

Family Medicine Global Health Experiences: Connecting Student Interest and Career Exploration

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Learning Objectives

1. Understand how participation in GH experiences may influence student career consideration, and describe why FM leadership of these activities is important.
2. Understand the steps necessary to establish GH opportunities outside the U.S. and outline how to appropriately satisfy requirements.
3. Use examples from VCU DFMPH's experiences to outline/plan global health experiences to engage students and support career interest in FM.

Global Health Experiences...

- Allow medical students to gain a deeper understanding of health systems and practices in other nations
- Fit within an ethically-appropriate approach to global health work
- Can be successfully accomplished by partnering with in-country organizations
- Must be designed to provide benefit to both parties

Ethical Framework for Global Health Work

- Well-structured programs
- Explicit agreements
- Appropriate selection of trainees
- Formal training for program participants & trainees
- Development & implementation of safety protocols
- Comprehensive accounting of costs
- Transparency and information sharing
- Development & implementation of processes for formal feedback
- Focus on local needs and priorities
- Focus on mutual benefit
- Established long-term partnership
- Effective supervision and mentorship
- Compliance with standard guidelines and policies

Adapted from:
Crump JA, [Sugarman J et. al.](#), 2010. Global health training: ethics and best practice guidelines for training experiences in global health. *Am J Trop Med Hyg* 83: 1178-1182.

DFMPH Global Health Program

- M3/M4 global health electives (GHEs) leveraging existing short-term brigades
 - Latin America – Dominican Republic, Honduras
- M4 cross-cultural medical mission elective (CCMME) leveraging longer-term brigades
 - Africa – Ghana, Zimbabwe
- M3 Family Medicine Clerkship rotation
 - Santiago, Dominican Republic

M3/M4 GH Electives - Participation to Date

- Typical number of M3/M4 students on brigades prior to AY 2015-2016:
 - 1-2 max per academic year
 - No elective credit offered
- 44 applications submitted since AY 2015-2016
- 24 students enrolled in GHEs and traveled on 16 brigades
 - M3 students = 7
 - M4 students = 17

M4 CCMME – Participation to Date

- New brigade option beginning in 2016-2017
- 24 student applications
- 13 students enrolled in CCMMEs and traveled on 3 brigades
 - Ghana (January 2017)
 - Zimbabwe (February 2018 and February 2019)

M3 FM Clerkship in Santiago, DR

Expressed Interest

Participated

2016-2017:	1 student
2017-2018:	8 students
2018-2019:	4 students
2019-2020:	5 students

1 student
3 students
3 students
(in process)

Organizing global health opportunities

- Electives/brigades
 - Online elective application, in-person assessment interview and enrollment process
 - Required pre-travel preparation
 - Online brigade registration and post-travel evaluation
- M3 clerkship
 - Student interview - language and readiness assessment
 - Preceptor credentialing
 - Annual teaching agreement and honorarium
 - Grading and bi-directional feedback

Creating successful partnerships

- Attention to benefits of both parties
- Shared understanding of desired/required student experiences
- Management of logistical details – lodging, food, transportation, safety, internet, evacuation insurance
- Attention to institutional requirements
 - Liability coverage/malpractice insurance
 - Affiliation agreements/MOAs
 - Letter of good academic standing

Global Health – Impact on Career Options

- Studies suggest participation in GH experiences correlates with:
 - Primary care residency matches
 - Possible increase in numbers of physicians entering primary care careers, working with underserved communities, and improving the health systems in resource-poor areas
 - Positive impacts on medical student idealism (including volunteerism, compassion, and interest in serving under-served communities)
- Local experience with students from GH brigades between M1 and M2 shows:
 - Participants match into primary care and workforce priority specialties at higher levels than the class overall

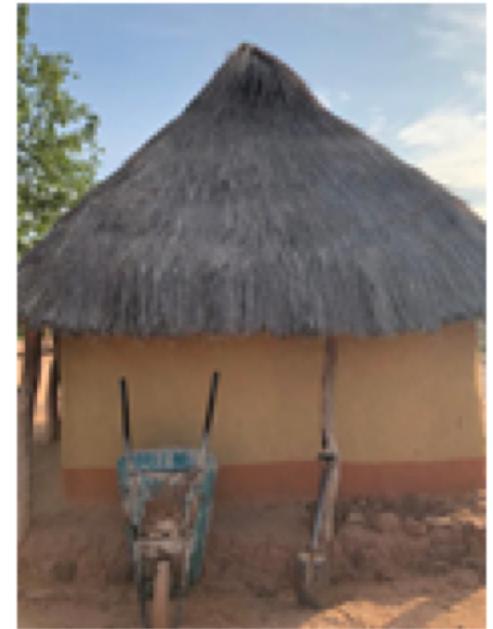
Family Medicine Leadership in Global Health

- Family Medicine is well-positioned for GH experiences
 - clinicians can fit in well in multiple settings and roles
- Bio-psycho-social model at the core of FM aligns w/ learning goals for global health electives:
 - community context of care
 - social determinants of health
 - providing whole-person care in resource-limited settings
- Allows for contact with medical students who might not otherwise look to connect with Family Medicine

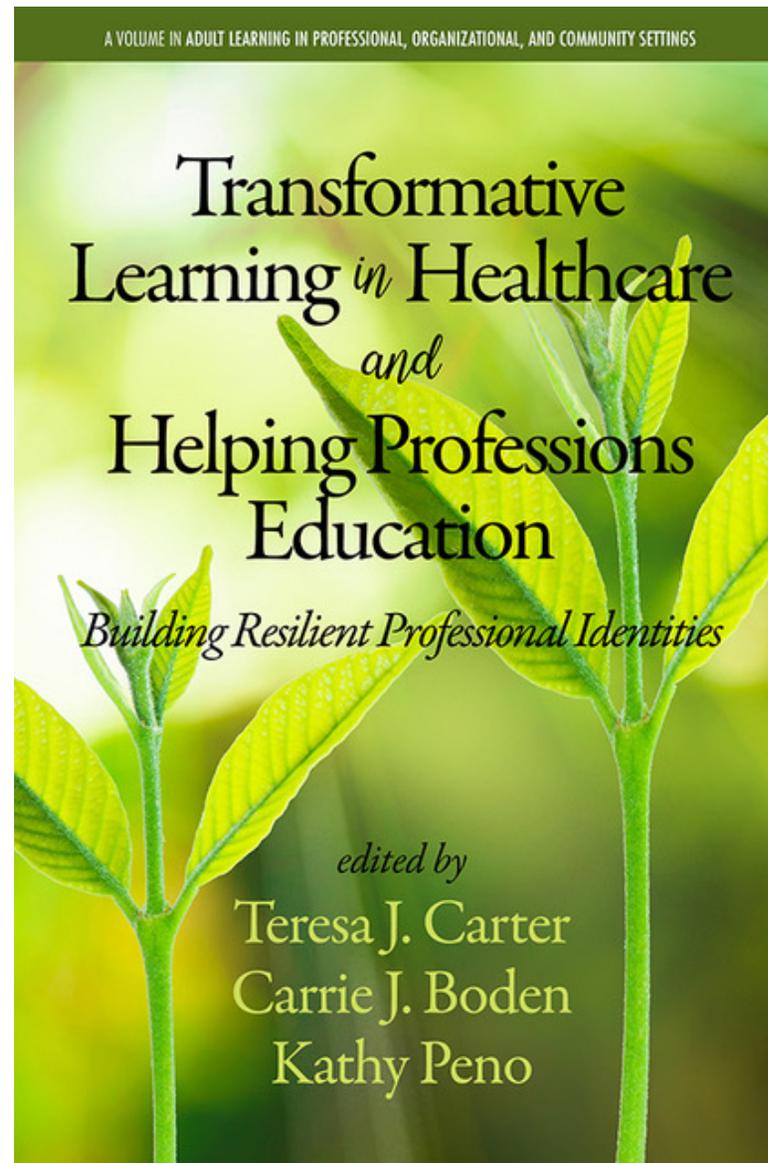
M4 CCMME



Dancing til 2 AM!!







Transformative learning

- Premised on the idea that **disorienting experiences** (such as those encountered on global health electives) **might provide a milieu** which could lead to a **challenging of assumptions and beliefs**
- This may in turn lead to **enduring learning** as meaning is made of these experiences

Factors affecting transformative learning

- Conditions of high moral and ethical dissonance may inhibit meaning-making
- Relational and affective learning experiences may be supportive of instances of transformed perspectives
- Highly individualistic and secular perspectives of some students may conflict with communal cultures where there is no secular/sacred divide, and may inhibit reflection and meaning-making

Ethical/moral dissonance

“The chest x-ray wasn’t done by the time we were doing afternoon rounds...eventually we encouraged them to roll him into the x-ray department to have the x-ray done. He had a very obvious pneumothorax and so, immediately, my gut reaction having done trauma rotation, I realize, “like, oh, man, we really need to put a chest tube in this person.” And they were like, “You want to put a chest tube? We haven’t seen one of those things in months.”

I thought, ‘We need to do something right now, this person could die secondary to heart strain’, and I just felt very helpless in that moment, but wanting to be a patient advocate, so at the end of the day, the orthopedic surgeon helped us place this [improvised] chest tube in this gentleman and he improved a lot the day after.”

Letter from a FM resident to an American nurse working in Zimbabwe

“I was thinking of you and Zimbabwe this morning at church. The pastor was speaking on money, and talking about how just by us living in America, we are so rich compared to the rest of the world. It broke my heart to think just because I was fortunate to be born here, I won the “lottery”. I couldn’t help but think of the people in Zimbabwe. It breaks my heart to know that they have so little, and that the government doesn’t support them. I’m so incredibly grateful for the work that you do there! I will continue to pray for you and the whole country. I hope to return to Zimbabwe soon. I miss it, and I miss you.”

Lessons Learned

- Importance of early, regular, and open contact
- Engaging leadership above the clinical preceptor and the clinical team
- Medical schools and their health systems may have different and evolving requirements
- Appropriate vetting, preparation and supervision of student participants is key

Lessons Learned

- Family medicine leadership of global health electives may enhance departmental missions of student education and workforce development
- Global health experiences are rich in opportunities for transformative learning

- Questions/discussion