### University of Washington DEPARTMENT OF GLOBAL HEALTH



# **Global Health Clinical Elective**

(CONJOINT 625)

# **Course Syllabus 2020**



## **OVERVIEW**

The **Global Health Clinical Elective (GHCE)** was developed to provide medical students the opportunity to gain first-hand insight into healthcare delivery in low and middle income countries. It is particularly suited for those who are contemplating a career involving global health, and who wish to better understand the challenges involved in caring for the sick in developing countries.

The program was created through a unique partnership between the Department of Global Health and the clinical departments of Family Medicine, Medicine, Obstetrics and Gynecology, and Pediatrics. Students participating in the program must enroll in **Conjoint 625**, through which they are eligible for 2 academic credits per week for the 6 weeks of their rotation (12 credits total), as well as financial aid.

# **COURSE OBJECTIVES**

At the end of this course, students will be able to:

- 1. Discuss the relationship between health and the social determinants of health.
- 2. Identify barriers to health and healthcare in low-resource settings.
- 3. Demonstrate knowledge of the major causes of morbidity and mortality in the region in which they are working.
- 4. Demonstrate an understanding of healthcare delivery strategies in low-resource settings.
- 5. Demonstrate and understanding of cultural and ethical issues in working with underserved populations.
- 6. Demonstrate the ability to adapt clinical skills and practice in a resource-constrained environment.
- 7. Demonstrate humility, flexibility, professionalism, and cultural sensitivity when working within a different healthcare context.



### GRADING

Students enrolled in Conjoint 625 earn 2 credits for each week spent on the elective. Grading for this course is **pass/fail (No honors or high-pass grades will be given)**. Grades are determined by a course oversight committee based on feedback from your clinical supervisor(s) as well as the quality of your submitted assignments. All assignments must be turned in within two weeks of the end of your elective.

The following are required for successful completion of the course. Copies of all assignments may be found on Canvas. Contact the course director promptly if there are problems with completing your assignments or submitting feedback forms.

- □ Attend the orientation session
- □ Write a Country Profile prior to GHCE
- □ Submit weekly activity logs
- □ Write three case reports
- □ Create educational materials on a topic
- □ Write two reflective essays
- □ Complete and submit course and program evaluation forms
- □ Update the site country manual
- □ Attend an exit interview

### PREPARING FOR YOUR ELECTIVE

In preparing for your international clinical elective, it is important to bear in mind that you will be living and learning in an entirely different context. Things that you take for granted in the U.S. may not be available. The ways that the hospitals and clinics run will likely seem very different. Depending on the site, you may be expected to function at an intern level, or as an observer only. And you will likely see people who could be treated and made well in the U.S., but in the local context aren't able to get the care they need.

All of these things, combined with living arrangements that are different from the way you live at home, unfamiliar food, and distance from family and friends can make a clinical rotation in a developing country challenging. Try to keep in mind that these differences are also the reason you are there.

Avoid the temptation to express anger and frustration when you witness things that seem dysfunctional or patients who seem to suffer needlessly. Try to take your cues on how to react to local situations from your local mentors. Remember that you are a guest in the country and the institution where you are working. When frustrated, take a step back, process your feelings, and try to better

understand the root cause of what you are seeing. Transformative change takes time and sustained effort. Think about how you could make a difference over the course of your career.

Try and keep an open mind and be flexible during your rotation. Although each site is unique, be prepared for:

- Lack of resources for patient care.
- High numbers of patients with crowded wards and insufficient staffing.
- Minimal diagnostic capabilities.
- Lack of essential drugs and supplies.
- Lack of textbooks or access to current information.
- Unreliable electricity and Internet access.
- Diseases and treatments with which you are not familiar.
- Different roles and expectations for medical students.
- Differences in gender roles, patient-doctor interactions, nursing roles, etc.
- Not knowing how to "get things done."
- Long delays in obtaining diagnostic information or treatment.
- Variable interest in teaching and mentoring.
- Unnecessary suffering and death.

As you get ready for your elective, you should learn as much as possible about your specific training site. Talk to faculty or students who have first-hand knowledge of your site. Read books about the country, its culture and history. Brush up on tropical diseases, and practice as many procedural skills as possible. Perhaps most important, learn as much as you can of the local language. Even being able to speak a few basic sentences can dramatically enhance your interactions with the local population and medical staff.

### ASSIGNMENTS

Please submit all GHCE Assignments to the GHCE Canvas page. You can access assignments on the Canvas site: <u>https://canvas.uw.edu/courses/1353887</u>

#### I. COUNTRY PROFILE

*This should be submitted <u>before</u> you leave for your GHCE site. Please answer the following questions about your host country.* 

- 1) How does the country rank in terms of key health indicators (life expectancy, child mortality, maternal mortality, etc.)?
- 2) What are the main causes of morbidity and mortality?

- 3) Pick three illnesses that you think you would be likely to see. For each one:
  - a. Identify potentially useful resources for how to manage this problem in your host country
  - b. Give a brief overview (about a paragraph) addressing any key features of the epidemiology, diagnosis, management, and prognosis of the condition in your host country
- 4) What do you anticipate will be the most challenging aspects of your international clinical elective?

#### Resources you might find helpful:

The **World Health Organization** has a number of useful pages on its website, including:

- Summary **statistics** for each member country (<u>http://www.who.int/countries/en/</u>)
- The Global Atlas of the Health Workforce (<u>http://apps.who.int/gho/data/node.main.HWFGRP?lang=en</u>)
- The **Global Health Observatory** (<u>http://www.who.int/gho/en/</u>)

Several websites compile health and development statistics, searchable by country:

- The Institute for Health Metrics and Evaluation (<u>http://ghdx.healthdata.org/gbd-results-tool</u>)
- Measure DHS (<u>http://www.measuredhs.com/What-We-Do/Survey-Search.cfm</u>)
- UNICEF (<u>http://www.unicef.org/statistics/index\_countrystats.html</u>)
- The Population Reference Bureau (<u>https://www.prb.org/international/</u>)
- The Pan American Health Organization (<u>https://www.paho.org/data/index.php/es/</u>)

#### II. WEEKLY ACTIVITIES LOG

Keep track of your clinical and educational activities each week. At the end of each week, you will need to complete and sign a log sheet indicating how much time you spent in various clinical and educational activities.

A copy of the weekly activity log can be found on Canvas.

#### III. CASE REPORTS

You are required to submit three clinical case reports on patients of your choosing. One case report should be submitted at the end of every 2 weeks. Each report should include information below.

**History and Physical:** Discuss the presenting symptoms, past medical history, relevant social factors, pertinent family history, medications, and physical exam findings.

**Diagnosis and Treatment:** Discuss the differential diagnosis and how a final diagnosis was arrived at. Describe the treatment plan for the patient and response to treatment.

**Discussion:** Provide a brief overview of the disease. Highlight the relevance of the disease to the local setting.

Reflection: Reflect on any challenges presented by this case. What did you learn from it?

In writing these reports, we do not require long and painfully detailed history and physical information. Practice writing notes of the length and conciseness that you will be writing next year as an intern. These should be no longer than a page, and could be shorter. We are most interested in your reflection on the cases, and suggest that you take an additional half page to one page for this.

#### IV. TEACHING/EDUCATIONAL MATERIALS

If deemed appropriate for your setting, conduct one educational talk on a topic chosen by your team. If talks by medical students are not appropriate for your setting, you may instead write a clinical guideline for a particular disease or syndrome.

This should be on a topic that is important in your local setting but not as common in the U.S. Your submission should be a practical, clinically relevant, locally applicable guide. It should be targeted as a guide that will be useful for fellow medical students doing GHCE at your site in the next few years. The clinical guideline should be no more than two pages long.

Please contact the course director if you have any questions about this assignment.

#### V. TWO REFLECTIVE ESSAYS

Submit two 1-page essays in which you reflect on your experience. The first should be prepared and submitted after your first three weeks in your host country. This should be submitted by the start of your fourth week. The second should be completed and turned in at the end of your rotation in the host country. These essays should address the following:

- Essay #1
  - What have been the high and low points of the rotation?
  - What have been the biggest challenges?

- What have been the most important things you have learned?
- Essay #2
  - How has the experience influenced your thoughts about global health and your future career?

### SUGGESTED RESOURCES

#### **ELECTRONIC RESOURCES (Updated 2019)**

Copies are available on Canvas, and for many of the titles, hard copies may also be ordered. Several of the documents are also available on the Internet in other languages, such as French and Spanish.

A wealth of additional resources and guidelines are available on the World Health Organization's website, <u>http://www.who.int/publications/en/</u>.

#### **Better Births Initiative**

Making Childbirth Better Reference Booklet. Better Births Initiative, South Africa, 2001.

#### **Clinical Guidelines KENYA**

*Clinical Guidelines for Management and Referral of Common Conditions at Levels 4-6: Hospitals.* Ministry of Medical Services; Ministry of Public Health & Sanitation, Kenya, 2009.

#### **Clinical Guidelines MALAWI**

Malawi Standard Treatment Guidelines, 5<sup>th</sup> Edition. Ministry of Health, Malawi, 2015.

#### **Clinical Guidelines MSF**

*Clinical Guidelines. Diagnostic and Treatment Manual for Curative Programmes in Hospitals and Dispensaries, Guidance for Prescribing.* Médecins Sans Frontières, 2019.

#### **Clinical Guidelines UGANDA**

Uganda Clinical Guidelines 2016, Ministry of Health, Uganda, 2016.

#### **Common Skin Diseases**

Common Skin Diseases in Africa. An Illustrated Guide. Colette van Hees and Ben Naafs, 2009.

#### **Communicable Disease Control**

*Communicable Disease Control in Emergencies. A field manual.* M.A. Connolly. World Health Organization, 2005.

#### Diarrhea

*The Treatment of Diarrhoea. A manual for physicians and other senior health workers.* World Health Organization, 2005.

#### **Essential Drugs**

Essential Drugs. Practical guidelines. Médecins Sans Frontières, 2019.

#### **Essential Obstetric and Newborn Care MSF**

*Essential Obstetric and Newborn Care. Practical Guide for Midwives, Doctors with Obstetrics Training and Health Care Personnel Who Deal with Obstetric Emergencies.* Médecins Sans Frontières, 2019.

#### ETAT

*Emergency Triage, Assessment, and Treatment. (ETAT). Manual for participants.* World Health Organization, 2005.

#### **HIV Clinical Staging**

Interim WHO Clinical Staging of HIV/AIDS and HIV/AIDS Case Definitions for Surveillance. WHO, 2005.

#### HIV KENYA

*Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV in Kenya. 2018 Edition*. Ministry of Health, Kenya, 2018.

#### HIV MALAWI

*Guidelines for Clinical Management of HIV in Children and Adults, Third Edition*. Ministry of Health, Malawi, 2016.

#### HIV NEPAL

*National Consolidated Guideline for Treating and Preventing HIV in Nepal*. Ministry of Health and Population, Nepal, 2014.

#### HIV PERU

Norma Técnica para el Tratamiento Antiretroviral de Gran Actividad. Targa en Adultos infectados por el Virus de la Inmunodeficiencia Humana. Ministerio de Salud, Perú, 2005.

#### **HIV UGANDA**

Consolidated Guidelines for Prevention and Treatment of HIV in Uganda. Ministry of Health, Uganda, 2016.

#### **Hospital Care for Children**

Pocket Book of Hospital Care for Children, second edition. Guidelines for the Management of Common Illnesses with Limited Resources. World Health Organization, 2013.

\* If you are doing a pediatrics rotation, a printed version of this is highly recommended.

#### IMAI

*Acute Care. Integrated Management of Adolescent and Adult Illness.* World Health Organization 2009. \* Guidelines designed for first level caregivers in low resource settings.

#### IMCI

Integrated Management of Childhood Illness Planning Guide. World Health Organization 1999.

#### Malaria

Guidelines for the Treatment of Malaria, Third edition. World Health Organization, 2015.

#### **Malnutrition Chart**

Emergency Treatment of Severely Malnourished Children. World Health Organization.

#### **Obstetrics in Remote Settings MSF**

*Obstetrics in remote settings. Practical guide for non-specialized health care professionals.* Médecins sans Frontières, 2007.

#### **Obstetrics WHO**

*Managing complications in Pregnancy and Childbirth. A Guide for Midwives and Doctors.* World Health Organization. 2017.

#### **Public Health Medicine**

*Short Textbook of Public Health Medicine for the Tropics. 4th Edition.* A.O. Lucas and H. M. Gilles, 2004. Hodder Arnold. \*\* 5<sup>th</sup> Edition January 2015

#### TB MSF

*Tuberculosis. Practical guide for clinicians, nurses, laboratory technicians and medical auxiliaries.* Médecins sans Frontières, 2019.

#### **TEXTBOOKS**

It is *recommended* that you bring one or more of the textbooks listed below, along with a travel guide to your particular country. Many of these titles, along with numerous others, are available at deeply discounted prices on the website **Teaching Aids at Low Cost (http://www.talcuk.org/).** 

*Oxford Handbook of Tropical Medicine, 4<sup>th</sup> Edition* Michael Eddleston et al. (2014); Oxford University Press.

*The Little Black Book of International Medicine.* William A. Alto (2009); Jones and Bartlett.

Pocket Book of Hospital Care for Children, 2<sup>nd</sup> Edition. World Health Organization (2013). Lecture Notes: Tropical Medicine, 7<sup>th</sup> Edition.

G. V. Gill and Nick Beeching (2014); Wiley-Blackwell.

*Care of the Critically Ill Patient in the Tropics, 2<sup>nd</sup> Edition* D. Watters et al. (2011); Macmillan Education.