

Washington University in St. Louis
St. Louis Children's Hospital
Global Health Residency Pathway in Pediatrics
2018-2019 Orientation Manual

Updated 30 July 2019



<http://pediatrics.wustl.edu/residency/The-Program/Global-Health-Pathway>

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Overview

The mission of the Washington University Global Health Pathway in Pediatrics is to help residents prepare for a career in global child health. The Pathway complements rigorous clinical training in Pediatrics with an additional curriculum in global health theory, clinical knowledge, an introduction to research in global child health, career mentorship, and an immersive clinical experience. By partnering with training programs in other departments (Internal Medicine, Emergency Medicine, etc.), residents in this pathway will become part of a community of globally-minded physicians at Washington University and will benefit from the collective resources and experiences throughout the medical center.

Acceptance into the pathway provides the following benefits:

- 2 week call-free global health didactic block (PL-2)
- G-PEDS online course in global health
- Evening curriculum / social events reviewing journal articles, new evidence, movies, career development
- Personal copies of *Oxford Handbook of Tropical Medicine* and *WHO Pocket Book of Hospital Care for Children*
- Funding of travel and accommodation for an approved international elective at a pre-screened target site during PL-3
- Certification of completion of Global Health Pathway for fellowship and job applications
- Close mentorship with faculty throughout Washington University active in global health



Key Contacts

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Library Web Site

A dedicated **Global Health website** has been developed in conjunction with the Becker Medical Library for your use and reference: <http://beckerguides.wustl.edu/globalhealth>. Please let us or the library know of any additional resources you would like to see added to this site.



Pathway Timeline and Requirements

There are five requirements for certification from the Global Health Pathway:

Requirement	PL-1	PL-2	PL-3
1. G-PEDS Online Curriculum	Throughout	Throughout	Complete <i>prior</i> to international elective
2. Global Health Didactic Block		2 weeks in the fall	
3. Global Health Individualized Residency Curriculum Rotations		1-3 months	2-3 months
4. Write Review Article	Select topic and approach	Gather articles and summarize data; write first draft for review with mentor	Finalize article; submit for publication; complete revisions
5. International Elective			1-2 months (ideally 2-3 months)



G-PEDS Online Curriculum

The Global Pediatrics Education Series consists of 28 modules of online lecture-based content that is estimated to take 23 hours total to complete. A pre-test, technical handouts, and a post-test are included. The modules are clustered into 5 units:

- A. Global Child Health in Context
- B. Disease Identification and Management
- C. Clinical Pearls
- D. Preparation for Global Health Service
- E. Global Health at Home

The individual modules are:

- Global Indicators of Child Health
- Neonatal Survival and Maternal Health
- Polio
- Pneumonia
- Vomiting, Diarrhea, and Dehydration
- Malnutrition
- Malaria
- HIV
- Measles
- Bacterial Meningitis
- Intestinal Parasites
- Pediatric Tuberculosis
- Hematology in the Tropics
- Rheumatic Heart Disease
- Gynecology – Bleeding and STI's
- Animals and Human Health
- Practicing Pediatrics in Low-Resource Settings
- Case-based Review of Viruses and Vaccine-Preventable Diseases
- Case-based Review of Pediatric Tropical Diseases
- Approach to the Unconscious Child
- Basic Anesthesia and Sedation
- Vaccine-Preventable Diseases
- Health and Safety Abroad
- Humanitarian Assessment
- International Child Rights and Advocacy
- International Adoption
- Caring for Immigrant and Refugee Children
- Care of the Pediatric International Traveler

After the pre-test, the units may be completed in the order of your choosing. The modules and post-tests should all be completed *prior* to departure for your international elective. The House Staff Office will register pathway residents for the course. See <http://www.globalpeds.umn.edu/gpeds/> for more details about the course.



Global Health Didactic Block

This is a 2-week block of protected time during which there will be clinical and didactic sessions with definitive objectives. The block will include intense didactics in tropical diseases and basic laboratory procedures necessary for these diseases (e.g., preparing and reading thick and thin smears for malaria). Case discussions, journal clubs, roundtable ethics debates, and simulation sessions are included for a total of approximately 60 hours of didactic time over the course of the 2 weeks.

One of the most important objectives of the 2-week block is to spend time with the Global Health Pathway residents from Internal Medicine, Emergency Medicine, and other departments, and to develop collaborative relationships and an exchange of ideas that will be mutually beneficial to each other. Since you will quite likely be expected to take care of adult patients when working abroad and since they will quite likely be expected to care of children, it is important to develop a clinical and theoretical understanding of the types of issues that each provider faces.

Given that there are no overnight calls or extended clinical duties during this block, residents are strongly encouraged to use the free time during this block to complete some of the other Global Health Pathway requirements (such as the G-PEDS online curriculum).



Global Health Individualized Residency Curriculum

The ACGME requires pediatric residents to have choice in at least 6 months of their rotations during residency, known as the Individualized Curriculum (IC). The list below includes suggested rotations to fulfill the individualized curriculum that will help prepare residents for global health careers, but it is by no means exhaustive. The planning of your IC should occur in conjunction with a Residency Director and the Pathway Advisor.

- Infectious Diseases
- Antimicrobial Stewardship
- Surgery / Wound Care
- Anesthesia
- Dermatology
- Hematology
- Radiology
- Procedural Month – IV therapy, ED IV starts, Ultrasound
- Adult Infectious Diseases
- Adult Emergency Medicine
- Obstetrics
- Microbiology Laboratory
- Family Medicine or other Primary Care clinic that sees a high percentage of refugees / immigrants
- ASTMH-approved Diploma Course in Clinical Tropical Medicine and Travelers' Health – http://www.astmh.org/Approved_Diploma_Courses/5711.htm



Review Article

Given the limited time during your pediatrics residency to conduct original research, but recognizing that research to improve global child health is an essential component of training future leaders in global child health, pathway residents are expected to write and submit for publication a review article on the topic of their choosing.

The subject should be chosen during the PL-1 year after reviewing what literature is already available on the subject and what gaps remain. The Pathway Director will be available throughout the process to provide significant assistance, including selecting a topic and identifying the key themes to be covered, gathering the primary literature, identifying and contacting content experts for assistance and collaboration, synthesizing conclusions, and manuscript preparation and submission.

Although not a primary research experience, it is expected that this exercise will not only provide pathway residents with an in-depth understanding of a global health topic of their choosing, but it will also help the residents to recognize the challenges of conducting global research so that they can be more prepared for their own future research endeavors, if interested. By the end of the process, pathway residents should be adept at identifying and effectively interpreting the medical literature for any clinical question that arises during their career in global child health. Successful publication of this review will also be beneficial for career development; thus, residents are encouraged to get started on this as early as possible.

Example reviews that would be of appropriate length and coverage include:

- “Global trends in neglected tropical disease control and elimination: impact on child health”, *Archives of Disease in Childhood* 2013; 98: 635-641.
- “What clinical signs best identify severe illness in young infants aged 0-59 days in developing countries? A systematic review”, *Archives of Disease in Childhood* 2011; 96: 1052-1059.
- “Armed conflict and child health”, *Archives of Disease in Childhood* 2012; 97: 59-62.
- “Innovative newborn health technology for resource-limited environments”, *Tropical Medicine and International Health* 2013; 18: 117-128.
- “Epilepsy care challenges in developing countries”, *Current Opinion in Neurology* 2012; 25: 179-186.



International Elective

International clinical experience is obviously intended to be the highlight and capstone experience of the Global Health Pathway and essential to developing a clinical skill set in global health. In order to have an impactful experience, we urge residents to plan in advance to have blocks of time set aside for travel, ideally 2-3 consecutive months at a single site.

A few key target sites have been developed where residents are most strongly encouraged to go for their rotations, although residents are generally free to select their own site as well with approval of the Pathway Director. Specific rotations and expectations will need to be approved by the Pathway prior to departure, even if listed below. Even if a site is listed here, it may not necessarily be available (depending on local staffing availability). Think about your plans as soon as possible and begin working with the Pathway leadership early to make plans is strongly recommended.

Target Sites:

- Lao Friends Hospital for Children, Luang Prabang, Laos
- Mek'elle University Hospital, Mek'elle, Ethiopia

Additional Sites:

- Hospital Infantil Dr. Robert Reid Cabral / Centro de Obstetricia y Ginecologia, Santo Domingo, Dominican Republic
- Yangon Children's Hospital, Yangon, Myanmar

When considering international sites, our goal is for pathway residents to have a local supervisor, to develop rotation objectives, and to commit to providing teaching to students and physician counterparts at their site. It must also be a location deemed to be safe for international travel and approved by both the Pathway leadership and Washington University. It is anticipated that all reasonable travel and housing costs, medical and evacuation insurance, and pre-departure health preparations (e.g., vaccinations, malaria prophylaxis, PEP) will be reimbursed for Pathway residents. In general, planning for the international rotation should begin 9-12 months prior to the intended dates of the rotation in order to allow time for the many complicated logistics to be completed.

Specific objectives will depend on which site the resident goes to. The varied objectives of the rotation may include the following:

1. For the partner site to utilize the varied skills sets of residents to improve their own health programs (staff capacity building and collaborative health care delivery).
2. For there to be a bilateral exchange of knowledge between host infrastructure and resident.
3. For the resident to learn how to diagnose and manage key clinical tropical diseases (both communicable and non-communicable) in a low-resource setting.
4. For the resident to observe health systems at the urban and rural level and in the context of different health institutions such as academia, government, NGOs, and other private health facilities in low-

resource settings, and to get a more detailed view of their specific roles in health systems in low-resource settings.

5. For the resident to observe and understand, in detail, the structure and operations of different NGOs.
6. For the resident to be exposed to other important topics in global public health, such as telemedicine, environmental exposures, climate change, social business models, etc.
7. For the resident to identify gaps in their own clinical and theoretical knowledge firsthand and to thus guide their own independent learning going forward.
8. For the resident to identify possible quality improvement opportunities common to multiple low-resource settings.
9. For the resident to see an academic center and a residency program in a low-resource setting.
10. For the resident to have an experience in medical education development.
11. For the resident to increase their appreciation of the influence of cultural, ethical, and religious beliefs on administration and acceptance of health care.
12. For the resident to develop long-term and sustainable collaborations with local colleagues in order to serve as a jumping-off point for future clinical, research, educational, and quality improvement activities.



Global Child Health Competencies

1. **Patient Care Competency**: Residents will be able to provide compassionate, culturally sensitive and effective family-centered care to a diverse patient population independent of socioeconomic status, religion, nationality or citizenship.
 - 1.1. Goal: Demonstrate the attitude and skill set to provide family-centered care with expertise in assessment of the health care needs of children from another culture or nation.
 - 1.1.1. Objective: Describe the culture of one's patients.
 - 1.1.2. Objective: Describe and apply the prevailing view of medicine within a culture different than one's own.
 - 1.1.3. Objective: Explain cultural practices around disease treatment.
 - 1.1.4. Objective: Explain the family structure within a culture different from one's own.
 - 1.2. Goal: Demonstrate a sensitive and calming manner in caring for a child who has a chronic or terminal disease, regardless of cultural or socioeconomic background.
 - 1.2.1. Objective: Develop awareness of personal care strategies in providing medical care for a dying child, regardless of setting, either domestic or international.
 - 1.2.2. Objective: Demonstrate confidence in discussing a terminal illness with parent and child given a diagnosis of HIV, sickle cell disease, diabetes mellitus, or malignancy.
 - 1.2.3. Objective: Appreciate the health provider's role in discussing death across cultures.
 - 1.2.4. Objective: Demonstrate sensitivity to parent questions about their child's condition.
 - 1.3. Goal: Demonstrate cultural humility and sensitivity gained from an international rotation experience into work with diverse populations, including recently immigrated populations.
 - 1.3.1. Objective: Describe how the international experience has informed your practice of medicine.
 - 1.3.2. Objective: Translate your role in the international setting to your role in the U.S. setting.
 - 1.3.3. Objective: Explain how the culture and nation you lived in during the international experience both improved your understanding of your patient's expressed needs and how it affected your perception of yourself as a health care provider in the U.S.
 - 1.3.4. Objective: Apply the knowledge, skills and attitude gained during the international experience to your practice of medicine.
2. **Medical Knowledge Competency**: Residents will demonstrate knowledge of diseases and of social, environmental, political and economic conditions impacting the health of children in resource-poor areas of the United States and in regions outside of North America. Residents must demonstrate the ability to apply this knowledge to effective patient care.
 - 2.1. Goal: Articulate the global burden of communicable and non-communicable disease including knowledge of the global indicators of child health and geographic distribution of disease.
 - 2.1.1. Objective: Explain the epidemiology and pathogenesis of key communicable diseases:
 - 2.1.1.1. Pneumonia
 - 2.1.1.2. Diarrhea
 - 2.1.1.3. Malaria
 - 2.1.1.4. Intestinal parasites
 - 2.1.1.5. Measles

- 2.1.1.6. Tetanus
- 2.1.1.7. Polio
- 2.1.1.8. Tuberculosis
- 2.1.1.9. HIV
- 2.1.1.10. Bacterial meningitis
- 2.1.1.11. Hepatitis A, B, C
- 2.1.1.12. Cholera
- 2.1.1.13. Typhoid fever
- 2.1.1.14. Dengue
- 2.1.1.15. Yellow fever
- 2.1.2. Objective: Explain the epidemiology and pathogenesis of key non-communicable diseases:
 - 2.1.2.1. Malnutrition
 - 2.1.2.2. Rheumatic heart disease
 - 2.1.2.3. Diabetes mellitus
 - 2.1.2.4. Sickle cell anemia
 - 2.1.2.5. Environmental toxins
 - 2.1.2.6. Cancer
 - 2.1.2.7. End-stage renal disease
- 2.1.3. Objective: Understand and be able to describe key global indicators:
 - 2.1.3.1. Neonatal mortality rate
 - 2.1.3.2. Maternal mortality rate
 - 2.1.3.3. Infant mortality rate
 - 2.1.3.4. Under-5 mortality rate
 - 2.1.3.5. Number of children living in poverty
 - 2.1.3.6. Number of stunted, underweight, and wasted children
 - 2.1.3.7. Millennium Development Goals
- 2.2. Goal: Explain the major causes of neonatal death worldwide and preventive evidence-based interventions.
 - 2.2.1. Objective: Understand and explain low birth weight:
 - 2.2.1.1. Etiology
 - 2.2.1.2. Prevention
 - 2.2.1.3. Complications
 - 2.2.2. Objective: Understand and explain sepsis:
 - 2.2.2.1. Etiology
 - 2.2.2.2. Complications
 - 2.2.2.3. Evidence-based interventions
 - 2.2.3. Objective: Understand and explain hypothermia:
 - 2.2.3.1. Etiology
 - 2.2.3.2. Complications
 - 2.2.3.3. Evidence-based interventions
 - 2.2.4. Objective: Understand and explain birth asphyxia:
 - 2.2.4.1. Etiology
 - 2.2.4.2. Complications
 - 2.2.4.3. Evidence-based interventions
 - 2.2.5. Objective: Understand and explain neonatal jaundice:
 - 2.2.5.1. Etiology
 - 2.2.5.2. Complications

- 2.2.5.3. Evidence-based interventions
- 2.3. Goal: Become articulate regarding the interaction of the physical environment and health.
 - 2.3.1. Objective: Explain the impact of water, natural disasters, toxicants, overcrowding, urban migration, climate change, and loss of the ecosystem on human health.
- 2.4. Goal: Know the effect of economic disparity and black market trade on maternal and child health.
 - 2.4.1. Objective: Demonstrate knowledge of the impact of poverty, child labor, child trafficking on maternal and child health
- 2.5. Goal: Know how to perform an adequate immigrant and refugee health screening.
 - 2.5.1. Objective: Demonstrate the ability to take a history, perform a detailed physical, obtain the correct labs, and articulate the essentials of providing a health care home for an emigrated child.
- 2.6. Goal: Become aware of the specific health and social needs of children who have been orphaned and know how to care for internationally adopted children within extended family, foster care, adoption and institutionalized contexts.
 - 2.6.1. Objective: Describe orphan issues:
 - 2.6.1.1. Number of orphans worldwide
 - 2.6.1.2. Causes of loss of parents
 - 2.6.1.3. Complications
 - 2.6.1.3.1. Child-headed households
 - 2.6.1.3.2. Loss of child's personal property
 - 2.6.1.3.3. Loss of school and other opportunities
 - 2.6.1.3.4. Exploitation
 - 2.6.1.3.5. Prostitution
 - 2.6.1.3.6. Increased risk of child mortality
 - 2.6.1.3.7. International adoption issues, including fetal alcohol spectrum disorders
 - 2.6.1.4. Interventions
 - 2.6.1.5. In-country foster care
 - 2.6.2. Objective: Practice pre-adoption consultation:
 - 2.6.2.1. Demographics
 - 2.6.2.2. History of international adoption
 - 2.6.2.3. Medical chart review
 - 2.6.3. Objective: Practice post-adoption health care:
 - 2.6.3.1. History and physical
 - 2.6.3.2. Lab screening
 - 2.6.3.3. Attachment
 - 2.6.3.4. Growth and development
 - 2.6.3.5. Fetal alcohol spectrum disorders
- 2.7. Goal: Explain the major causes of child mortality worldwide and evidence-based interventions to prevent death.
 - 2.7.1. Objective: Describe pneumonia:
 - 2.7.1.1. Etiology
 - 2.7.1.2. Epidemiology
 - 2.7.1.3. Prevention
 - 2.7.1.4. IMCI and CBHC approaches
 - 2.7.2. Objective: Describe diarrhea:
 - 2.7.2.1. Etiology
 - 2.7.2.2. Epidemiology
 - 2.7.2.3. Prevention

- 2.7.2.4. IMCI and CBHC approaches
- 2.7.2.5. ORS
- 2.7.2.6. Complications
- 2.7.2.7. The Child Survival Strategy
- 2.7.3. Objective: Describe malaria:
 - 2.7.3.1. Etiology
 - 2.7.3.2. Pathogenesis
 - 2.7.3.3. Prevention
 - 2.7.3.4. IMCI and CBHC approaches
 - 2.7.3.5. Medical treatment
 - 2.7.3.6. Complications
 - 2.7.3.7. The Child Survival Strategy
- 2.7.4. Objective: Describe measles:
 - 2.7.4.1. Pathogenesis
 - 2.7.4.2. Prevention
 - 2.7.4.3. IMCI and CBHC approaches
 - 2.7.4.4. Medical treatment
 - 2.7.4.5. Complications
 - 2.7.4.6. The Child Survival Strategy
- 2.7.5. Objective: Describe undernutrition:
 - 2.7.5.1. Wasting and stunting:
 - 2.7.5.1.1. Etiology
 - 2.7.5.1.2. IMCI and CBHC approaches
 - 2.7.5.1.3. Medical treatment
 - 2.7.5.1.4. Complications
 - 2.7.5.2. Severe and moderate acute malnutrition
 - 2.7.5.2.1. Outpatient management
 - 2.7.5.2.2. Inpatient management
 - 2.7.5.3. Micronutrient deficiencies
 - 2.7.5.4. The Child Survival Strategy
- 2.8. Goal: Understand the impact of maternal health on child health.
 - 2.8.1. Objective: Demonstrate knowledge of the etiology and prevention of maternal mortality.
 - 2.8.2. Objective: Explain the impact of maternal mortality on infant and child mortality and developmental morbidity.
- 2.9. Goal: Explain the major causes of developmental morbidity.
 - 2.9.1. Objective: Discuss the magnitude of the problem, risk factors, impact on academic achievement, economic independence and evidence-based interventions.
 - 2.9.2. Objective: List the four major causes of developmental morbidity:
 - 2.9.2.1. Stunting
 - 2.9.2.2. Inadequate cognitive stimulation
 - 2.9.2.3. Iodine deficiency
 - 2.9.2.4. Iron deficiency
 - 2.9.3. Objective: Explain the impact of HIV on developmental morbidity.
- 2.10. Goal: Know how to access global health resources.
 - 2.10.1. Objective: Demonstrate the ability to appropriately access the Red Book, CDC, UNICEF, WHO, other worldwide literature; and appropriate smartphone apps.
- 2.11. Goal: Know how to care for children traveling internationally.

- 2.11.1. Objective: Demonstrate ability to obtain up-to-date information on immunizations required for travel.
- 2.11.2. Objective: Apply personal safety concepts while traveling abroad, including road, pedestrian and food safety, and prevention of infections.
- 2.12. Goal: Explain the effect of armed conflict on health.
 - 2.12.1. Objective: Explain the risk of losing a parent, becoming a child soldier, suffering torture, acquiring a severe infection, becoming malnourished, and dying.
 - 2.12.2. Objective: Understand the impact on long-term mental health from post-traumatic stress syndrome.
- 2.13. Goal: Know the impact of forced migration on child health.
 - 2.13.1. Objective: Demonstrate knowledge of the terms refugees, internally displaced people, immigrants.
 - 2.13.2. Objective: Describe the effects of forced migration on culture and health, including the disruption of health care systems and the interruption of primary care
- 3. Practice-Based Learning and Improvement Competency:** Residents will be able to evaluate their patient care practices, appraising and assimilating medical evidence in a culture other than their own to improve patient care.
 - 3.1. Goal: Be able to triage, manage, or evaluate the local resources available in an international, immigrant, or other underserved clinical setting.
 - 3.1.1. Objective: Demonstrate knowledge of how to investigate local resources.
 - 3.1.2. Objective: Adjust work-up using available diagnostic and treatment resources.
 - 3.2. Goal: Know how to access the medical evidence in another country or culture and translate to one's practice setting in the local context.
 - 3.2.1. Objective: Demonstrate how to access local experts, internet, textbooks, literature, and research facilities in at least one international setting.
 - 3.2.2. Objective: Know and use portable resources to take from the US to an international setting.
 - 3.3. Goal: Differentiate translatable versus non-translatable models among western, traditional, and international health delivery systems and appropriately implement where improvements in patient care can be made.
 - 3.3.1. Objective: Be able to one's describe own health care delivery system to someone who is used to a different system.
 - 3.3.2. Objective: Articulate the international standards of health care delivery for common diseases including the:
 - 3.3.2.1. Expanded Program on Immunization
 - 3.3.2.2. Integrated Management of Childhood Illnesses
 - 3.3.3. Objective: Explain the health care system in at least one international setting.
 - 3.4. Goal: Understand the challenge of conducting research in an international setting.
 - 3.4.1. Objective: Be able to describe an example of an ethical dilemma in international research.
 - 3.4.2. Objective: Review and synthesize the data available for a chosen childhood illness relevant to global child health.
- 4. Interpersonal and Communication Skills Competency:** Residents will demonstrate interpersonal and communication skills which transcend cultural, economic, religious and national barriers and result in effective exchange of information.
 - 4.1. Goal: Demonstrate ease in relating directly to the patient and his/her family when working with an interpreter.
 - 4.1.1. Objective: Demonstrate the ability to introduce oneself through an interpreter to a patient and family.

- 4.1.2. Objective: Demonstrate the ability to skillfully discuss with the family the patient's diagnosis, treatment and prognosis through an interpreter.
- 4.2. Goal: Understand the role of gender across inter-cultural patient-physician interactions.
 - 4.2.1. Objective: Articulate an understanding of gender roles within the family and society, the power of gender in the care of a child, and the issue of gender equity in a culture other than one's own.
- 4.3. Goal: Understand the role of non-verbal communication between patient, family and physician with differing cultural backgrounds.
 - 4.3.1. Objective: Explain the significance of hand gestures, tone of voice and postures in a culture other than one's own
- 4.4. Goal: Recognize the privilege of working in a country other than one's own.
 - 4.4.1. Objective: Demonstrate an understanding of the privilege of being a guest in another country and local community while on international elective.
 - 4.4.2. Objective: When preparing for an international elective, honor the logistical requirements requested to practice medicine in that setting.
- 4.5. Goal: Recognize the value of learning the language of the patient.
 - 4.5.1. Objective: Give at least one account of respect gained having learned the patient's language.
 - 4.5.2. Objective: Give at least one account of power gained due to communicating in the language of your patient.
- 4.6. Goal: Develop awareness of how one is perceived in other health care settings.
 - 4.6.1. Objective: Demonstrate the ability to communicate in a non-hierarchical and non-judgmental manner
- 5. Professionalism Competency:** Residents will have an attitude and manner which recognizes the dignity of every human being and promotes cross cultural and transnational patient care; and recognizes the value of colleagues trained in another cultural setting. Residents will have a self-awareness and skills to care for themselves in stressful cross cultural and transnational situations.
 - 5.1. Goal: Demonstrate an interest in and engagement with the culture of your international elective.
 - 5.1.1. Objective: Demonstrate the following habits and attributes by the end of the international elective:
 - 5.1.1.1. Curiosity
 - 5.1.1.2. Inquisitiveness and consultation with trusted international colleagues
 - 5.1.1.3. Reflectiveness on experiences gained
 - 5.1.1.4. Reservation of political opinions while traveling
 - 5.1.2. Objective: Discuss the impact of ethnocentrism on one's own perception of oneself and the other
 - 5.2. Goal: Be able to effectively develop ties to local medical and community groups of recently immigrated populations.
 - 5.2.1. Objective: Demonstrate the ability to:
 - 5.2.1.1. Participate in local medical and community events.
 - 5.2.1.2. Seek advice from local leaders and colleagues in the international community.
 - 5.2.1.3. Seek advice from local leaders and colleagues among communities of immigrants.
 - 5.3. Goal: Be able to assess in a culturally sensitive manner the strengths and weaknesses of different medical systems.
 - 5.3.1. Objective: Demonstrate the ability to:
 - 5.3.1.1. Assess and integrate strengths in the familiar and unfamiliar medical systems.
 - 5.3.1.2. Assess and strengthen or discard weaknesses in the familiar and unfamiliar medical systems.

- 5.3.1.3. Acknowledge and process one's own feelings when encountering a clinical practice one considers inappropriate or unethical in the context of one's own culture and practice.
- 5.4. Goal: Show an attitude which enriches collaboration with colleagues from another culture or nation.
 - 5.4.1. Objective: Demonstrate the ability to:
 - 5.4.1.1. Recognize the strengths that a different system of medical training brings to the practice of medicine, research and teaching.
 - 5.4.1.2. Be open to learn.
 - 5.4.1.3. Acknowledge the privilege of working closely with an international colleague.
 - 5.4.1.4. Understand that we have a lot to learn from one another.
- 5.5. Goal: Be confident in the steps to take if personal well-being is compromised while working abroad.
 - 5.5.1. Objective: Before traveling, be able to:
 - 5.5.1.1. Recognize warning signs in the environment.
 - 5.5.1.2. Discuss steps to avoid putting oneself in jeopardy.
 - 5.5.1.3. Describe the support system in place in the local community.
 - 5.5.1.4. Explain how to register one's arrival and seek help with the U.S. Embassy.
- 5.6. Goal: Be prepared to plan and undertake an international medical experience.
 - 5.6.1. Objective: Be able to:
 - 5.6.1.1. Take steps necessary to ensure personal safety and well-being.
 - 5.6.1.2. Navigate the logistical requirements.
 - 5.6.1.3. Choose wisely the international setting.
 - 5.6.1.4. Communicate with hosts who are preparing for your arrival.
 - 5.6.1.5. Study the medical, cultural, historical, and economic environment prior to departure.
 - 5.6.1.6. Plan an academically and locally relevant quality improvement project.
 - 5.6.1.7. Present a travel and project report on return.
- 5.7. Goal: Be able to identify the signs of culture shock while working abroad.
 - 5.7.1. Objective: Prior to the international elective, be able to articulate the following details of culture shock:
 - 5.7.1.1. Physical signs.
 - 5.7.1.2. Emotional signs.
 - 5.7.1.3. How to find help.
 - 5.7.1.4. When to come home.
- 5.8. Goal: Know how to manage stress in a culture, climate and professional environment different from one's own.
 - 5.8.1. Objective: Prior to departure for an international elective be able to:
 - 5.8.1.1. Review stress relievers at home.
 - 5.8.1.2. Plan strategy to control stress in the international setting.
 - 5.8.1.3. Prepare for potential stress before it happens.
- 5.9. Goal: Demonstrate personal and professional responsibility in an international setting.
 - 5.9.1. Objective: During your international elective:
 - 5.9.1.1. Be punctual.
 - 5.9.1.2. Demonstrate good time-management skills.
 - 5.9.1.3. Dress in appropriate attire.
 - 5.9.1.4. Demonstrate respect for colleagues, patients, and families.
 - 5.9.1.5. Demonstrate knowledge of the practical application of the three major ethical principles: respect for persons, beneficence, and justice as established by the Belmont Report.
- 5.10. Goal: Understand the steps to take in planning a career in global health.

- 5.10.1. Objective: Define global health.
 - 5.10.2. Objective: List reasons for working in global health.
 - 5.10.3. Objective: List options for a global health career.
 - 5.10.4. Objective: List ways to prepare for a global health career.
 - 5.10.5. Objective: Give examples of successful and diverse global health careers at home and abroad.
- 6. Systems-Based Practice Competency:** Residents will demonstrate knowledge of health care delivery systems in other countries, the role of international agencies and interactions between them.
- 6.1. Goal: Understand the relationship between basic economics and child health particularly the effect of poverty and income inequality.
 - 6.1.1. Objective: Explain the effect of poverty on:
 - 6.1.1.1. Health care.
 - 6.1.1.2. Child health.
 - 6.1.1.3. Education.
 - 6.1.1.4. Earning potential as adults.
 - 6.2. Goal: Understand the position of the patient within a culturally different health care system.
 - 6.2.1. Objective: Demonstrate ability to discuss the patient's access to health care in their native health care setting.
 - 6.2.2. Objective: Demonstrate ability to recognize the perception the patient would have of the health care provider in their own culture, particularly with respect to communication.
 - 6.2.3. Objective: Demonstrate appropriate communication skills to patients of different cultural backgrounds.
 - 6.3. Goal: Understand and be able to contribute to community-based health care.
 - 6.3.1. Objective: Demonstrate ability to explain:
 - 6.3.1.1. Community-based health care (CBHC), its role in the United States, and its significance in global health.
 - 6.3.1.2. One's own role in CBHC.
 - 6.3.1.3. The role and significance of CBHC in an international setting.
 - 6.4. Goal: Know the organizations that make and influence international health policy and provide funding.
 - 6.4.1. Objective: Define and discuss the following organizations:
 - 6.4.1.1. WHO
 - 6.4.1.2. UNICEF
 - 6.4.1.3. WFP
 - 6.4.1.4. World Bank
 - 6.4.1.5. Bill and Melinda Gates Foundation
 - 6.4.1.6. Clinton Foundation
 - 6.5. Goal: Demonstrate a knowledge of the interaction of local, tribal, national, and/or international politics on child health.
 - 6.5.1. Objective: Describe local community/ tribal/national and international connections.
 - 6.5.2. Objective: Describe the effects of political interconnectedness on health.
 - 6.6. Goal: Conceptualize the challenge of restoring global health equity.
 - 6.6.1. Objective: Give an example of the challenge of equity in each of the following situations:
 - 6.6.1.1. Ethical considerations of undertaking research in resource-poor areas.
 - 6.6.1.2. Distribution of vaccines.
 - 6.6.1.3. Distribution of medicines.
 - 6.6.1.4. Distribution of knowledge.
 - 6.7. Goal: Recognize the scope of health disparities and articulate potential solutions.

- 6.7.1. Objective: Articulate at least one example of a health disparity that exists in one's own culture and in another culture.
- 6.7.2. Objective: Demonstrate ability to articulate a possible solution to the disparities described.
- 6.8. Goal: Provide program leadership in medical care for recently immigrated populations.
 - 6.8.1. Objective: Describe at least one example of a unique medical need that exists for recently immigrated populations.
 - 6.8.2. Objective: Describe at least one lesson learned in the international setting that would be useful in building a health care delivery system in the U.S.
- 6.9. Goal: Demonstrate the ability to recognize instances where a child's rights are being violated, formulate an action plan to end the abuse and change the system to prevent further abuse, to promote the optimal development of all children worldwide.
 - 6.9.1. Objective: Explain the definition of child advocacy and your current and potential roles as a physician in the promotion and protection of children's rights via legislative, educational, international health, and grassroots community-based advocacy channels.
 - 6.9.2. Objective: Discuss the ways you can impact change on a governmental, societal, group/community, and/or individual levels.
 - 6.9.3. Objective: Explain the four-step strategy to develop and execute an advocacy program, using a rights-based approach.
 - 6.9.4. Objective: Describe methods to evaluate and assess your advocacy efforts for short- and long-term success.
- 6.10. Goal: Assess the effectiveness of health care delivery based on local ideas in an international setting.
 - 6.10.1. Objective: Demonstrate the ability to:
 - 6.10.1.1. Seek the input of patients' families and community leaders in assessing the needs and effectiveness of the practice.
 - 6.10.1.2. Work closely with local colleagues to address the local needs.
 - 6.10.1.3. Work closely with local colleagues to implement health care delivery based on the needs of the community.
 - 6.10.1.4. Evaluate the program based on local as well as international standards of successful outcome.
- 6.11. Goal: Express an appreciation of the differences in medical systems, training, and practice in varying cultural and institutional settings in the developing and developed world.
 - 6.11.1. Objective: Identify benchmarks to compare medical systems and develop processes for comparison.
 - 6.11.2. Objective: Demonstrate the ability to build a health care program with leaders in these communities.