HOST PERSPECTIVES ON INTERNATIONAL EXPERIENCES IN GLOBAL HEALTH - ISN’T IT TIME WE ASKED?

CUGH 2017 – April 8th

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WHO AM I?

- Dr. William Cherniak

- Family and Emergency Medicine Physician
  - Ontario, Canada

- CoFounder and Executive Director of Bridge to Health Medical and Dental
  [www.bridgetohealth.ca](http://www.bridgetohealth.ca)

- Consultant, Center for Global Health, US National Cancer Institute, NIH
OUTLINE

• Bridge to Health Medical & Dental and CFHI

• Background: Global Health Competencies and STEGH

• Methods

• Results

• Conclusions/Next Steps
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Bridge to Health was founded on a philosophy of partnership, education, and community development. We exist to lend a helping hand to those who are in tremendous need.
OUR MODEL

Medical & Dental Brigades

Build Local Capacity

Educate and Train Locals
Argentina • Bolivia • Ecuador • India • Mexico • South Africa • Uganda • Ghana • Philippines • Tanzania
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WHAT IS GLOBAL HEALTH?

“global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population based prevention with individual-level clinical care.”

SO WHAT DOES THAT MEAN?

- Global health is:
  - Interdisciplinary
  - Domestic or International
  - Multi-faceted
COMPETENCY-BASED GLOBAL HEALTH EDUCATION

Competence is a level of performance demonstrating the effective application of knowledge, skill and judgment (ICN 1997)

• There are numerous competencies (ASPH, US/Canadian Core Competencies, World Health Alliance, AAFP, many more).

• Suggested that general (universally applicable) and local (site specific) competencies should be developed.
ASK THE PARTNERS

• Push for competencies and structure is good

• Almost entirely produced from HIC perspective

• Why have so few asked, “what would you like to teach?”
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• June 2013 collaboration between Child Family Health International (CFHI) and Bridge to Health Medical and Dental

• Initial literature search conducted for inter-professional competencies

• Working group development

• Survey design and beta testing

![Table 1. List of Competencies Categorized into 8 Domains for Global Citizen and 11 Domains Basic Operational Program-Oriented Levels](image-url)
Research Study on Host Perspectives of Global Health Competencies

Do you interact with students from abroad in health-related settings?

THIS STUDY HAS CLOSED AS OF 12/31/15. PLEASE CHECK BACK FOR RESULTS AND FOLLOW UP.

The **Collaboration for Host Perspectives on Global Health Competencies** is a group of community and academically-based researchers from 9 countries collaborating to investigate the opinions of host faculty, staff, and community members in countries across the socioeconomic spectrum who host visiting students and trainees from other countries at their healthcare and public health facilities (including hospitals, NGOs, community development organizations, clinics, and mobile outreach). The goal is to understand host perspectives of competencies, learning objectives, and other aspects of what is important for students and trainees from other countries to learn.
METHODS

• Link to survey built into external website
  • Websites in English and Spanish

• Survey distributed in both languages through convenience sampling and snowball method
  • Issues around access to rural populations

• Open for completion from September 1st, 2015 to December 31st, 2015

• Respondents divided into world bank economic regions based on country of residence
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PRE DEPARTURE

• Zero respondents stated that students were “completely unprepared” for their rotations
  • Only 22% stated “well prepared”

• Most important competency (at 87% in agreement) was for students to be aware of the influence of culture

• Next most important (74%) was having humility
DURING ELECTIVES/FIELD EXPERIENCES

- Importance of recognizing limitations

- Need to work well within a team setting and maintain respect

- Huge role for culture in all aspects of learning

<table>
<thead>
<tr>
<th>Category</th>
<th>Importance</th>
<th>Number</th>
<th>Percent</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize personal limitations</td>
<td><em>Important</em></td>
<td>89</td>
<td>90%</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td><em>Somewhat Important</em></td>
<td>10</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Not Important</em></td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Demonstrate inter-professional values being respectful of all staff</td>
<td><em>Important</em></td>
<td>85</td>
<td>88%</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td><em>Somewhat Important</em></td>
<td>12</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Not Important</em></td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Demonstrate professionalism and respect of the entire team including culture and practices</td>
<td><em>Important</em></td>
<td>81</td>
<td>82%</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td><em>Somewhat Important</em></td>
<td>18</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Not Important</em></td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Culture vs medical conditions</td>
<td><em>Equally important</em></td>
<td>88</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Medical more important</em></td>
<td>10</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Culture more important</em></td>
<td>12</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Culture on perception of disease</td>
<td><em>Important</em></td>
<td>94</td>
<td>86%</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td><em>Somewhat Important</em></td>
<td>13</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Not Important</em></td>
<td>2</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Cultural impacts on patient behaviour</td>
<td><em>Important</em></td>
<td>87</td>
<td>81%</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td><em>Somewhat Important</em></td>
<td>20</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Not Important</em></td>
<td>1</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Cultural awareness/sensitivity</td>
<td><em>Important</em></td>
<td>83</td>
<td>76%</td>
<td>109</td>
</tr>
<tr>
<td></td>
<td><em>Somewhat Important</em></td>
<td>24</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Not Important</em></td>
<td>2</td>
<td>2%</td>
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</tbody>
</table>
CLINICAL

• Clinical learning much less important than culture and professionalism

• Not important for students to be working independently

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
<th>Totals</th>
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</thead>
<tbody>
<tr>
<td>Perform surgical procedures</td>
<td></td>
<td></td>
<td>92</td>
</tr>
<tr>
<td>Important</td>
<td>26</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>30</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Not Important</td>
<td>36</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>Manage rare diseases seen at home</td>
<td></td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>Important</td>
<td>25</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>34</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Not Important</td>
<td>32</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Care for patients without supervision</td>
<td></td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>Important</td>
<td>13</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>22</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Not Important</td>
<td>55</td>
<td>61%</td>
<td></td>
</tr>
</tbody>
</table>
72% of preceptors received feedback from students

71% engaged in debriefing with students after rotation

48% wanted more students, 52% said it was fine, 0% wanted less

0% said students come as practitioners ready to work

90% said they wished students would stay more in touch after their rotation
QUALITATIVE DATA: BIGGEST MISTAKES

“They must abstain from over expectation and over criticism; must have a compassionate approach as the host and the team puts lots of effort in establishing the program”

“They tend to over expect from the program sometimes, as they want hands on experience which cannot be provided very extensively keeping local government, administrative protocol in place.”

“attempting to do too much and not able to achieve goals”
QUALITATIVE DATA: WHAT SHOULD STUDENTS REMEMBER WHEN THEY GO HOME

“our culture and our dedication to make their time memorable”

“the knowledge they gained here and the Indian hospitality. During the program, some of them discover their potential, they should always believe in that potential”

“That they can change a life of a person who is different if they are aware and respectful of that difference”
CONCLUSIONS

• First comprehensive survey of mentors from around the world across all economic brackets of competencies for STEGH

• Students are not being accepted to fill critical health-resource gaps

• Host mentors allocate highest importance to learning about cultural issues, interprofessional collaboration and respectful conduct
QUESTIONS?

Be in touch!

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