



Recommended Curriculum Guidelines for Family Medicine Residents

Global Health

This document was endorsed by the American Academy of Family Physicians (AAFP).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) <http://www.acgme.org>. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at <http://www.aafp.org/cg>. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

The Declaration of Alma Ata (International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978) affirmed that health and access to basic health care are fundamental human rights, and urged governments and other organizations to support the development of primary health care throughout the world. Medicine and

health transcend geographic boundaries. Since the Alma Ata Declaration, globalization has pervaded all sectors of society, including health and medicine. Thus, global health has direct consequences for family medicine residents and thoughtful curricula are required to address these new developments.

Background

The discipline of “International Health,” now more inclusively called “Global Health,” reflects the interrelationship between the family physician’s own practice community and the global community. This interrelationship is multi-faceted and requires family physicians to be well-versed in a range of issues, including cultural proficiency in the care of immigrant and refugee populations, travel medicine, the social determinants of health, and recognition of emerging infectious diseases. Family physicians and residents who choose to deliver health care in international settings will require additional knowledge and skills. Emerging global health concerns influence the appropriate delivery of health care services in the United States and internationally – these include the impact of global warming and climate change, the geographic spread of infectious disease, pollution from the industrialization of developing countries, the emergence of chronic disease in the developing world and the new trends toward ecotourism and development of sustainable economies. The acquisition of global, geographic, and culturally specific knowledge and skills will allow the family physician-in-training to formulate an individualized assessment and treatment plan appropriate to a wide range of specific circumstances. Such training is an integral part of residency training. The world is now our community and globalization trends challenge medical education to incorporate knowledge and skills appropriate to our emerging global community.

Global influences on health care can occur at any age and in any societal setting. Many factors, including international economic and geopolitical trends, cultural and societal influences, local health resource availability, influences of poverty and overcrowding, and travel and migration patterns of populations are all potential health care delivery issues. Variations in immunization practices, legal considerations, patient confidentiality factors, and insurance coverage in international settings are other considerations for the global traveler. Newer cultural trends driving outflow of Americans to international destinations include the development of international centers of excellence for specific health conditions, the growth of medical tourism, and international volunteerism. These trends all give rise to new challenges in providing quality medical care and advice to patient clientele. Residency training should include a structured curriculum to address these factors.

Globalization is also driving increased interest of medical students and family medicine residents in global health. Family medicine residents are increasingly seeking out opportunities for training experiences in international settings. According to the 2006 Medical School Graduate Questionnaire given by the Association of American Medical Colleges, 27% of American medical students participated in overseas clinical activities in 2006.

An overall goal of family medicine training is to prepare family physicians for anticipating future influences on patient health. With an increasing focus on global health, family physicians are uniquely qualified to address the broad range of issues in this area, including care of refugees and other immigrants, advising international travelers, and the delivery of broad-spectrum health care in austere international settings. This guideline for a global health curriculum allows for development of a comprehensive approach to the psychosocial, economic and medical factors affecting our patients within a global context. Education in these areas will facilitate optimal care of patients by future family physicians.

Competencies

At the completion of residency training, a family medicine resident should:

- Be able to discuss the issues of equity and social justice in the distribution of health services in resource-poor settings. (System-based Practice)
- Tailor health outreach and clinical interventions by taking into consideration local socio-economic, political, and health disparities. (System-based Practice)
- Perform standardized comprehensive clinical assessments and develop acute and long-term treatment plans based on the unique influences of globalization on an individual's health. (Medical Knowledge, Patient Care)
- Optimize treatment plans based on knowledge of global influences, utilizing resources that include local, state, federal, and international agencies. (System-based Practice, Practice-based Learning and Improvement)
- Assess the health care and public health needs of communities and make evidence-based decisions about resource allocation and the delivery of population health services. (Medical Knowledge, Patient Care)
- Coordinate ambulatory, in-patient, and institutional care across health care providers, institutions, and governmental agencies within a global perspective. (System-based Practice)
- Demonstrate the ability to communicate effectively and collaborate with the patient, the patient's family, and the patient's caregivers with a global perspective, so that the diagnosis and plan of care are clearly understood and pertinent to their specific global situation. Demonstrate the ability to use interpreters when the physician and patient can not speak the same language. (Interpersonal and Communication Skills)
- Recognize his or her own practice limitations and seek consultation with other health care providers to provide optimal care within an international construct. (Practice-based Learning and Improvement, System-based Practice)

Attitudes

The resident should develop attitudes that encompass:

- The importance of the physician's own attitudes and stereotypes related to health care delivery in international settings.

- The need to balance compassion, humanism, realism, and practicality in the consideration of health care delivered in specific global settings.
- Dignity and autonomy through self-care and self-determination within a cultural and global context.
- The importance of culture as expressed in the individual's family, home, and community as an influencing factor on the overall life, health, and well-being of patients.
- The ability to describe limitations in the investigation and treatment plans for a specific patient due to local economic, cultural, or resource allocation practices.
- A commitment to lifelong learning and contribution to the body of knowledge about global health.
- A multidisciplinary approach to the enhancement of individualized care.
- Value placed on continued accessibility and accountability to his or her patients, especially with regard to the sustainability of health care delivery in international settings.
- The importance of cost-containment pertinent to a specific global health care environment.
- The ability to explain specific safety factors, legal considerations, and personal freedoms that might be handled differently when taking part in health care delivery in an international setting.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Common and emerging tropical infectious diseases.
2. Epidemiology of global infectious and chronic disease.
3. Resources and issues pertinent to travel medicine, health risk prevention, and health maintenance specific to international travel.
4. Non-medical issues, e.g., political, safety, environmental, and climate, of international travel and tourism.
5. Health and human rights issues and determinants of health specific to immigrant, internally displaced, and refugee populations.
6. Socioeconomic, environmental, and political factors as determinants of health and disease, including clean water supply, food security, and sanitation.
7. How various cultural approaches to healing differ.
8. Specific needs of medically underserved and uninsured (including the eligibility of individuals for health care services in specific international settings.)

9. Considerations in seeking specialized medical care in international settings.
10. Social, psychological, and environmental factors influencing health care delivery.
11. Availability and safety of pharmaceuticals in international settings.
12. Considerations in the use of appropriate technology in international settings.
13. The effect of distance and communication factors on the delivery of health care.
14. Services available for treatment and rehabilitation in a specific international setting.
15. Unique health care delivery methodology and outcomes data for specific international settings.
16. The financial aspects of providing health care while residing in an international setting.
17. Variations in national health care services for non-citizens.

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. Accomplishment of cross-cultural interactions sufficient to deliver basic medical care, including working with translators.
2. Practice within the construct of local cultural beliefs and applying these belief systems in patient care.
3. An efficient comprehensive physical examination when practicing in an internationally located office, hospital, or skilled nursing setting, being mindful of cultural factors (including gender, modesty, and religious practices).
4. The appropriate selection, interpretation, and performance of diagnostic procedures within the context of limited resources and austere setting.
5. Adequate clinical skills to allow appropriate diagnosis and treatment in absence of technological resources.
6. Formulation of a care plan that is relevant and practical in a specific cultural setting.
7. Performance of appropriate follow-up care within the context of local resources and ability to develop an Essential Drugs List.
8. Communication with the patient and / or caregivers regarding the proposed investigation and treatment plans in such a way as to promote understanding, compliance, and appropriate attitudes specific to the cultural or international setting.

Implementation

Implementation of this curriculum should include both focused and longitudinal experiences throughout the residency program that includes opportunities to experience global health care delivery firsthand when consistent with residency training requirements. Physician instructors who have experience in global health and who have demonstrated international health skills with a positive attitude should be engaged as educators, role models and advisors to residents exploring opportunities for electives in international health care delivery. Opportunities for international and domestic health care experiences, including caring for immigrant populations in the United States, are an excellent method of teaching the principles of global health and should be designed within the principles and practices of safe international experiences. Individual teaching, problem based learning, and small group discussion modalities are excellent methods of global health education. Clinical rotations to rural or other limited-resource underserved areas aid in the development of the mindset and skills needed for global health activities.

Resources

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Online Resources

World Rural Health The Melbourne manifesto: a code of practice for the international recruitment of health care professionals. Adopted by delegates to the Rural Wonca meeting in Melbourne, Au. 3rd May 2002:

http://www.rudasa.org.za/download/melbourne_manifesto.pdf. Accessed August 10, 2011.

Supercourse – Epidemiology, the Internet, and Global Health: University of Pittsburgh. <http://www.pitt.edu/~super1/>

Modules Projects: Global Health Education Consortium.

<http://globalhealtheducation.org/modules/SitePages/Home.aspx>

Global Health Bibliography: Global Health Education Consortium.

<http://globalhealthedu.org/resources/Pages/GlobalHealthBibliography.aspx>

Global Health Wikipedia: Child and Family Health International. www.cfhi.org/

E-Learning Modules: University of Wales Swansea and University of Ibaden.

http://isp.swanhi.org/index.php?option=com_content&task=blogcategory&id=27&Itemid=37

GapMinder. www.gapminder.org

Global Health E-Learning Center: USAID. www.globalhealthlearning.org

Information Sources: Global Health Council. www.globalhealth.org/sources

International Health in the Developing World course: University of Arizona.

<http://www.globalhealth.arizona.edu/>

Preventing Chronic Diseases: a Vital Investment. WHO Global Report.

http://www.who.int/chp/chronic_disease_report/en/

Organizations for Networking in Global Health

Note: These web sites are from: *Going Global: Considerations for Introducing Global Health into Family Medicine Training Programs*. Jessica Evert, MD; Andrew Bazemore, MD, MPH; Allen Hixon, MD; Kelley Withy, MD, PhD. *Family Medicine*, October 2007

Global Health Council. www.globalhealth.org

Global Health Education Consortium. www.globalhealth-ec.org

American Medical Student Association-Global Health Action Committee.

www.amsa.org/global/

University Coalitions of Global Health. Web site: <http://www.ucgh.org>. List serve: ucgh-subscribe@yahoogroups.com

World Organization of Family Doctors (Wonca). www.globalfamilydoctor.com

Society of Teachers of Family Medicine International Committee. www.stfm.org

American Academy of Family Physicians International Workshop.

www.aafp.org/intl/workshop

International Travel

U.S. Centers for Disease Control. www.cdc.gov/travel

U.S. Department of State. <http://travel.state.gov>

American Academy of Family Physicians. www.aafp.org/international/travelhealth

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