and that was hard. Even in the moment it is hard to understand what is most upsetting to you. **I think global health takes a lot of restraint** and it was easy to see how you overstep based on emotions. **The long game is learning how to be self-aware in those situations.***

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Processing Challenges

- Rationing of time and resources
- Cultural humility
- Differences in work behaviors



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DISCUSSION



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Developing Community and Partnerships

*The relationships we developed with the CO's- who send me WhatsApp messages and seek counsel, etc. **Those relationships were the biggest impact I could offer.***

*There was some equipment that was only available to the FM program, which created an interesting dynamic. Which could be strange- almost like a non-integrated system. Likewise with the HIV supplies. **This can make it difficult for the Malawian providers to understand what "we" are doing there.***

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Lit Review vs. Our Themes

- Short term impact
- Career impact
- Logistics
- Experiential learning

- Resident visitor as learner
- Resident visitor as teacher
- Perspective changes
- Impact on professional values and goals
- Processing challenges
- Developing community and partnerships

Most analysis points could be applied to either framework.

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Developing Community and Partnerships

- Meaningful relationships with local providers
- Limitations on relationships
- Valued pre-departure orientation



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Novel Analysis Points

- Learned to think about systems
- Recognize role as facilitator
- Find meaning in relationships with local providers



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Professional Identity Transformation

Pre-departure professional identity Disorientation Experiential learning Transformed professional identity

"I had a very narrow view of what my scope was before going to Malawi."

Caused by:
1) Lack of local disease and systems knowledge
2) Lack of relied upon clinical tools

"Some days the power would go off, or we couldn't get any labs or there were no antibiotics which forced you to be very creative... The experience improved my clinical reasoning and critical thinking skills."

Regrounding in the fundamentals of clinical medicine, with the humility and flexibility needed to learn in difficult contexts

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LESSONS LEARNED

-GH workforce pipeline

-Re-address reasons for study:

- reaffirm/strengthen interest
- no frank disillusionment

-clarifying active ingredients of ethical involvement



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FUTURE DIRECTIONS

-Collect more data!

-Continue seeking the active ingredients

-Types of programming

-Further investigate our unique findings

-Pose the same questions to our Malawian colleagues!



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