

Global Child Health Educational Modules Project (GCHEMP)

Preparation packet for global health electives

This packet is for use in conjunction with the GCHEMP “Preparation for a Global Health Elective” module. Prior to beginning the module, contact your residency program director or designated pediatric global health faculty mentor to determine which forms are required for submission from this packet and from your institution prior to your global health elective.

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Resources for finding a global health elective

Many US pediatric residency programs participate in ongoing partnerships with institutions in resource-limited settings, and thus are able to offer global health (GH) electives at these sites to their residents. Other programs allow their residents to travel abroad for electives, but leave the work of finding and setting up the elective to the resident. If your program doesn't offer global health electives, the resources presented here can help you get started in finding an appropriate elective.

Remember to start early! While most global health faculty strongly recommend that you complete at least 18 months of residency before going on an elective abroad, the planning for the elective must start much earlier. Once you determine this is something you wish to pursue (usually in the first year of residency), seek out a faculty mentor who will work with you as you plan out the elective.

When choosing a site (for a 4 week or longer elective), ask the following questions:

- Who is the clinical preceptor on-site, and will he or she be there for the duration of the elective? (if not, who will the other preceptors be?)
- What are the expectations of the visiting resident at the site? (patient load, caring for children and/or adults, hours of work, call, etc)
- What are the languages spoken at the site, and what access is there to translators?
- What cultural, economic or political barriers might influence the experience for a visiting resident?
- What is the clinical environment for the site? (inpatient/outpatient/community-based; high or low acuity; etc)
- What are the clinical resources for the site? (lab, radiology, pharmacy, medical library, intensive care unit, etc)
- What are the common diagnoses and medical problems for children at the site?
- What are the logistics for the site? (dress code, accommodations, internet, communications, transportation, food, water, safety, health risks, etc)
- What have been the experiences of prior visiting residents at the site? (review evaluations if available)

I. Explore options available at your residency program, hospital, medical school or university.

- If your residency program does not offer a global health elective, investigate what global health projects or partnerships exist in other hospital departments. Surgeons, emergency medicine physicians, ophthalmologists, anesthesiologists, infectious disease physicians and many others often participate in global health work or volunteer projects overseas.
- Investigate what programs are available to local medical students; such programs can often offer clinical, public health, community-based or research opportunities for residents as well.
- Other departments at local universities may have global programs for their undergraduate and graduate students. If there is no multidisciplinary global health center or division, consider contacting schools of nursing, pharmacy, engineering, agriculture, veterinary medicine, etc. Efforts to improve global health do (and must) involve other disciplines beyond medicine.

II. Partner with other area training programs that have established global health electives.

- Find out what other residents are doing in global health: emergency medicine, family practice, internal medicine, surgery, ob-gyn and other pediatric programs may have partner sites for electives abroad, or at least may have had some residents arrange overseas electives. Contact their chief residents or program directors to learn more.

III. Network through professional organizations in which students, residents, fellows and faculty are involved in global health work to identify elective opportunities.

Listed below are many such organizations:

- **CUGH**, the Consortium of Universities for Global Health, <http://www.cugh.org/> Website has many free online resources for teaching global health, including a list of global health training programs worldwide.
- **AMSA**, American Medical Student Association, www.amsa.org Click on the “Take Action” tab, then “Committees and Interest Groups,” then “Global Health Action Committee.” For information on possible electives, see “Global Education & International Opportunities” then “International Health Opportunities” for a searchable database (by region, country, type of work). Also, scroll down to “University International Programs & Interest Groups” for many links to international electives.
- **American Academy of Pediatrics (AAP) Section on International Child Health (SOICH)** <https://www2.aap.org/sections/ich/index.htm> Access many resources, including travel grants for international electives.
- **AAP Section on Emergency Medicine (SOEM)** <http://www2.aap.org/sections/pem/default.cfm> Click on “PEM Network.org/PEM Fellows.com” then International PEM (iPEM) on the left. Access requires user registration, but it’s free and open. Many resources including list of overseas opportunities.
- Two other groups important to resident education, though residents are not generally members, are the global health groups within the **Academic Pediatric Association (APA)** and the **Association of Pediatric Program Directors (APPD)**. Members in each of these groups are pediatricians with expertise in the practice and teaching of global health, and make excellent mentors for residents with GH interests. Find out who in your area belongs and reach out to them.
 - APA Special Interest Group on International Health <http://www.ambpeds.org>
 - APPD has a **Global Health Leaders** group with representation from most pediatric programs. This group is developing GH content for residents, and advocates for and helps prepare residents embarking on overseas electives. <https://www.appd.org>
- The American Pediatric Surgical Association has a **Global Paediatric Surgery Network (GPSN)** <http://globalpaediatricsurgery.org>
- The American College of Emergency Physicians (ACEP) Section on International Emergency Medicine <http://www.acep.org/InternationalSection>

IV. Investigate established electives offered by other training institutions

The programs listed below are just some examples. Of course you will need to seek approval from and coordinate with your own program advisor. (Note: inclusion in this list does not constitute endorsement by the authors).

- Ohio University College of Osteopathic Medicine, SHARE Kenya program: <http://www.oucom.ohiou.edu/international/index.htm>
- Baylor Medical College, Electives Abroad/Elective Locations: <http://www.bcm.edu/medschool/internationaltrack/index.cfm?pmid=11376>
- Medical Student Elective at Gudalur Adivasi Hospital (rural India) <http://www.medicalstudentelectives.in>
- University of Maryland Belize Institute for Tropical and Wilderness Medicine http://medschool.umaryland.edu/osr/training_belize.asp

GHLO, Global Health Learning Opportunities (pronounced “glow”) is an international elective application service offered through the Association of American Medical Colleges (AAMC). The service is available to those at participating institutions. For further information: <https://www.aamc.org/services/ghlo/>

V. Investigate established electives offered by organizations (generally nongovernmental organizations, NGOs)

Frequently, electives offered by NGOs are associated with elective fees, which support the NGO and training costs. The programs listed below are just some examples. You will need to seek approval from and coordinate with your own program advisor. (Note: inclusion in this list does not constitute endorsement by the authors).

- CFHI, Child Family Health International (Bolivia, Mexico, India, Ecuador, S. Africa) www.cfhi.org

- Roatán Volunteer Pediatric Clinic, Roatán Public Hospital, Honduras <http://www.roatanclinic.org> Takes senior residents (second years if near end of year) for 4 week+ rotations.
- INMED, Institute for International Medicine <http://inmed.us> For international electives, click on Service-Learning on the left, then Electives.
- International Health Central American Institute <http://www.ihcai.org> Click on “International Medical Students Clinical Rotation...” then scroll down to Community Based Clinical Rotation for Residents, P 08.
- International Service Learning (ISL), Kenya and Uganda programs www.islonline.org
- OmniMed Program (Uganda) www.omnimed.org Website also offers a database of global health service opportunities.
- Association of Reproductive Health Professionals; see their Go Tool: <http://www.arhp.org/publications-and-resources/student-and-educator-resources/global-opportunities-tool>
- Student National Medical Association: <http://www.snma.org> This group focuses on the needs and interests of medical students of color. See opportunities under International Affairs <http://www.snma.org/index.php?plD=24> or from the home page, click on Programs, then National Committees, then International Affairs.
- Christian Medical and Dental Associations <http://www.cmda.org/wcm> Scroll to the bottom, and check links under Serve, then Center for Medical Missions. See pdf of *Student and Resident Mission Opportunities*. Scholarships available also.
- Ghana Health and Education Initiative: <http://www.ghei.org> Program began at the University of Maryland, and is geared for undergraduate students, but opportunities for residents can be arranged.
- Health Horizons International <http://hhidr.org> Click on Get Involved, then Internships for information about their 7-week long programs in the Dominican Republic for health professionals.

VI. Contact NGOs and medical volunteer organizations that permit residents to participate in their programs.

The following websites offer lists of organizations that, in addition to their overseas work, also may accept residents for short-term elective periods.

- American Medical Association’s International Health Database (very comprehensive): <http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/medical-student-section/opportunities/international-health-opportunities.page> or go to the homepage: <http://www.ama-assn.org> and type in International Health Database in their Search box.
- Operation Giving Back; the American College of Surgeons <http://www.operationgivingback.facs.org> Click on Resource Center, then Resources for Surgeons in Training. Click on Residents. Numerous resources listed, with a long list of agencies that provide volunteer opportunities for residents (not just surgical residents).
- International Federation of Medical Students' Associations (IFMSA). Has an extensive database (searchable by country) that can be accessed from the AMSA website: <http://www.amsa.org/AMSA/Homepage/EducationCareerDevelopment/Clinical.aspx>
- International Health Electives for Medical Students: on AMSA website <http://www.amsa.org/global/ih/ihopps.cfm> (great searchable database)
- University of Massachusetts International Healthcare Opportunities Clearinghouse <http://library.umassmed.edu/ihoc>
- Massachusetts Medical Society’s Global Medicine Network lists many links www.globalmedicine.org Click on Resources on the left, then Resident Section
- Family Practice Residencies with International Rotations: <http://www.aafp.org/cgi-bin/ihcop.pl#search> See also Global Health Service and Educational Opportunities on left sidebar.
- Mission Finder.org <http://www.missionfinder.org/medstudentsb.htm> Extensive directories of Christian oriented mission opportunities, including scholarships.
- University of Washington’s International Health Group <http://depts.washington.edu/ihg/beyond.htm> Lists opportunities by global region.

VII. Consider participating in a short-term medical mission appropriate for residents.

The type of work carried out varies, and groups should be carefully examined to ensure that proper supervision will be available, and that the work provides an appropriate educational experience.

- Operation Smile: Plastic and reconstructive surgery teams that also offer educational experiences for pediatric residents (and 4th year medical students). www.operationsmile.org Apply for their Regan Scholarship http://www.operationsmile.org/get_involved/medical-volunteers/medical-students.html
- MEDICO, Medical, Eye, and Dental International Care Organization, conducts short-term trips to Honduras www.medico.org

VIII. Contact religious/missionary groups that you would be comfortable working with.

These are just a few of many:

- American Jewish World Service www.ajws.org May need a 2-month commitment, assignments are individualized for the volunteer.
- Christian Medical and Dental Association <http://www.cmda.org/wcm> See Serve at the bottom of the home page, then Center for Medical Missions. Scholarships for residents are available. See the pdf booklet on Student and Resident Mission Opportunities.
- Catholic Medical Mission Board www.cmmb.org click on What We Do, then Medical Volunteer Program. Look at specific opportunities under Current Volunteer Opportunities to find rotations one month in duration (many require a 1-year commitment).
- World Medical Mission/Samaritan's Purse www.samaritanspurse.org Click on What We Do, then World Medical Mission, then Serve With World Medical Mission. See their Resident Assistance Fund.

IX. Consider a foreign language study/clinical care combined elective.

- Interhealth South America, International Health and Medical Spanish (4th year students and residents; and summer program for 1st year medical students) www.interhealthsouthamerica.net Elective takes place in Ecuador, different levels for beginner/intermediate speakers.
- Mayan Medical Aid. Medical and Dental Spanish, combined with clinical care, in Guatemala. http://www.mayanmedicalaid.org/global_health_ed.htm See Global Health Education Projects.
- SALUD Medical Spanish and Portuguese Programs <http://www.amerispan.com/salud> Programs also offered in India, Kenya and Brazil.
- University of Nebraska Medical Center's "Medical Spanish/Global Health" program www.unmc.edu/isp See heading on right side of webpage. Course is in Leon, Nicaragua; clinical component involves primary and community health care.

X. If research is your passion, potential projects and mentors might be found among global health research organizations.

Help address the **10/90 Gap**: Work on matters relevant to resource-limited settings—only an estimated 10% of the total global funding for health research (\$160+ billion annually) is used for research into the major health problems affecting 90% of the world's population.

- Ohio University Tropical Disease Institute, Tropical Disease Research Program; and International Research Training Workshop (one month in summer). <http://www.oucom.ohiou.edu/tdi/InternationalResearch/InternationalResearch.htm>
- See the Global Forum for Health Research <http://www.globalforumhealth.org> Click on About, then Our Team for a network of researchers.
- Participate in the Programme for Global Paediatric Research, started by Dr. Alvin Zipursky, Toronto. www.globalpaediatricresearch.org Meets at the PAS meetings each spring.
- Canadian Coalition for Global Health Research <http://www.ccghr.ca/>

XI. Consider a "local global" health elective.

You may be able to work in your own community at a clinic or program that serves the needs of immigrant or refugee populations. Or consider a border health elective, or working with the Indian Health Service (see below).

- **STEER Program**, South Texas Environmental Education and Research, allows you to have an international experience without leaving the US. One-month community-based educational experience in the study of border health. Students, residents and practicing physicians interested in learning how environment, public health and medicine shape health for those on the US-Mexico border. Two sites, with over 25 contributing expert faculty. <http://steer.uthscsa.edu/index.aspx>
- **Indian Health Service (IHS)** <http://www.ihs.gov/physicians/index.cfm?module=opportunities#state>
Offers medical student and resident elective opportunities on or near Alaskan Native or Indian American reservations.
- Participate in the **AMSA Global Health Scholars Program**
During residency in the US, work with an assigned program mentor to broaden your views and experiences in global health education. Program is 6 months and consists of conference calls, attending a national conference and advocacy work.
<http://www.amsa.org/AMSA/Homepage/EducationCareerDevelopment/AMSAAcademy/GHSP.aspx>

Submission requirements for your global health elective

Submit these items to your residency program director or designated global health faculty mentor. Refer to your residency program guidelines for additional submission requirements

At the completion of this module (signed documents):

- [Global health elective application](#) (your institution may have its own application)
- Global health elective [individualized learning objectives & documentation of review of competency-based objectives](#)
- Program letter of agreement (request this document from your institution)
- [Health assessment form](#) (voluntary submission)
- [Signed acknowledgment of review of risk reduction agreement and code of conduct](#)

Prior to your departure:

- Digital copy of your passport and airline itinerary
- Receipt of medical and evacuation insurance purchase

Upon your return:

- Completed patient log
- Evaluations: (1) resident evaluation from the on-site preceptor and (2) [elective site evaluation](#) (your institution may have its own evaluation)
- Institution-specific requirements, including participation in a debriefing meeting with faculty mentor and review of patient log, +/- a presentation, reflective essay, or other

Pre-departure planning checklist

For residents whose programs have established global health electives, refer to program-specific planning checklists.

SUGGESTED MINIMUM PREREQUISITES FOR A GLOBAL HEALTH (GH) ELECTIVE

18 months of residency completed

Minimum 4-week elective block

Clearly identified US and host site preceptors

PERSONAL REFLECTIONS AND REVIEW OF MOTIVATIONS

- Why do you want to do this? Can your goals be accomplished in a local elective?
- Will you be able to carry out this elective in a way that emphasizes a respectful, mutually beneficial partnership with the host institution and staff, without imposing burdens on the local health facilities?
- Are you willing to put time into preparing adequately for this experience, including clinical and cultural preparation?
- Have you considered your tolerance for travel uncertainties and risks, uncomfortable living conditions, challenging cultural expectations, disease and injury exposure, frustrations about inabilities to help?

12-16 MONTHS PRIOR TO DEPARTURE

- Ensure that your residency program can offer salary support during a global health elective
- As soon as you are interested in a global health elective, begin networking with potential mentors (faculty and other residents)
- Schedule call-free elective time (consider season and travel challenges at host site if possible)
- Consider where you would like to work and what you would like to do (if there are not elective sites already offered through your program); your options may be influenced by language abilities, preferences for hospital or clinic work/urban or rural setting, and availability or lack of appropriate supervision on site. Once identifying your goals and preferred elective site characteristics, contact your program's global health advisor,

if there is one, and/or organizations and other academic institutions offering GH elective opportunities. (refer to “[Resources for finding a global health elective](#)”)

- Consider expenses and apply for funding if available (refer to “[Budget estimator](#)”)

8-12 MONTHS PRIOR TO DEPARTURE

- Select your US-based global health faculty mentor
- Finalize your elective host site
- Acquire and begin work on necessary applications, noting deadlines and requirements
- Determine who will be your supervisor at the host site
- Submit any required forms to your program (e.g., applications, program letter of agreement, etc.)—Note: submission deadlines will vary by institution
- Write out your goals and objectives (keeping in mind the aim for a mutually beneficial partnership between you and your institution and the host institution) and review with your mentor
- Begin reading/viewing recommended readings, videos, learning modules (refer to “[Resources for integrating global health into your career](#)” for educational materials)
- Start language training if needed (remember learning at least basic courtesy phrases is a good idea)
- Dialogue with someone who has worked at your host site
- Learn more about the country’s health status, disease profile, health priorities, political structure/priority issues. Also learn about the city and community that you plan to visit

6 MONTHS PRIOR TO DEPARTURE

- Secure your housing and daily transportation arrangements to get to/from the workplace
- Apply for a medical license or work permit if required (may require copies of your current license, DEA card and diplomas)
- Apply for a passport, or make sure yours will not expire for at least a 6 months after you return. NOTE: Ensure that you have at least 2 blank pages left in your passport to allow for country entry/exit stamps
- Determine how to obtain a visa, if applicable, and how long this will take
- Make an appointment with the travel clinic for immunizations, malaria prophylaxis, HIV post-exposure prophylaxis, and to review your current health and routine medications. Check CDC website for outbreaks or special recommendations (www.cdc.gov)
- Check for US State Department travel advisories or warnings (<http://travel.state.gov>). Discuss any concerns with your mentors
- Determine what diagnostic resources will be available on site; collect helpful books and resources to take with you
 - Consider purchasing the World Health Organization manual, “*Pocket Book of Hospital Care for Children: Guidelines for the Management of Common Illnesses with Limited Resources, 2nd edition.*” (available as a PDF at http://www.who.int/maternal_child_adolescent/documents/child_hospital_care/en/index.html)
- If necessary, begin collecting purchased or donated supplies for your personal use and/or for the host site (gloves, masks, syringes, etc.) Review precautions regarding donated medical supplies (refer to “[Guidelines for donations](#)”)

3 MONTHS PRIOR TO DEPARTURE

- Plan itinerary and purchase airline tickets
- Obtain emergency medical evacuation insurance, and submit a copy to your faculty mentor
- Make sure you understand your health, disability and malpractice insurance coverage
- Obtain an international driver’s license (if you will be driving; please avoid driving if at all possible for safety reasons)
- Review packing list and begin collecting necessary items (some resources or items may need to be ordered)
- Inquire about cell phone availability (international plan for your cell phone, or borrowing/purchasing phone on site) and determine plans for communication with home contacts

- Identify who your on-site translator will be, if needed
- Ensure clinical coverage in your absence, including notifying continuity clinic of planned elective dates
- Ensure that all paperwork has been submitted to the host institution and residency program (refer to "[submission requirements for the global health elective](#)")
- Begin preparations for specific responsibilities and academic projects at the elective site

2 MONTHS PRIOR TO DEPARTURE

- Confirm lodging and travel plans (pick up at airport; have a back-up plan if no one shows up)
- List your emergency contacts (here and at site) for your advisor or program coordinator
- Set up a secondary email account, such as Gmail, as professional accounts can be problematic in certain settings
- Scan important documents such as passport, itinerary, evacuation insurance card/info, medical license and email to yourself, your emergency contact, and to your faculty mentor (including secondary email account) so these are available electronically wherever you are
- Meet with your advisor to update your personal and educational objectives. Ensure that a discussion occurs pertaining to coping skills surrounding death and dying in resource-limited settings.

1 MONTH PRIOR TO DEPARTURE

- Make arrangements to maintain your home life (pet care, house maintenance, etc)
- Purchase trip-specific items (mosquito net, luggage locks, headlamp, etc.) and continue working on the packing list
- Register online with the US State Department STEP program (formerly known as "registering with the embassy," now the Smart Traveler Enrollment Program <https://travelregistration.state.gov>).
- Review [occupational exposure guidelines](#) in this packet and at your institution
- Obtain any necessary prescription and non-prescription personal medications
- Go to the bank for cash (assess what types of bills are needed for exchange in your country of destination; some countries require newer US dollar bills, year 2000 or newer, and will not exchange bills less than \$20. In some areas, you also should have lots of small denomination bills available)
- Schedule your debriefing interview and any required presentations with your faculty mentor
- Recheck <http://travel.state.gov> for new travel advisories pertaining to your elective site

1-2 WEEKS PRIOR TO DEPARTURE

- Review luggage restrictions and items not permitted
- Finish as much of packing as possible to discover needed items
- Confirm emergency contact information (contacts at home and at site)
- Confirm your arrival with site officials (and confirm your back-up plan for airport pick-up)
- Weigh your luggage to make sure it is not over the limit
- Finish any notes, charts, dictations or patient related follow-up or sign-out
- Set auto-reply for emails
- Download or print any resources/documents that are important for your work, since internet access and speeds will likely be unreliable
- Stop mail (www.usps.com)
- Start your malaria prophylaxis when indicated
- Call credit and debit cards to arrange for payments during your absence and to notify them of planned international travel
- Pay other bills as necessary

AFTER YOU RETURN

- Allow extra time for rest and reflection
- Expect "reverse culture shock"

- Debrief with your faculty mentor to review the patient log and overall experience, including cases involving mortality
- Seek friends and colleagues who are eager to hear about your experiences
- Summarize and present your experience as required by your program
- Complete evaluation forms
- Provide feedback to others who may be going to that site
- Obtain PPD (or quantiferon, per your occupational health department) 3 months after you return
- Meet with occupational health if there were any occupational exposures during your elective

Global health elective budget estimator

	Your estimate	Reasonable estimate (varies widely by location)
Airfare		\$500-2000
Housing		\$300-1500
Elective fees		\$0-1000
Visa		\$0-150
Medical licensure		\$0-300
In-country transportation		\$50-400
Food		\$200-800
Immunizations		\$0-250
Medications		\$0-250
Evacuation insurance		\$75-150
Malpractice Insurance		Variable
Gifts & donations		Variable
TOTAL		\$1125-6800

Possible funding sources:

1. AAP Section of International Child Health (SOICH) Resident Travel Grants
 - a. \$750, limited availability
 - b. Application information at http://www2.aap.org/sections/ypn/r/funding_awards/international_travel.html
2. Yale/Johnson & Johnson Global Health Scholars Program
 - a. \$1000-5000
 - b. Application information at <http://medicine.yale.edu/intmed/globalhealthscholars/index.aspx>
3. Local scholarships

Global health elective competency-based objectives for pediatric residents

(These objectives can be adapted by the resident's institution to pertain to a specific elective site)

Primary objective: Gain a global perspective on child health by working in a resource-limited setting within a different cultural context.

Below are examples of competency-based objectives applicable to global health electives. These objectives are not all-inclusive, and the objectives achieved will vary depending on the elective site as well as the resident's individual goals. Not all objectives will be accomplished during a 1-2 month elective—it is recommended that several objectives from each competency be prioritized based on the goals and interests of each resident and host institution. Refer also to learning objectives at the home and host institution, if they are available.

PATIENT CARE

Residents must be able to provide compassionate, culturally sensitive and effective family-centered care in a resource-limited setting.

As a participant in a global health elective, the resident will:

1. Assume full responsibility, with appropriate supervision, for the longitudinal care of children within a resource-limited clinical setting (inpatient and/or outpatient)
2. Demonstrate competence in the following elements of patient care during the elective:
 - a) Performing complete and accurate histories and physical examinations with attention to cultural sensitivity
 - b) Making informed, evidence-based diagnostic and therapeutic decisions, within the constraints of resource limitations
 - c) Developing and carrying out evidence-based diagnostic evaluations, management plans, care coordination, discharge planning, prevention strategies, and other aspects of care for diagnoses including, but not limited to: seizures/altered mental status, fever, malaria, tuberculosis, malnutrition, kwashiorkor, diarrhea/dehydration, measles, neonatal infections, HIV/AIDS, typhoid fever, dengue fever, and respiratory distress
 - d) Utilizing telemedicine and other resources, when appropriate, to obtain subspecialty input to assist with patient care
 - e) Applying evidence-based clinical practice guidelines generated for resource-limited settings (e.g. WHO, IMCI, ETAT, etc) to patient management decisions
 - f) Performing clinically indicated procedures under appropriate supervision
 - g) Interpreting radiologic images without the assistance of a radiologist
 - h) Counseling patients and families, including direct observation of pre-test and post-test counseling for HIV if permitted
 - i) Providing effective anticipatory guidance within the cultural, economic, and clinical framework of the international site
 - j) Participating in health promotion activities within the community, and identifying disease prevention strategies that currently exist or are needed
3. Utilize knowledge gained from the global health elective to provide compassionate, culturally sensitive, and effective family-centered care to internationally adopted children, immigrants, and refugees upon return to the home institution

MEDICAL KNOWLEDGE

Residents will demonstrate basic knowledge of the major biomedical, socioeconomic, and cultural determinants of childhood morbidity and mortality worldwide.

As a participant in a global health elective, the resident will:

1. Describe the epidemiology, trends, and major causes of infant and child mortality and morbidity at the global health elective site, and contrast to that in the resident's home country
2. Understand how to diagnose and manage the leading causes of infant and child mortality at the elective site
3. Recognize the major underlying socioeconomic and political determinants of infant/child health at the global health elective site, and how these impact inequities in child survival and health care access between and within countries
4. Describe known effective interventions, including prevention and treatment, for reducing under 5 mortality and morbidity worldwide (e.g. Vitamin A supplementation, exclusive breastfeeding, etc), and determine whether those interventions have been implemented at the elective site
5. Identify the neonatal mortality rate at the elective site, and compare that to the resident's home country. Understand the common causes of perinatal deaths in the region, and determine whether evidence-based prevention and treatment strategies to reduce neonatal deaths are being applied at the elective site
6. List the leading causes of maternal mortality at the elective site, and contrast them with the resident's home country. Discuss how maternal health affects infant and child health.
7. Identify epidemiological trends and significance of emerging infectious diseases at the elective site and surrounding countries
8. Understand the impact of environmental factors, including safe water supply, sanitation, indoor air quality, vector control, industrial pollution, climate change, and natural disasters on the health of children at the elective site. Identify what public health measures have been implemented to address those environmental factors
9. Understand basic epidemiology of child health worldwide:
 - a) 90% of the world's children are born in low to middle income countries, and 99% of childhood deaths occur in low to middle income countries
 - b) 9 million deaths per year in children under 5 years of age are due to just five causes: neonatal problems, pneumonia, diarrhea, malaria, and measles, with malnutrition as a contributing factor in over a third of these deaths
 - c) Perinatal causes make up nearly a quarter of the under-5 deaths worldwide
 - d) 2/3 of childhood deaths globally can be averted with interventions (prevention and treatment) that are readily available, feasible for wide scale implementation, and recommended by international guidelines
10. Develop a basic familiarity with the major indicators of child health, such as maternal mortality rate, neonatal mortality rate, infant mortality rate, under-5 mortality rate, number of children living in poverty, and number of stunted children. Know those major indicators at the elective site
11. Recognize the common childhood injuries, including drowning, ingestions, burns, and motor vehicle accidents, that contribute to childhood morbidity and disability in resource-limited settings. Determine the physical, cognitive, and psychosocial impact of those injuries at the elective site, and identify prevention strategies that have been, or could be implemented
12. Gain an awareness of the major organizations/programs/international conventions addressing child health such as WHO, UNICEF, the Global Fund to Fight AIDS, TB and Malaria, the Global Alliance for Vaccines (and other intergovernmental organizations); USAID and other bilateral organizations; non-governmental organizations; governments (both donor countries and recipient countries); philanthropic organizations; the International Pediatric Society (IPA); the Millennium Development Goals (MDGs); the Integrated Management of Childhood Illness (IMCI); the revitalization of Primary Health Care; and the UN Convention on the Rights of the Child. Identify which organizations are involved at the elective site
13. Understand malnutrition:

- a) The extent to which malnutrition (including undernutrition and overweight/obesity) impacts childhood morbidity, mortality, and cognitive development
 - b) Signs and contrasting features of underweight, stunting (chronic malnutrition), acute malnutrition (severe/moderate, complicated/uncomplicated), micronutrient deficiencies (iron, Vitamin A, iodine, zinc), low birth weight (and maternal risk factors)
 - c) Anthropometric measures used to diagnose malnutrition
 - d) The basics of prevention, evaluation and management of undernutrition, including micronutrient disorders
 - e) The interaction between malnutrition/micronutrient deficiencies and infectious diseases in infants and young children
14. List the vaccine-preventable diseases and review the current international vaccine policies and recommendations (WHO EPI). Investigate which vaccines are available at the elective site, and learn the vaccine delivery system throughout the region
 15. Identify conditions that contribute to morbidity and impaired cognitive development in resource-limited settings such as intestinal parasites, hearing loss, birth complications, anemia, infections (e.g. cerebral malaria), nutritional deficiencies, injuries, and environmental toxin exposures. Investigate whether there are any interventions at the elective site for children with cognitive delays or physical disabilities
 16. Identify the special needs that children have in the settings of disaster compared to adults and recognize that those needs are often not addressed by relief efforts. Investigate how to access resources to prepare for and manage a potential disaster at the elective site
 17. Understand the health and psychological impact of situations affecting children, including child trafficking, child soldiers, child labor, and loss of parents. Identify whether those issues exist in the region surrounding the elective site.
 18. Learn how to navigate resources (e.g. cdc.gov and the Yellow Book) to provide effective pre-travel counseling and medical care to children engaging in international travel

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must demonstrate the ability to investigate and evaluate their care of patients in resource-limited settings, to appraise and assimilate evidence-based guidelines applicable to the elective site, and to continually improve patient care based on self-evaluation, review of pertinent literature, and commitment to quality improvement in collaboration with local medical providers.

As a participant in a global health elective, the resident will:

1. Identify individual learning objectives prior to participation in the global health elective, and refer to those goals regularly during the elective
2. Identify strengths, deficiencies, and limits to one's knowledge and expertise, particularly when pertaining to practicing medicine in resource-limited and/or tropical settings
3. Prior to or upon arrival to the elective site, engage in sustainable collaborative efforts that would benefit the elective site and/or patient population. Such efforts could include:
 - a. Development of lectures or evidence-based clinical practice guidelines adapted to the clinical setting that would address educational goals of the elective site's personnel
 - b. Sustainable projects that are requested by the local personnel (e.g. assessment of the elective site's emergency response system for a pediatric code, development of a triage system, and assistance with organization of resuscitation supplies)
 - c. Community-based project (e.g. educational intervention regarding hand hygiene)
4. Identify standardized evidence-based guidelines (e.g. WHO/UNICEF/IMCI) or other medical resources for the diagnosis and treatment of conditions common at the elective site, and adapt the guidelines to assist with patient care at the elective site
5. Work collaboratively with health care team members to assess, coordinate, and improve patient care practices and emergency preparedness at the elective site

6. Record cases and events in an effort to share new knowledge and experiences with trainees and faculty upon return to the resident's home institution
7. Develop a scholarly project for presentation upon return

INTERPERSONAL AND COMMUNICATION SKILLS

Residents will demonstrate interpersonal and communication skills which transcend cultural, economic, religious and national barriers and result in effective exchange of information.

As a participant in a global health elective, the resident will:

1. Demonstrate ease in relating directly to the patient and his/her family when working with an interpreter
2. Understand the roles of gender and non-verbal communication across inter-cultural patient-physician interactions at the elective site
3. Develop effective strategies for teaching students, colleagues and other professionals in settings with varying levels of knowledge or understanding of medical English
4. Demonstrate awareness of effective communication approaches for delivery of health care and promotional messages in communities with limited literacy and education

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, even in resource-limited settings. Residents will have an attitude and manner that recognizes the dignity of every human being and the value of colleagues trained in another cultural setting.

As a participant in a global health elective, the resident will:

1. Demonstrate the highest standards of ethical and professional behavior, and strive to provide the highest standard of care
2. Utilize cultural humility: be respectful of differences in training background, knowledge level, and clinical decision making skills between you and the local medical personnel
3. Identify common ethical dilemmas, personal biases, and challenges confronted when working in a resource-limited setting, and reflect on emotional responses to clinical decisions that involve resource allocation
4. Understand ethical standards and review process for research with human subjects carried out at the elective site. If available, identify the members of the elective site's Institutional Review Board (IRB)
5. Display respect for the host institution and for patient privacy, including adherence to HIPAA privacy regulations at the elective site and in communication with friends and families back home
 - a) Obtain consent from host institution for taking photos, and utilize a [Photo Permission Form](#) for all patient and hospital photos
 - b) Do not post data revealing patient information or descriptions of the elective site on blogs or other social networking sites
6. Maintain professional boundaries, and review the [Code of Conduct](#) prior to participating in the global health elective
7. Through the experience in a resource-limited setting, understand and be sensitive to the profound inequities in global health and how individuals contribute to diminishing these disparities

SYSTEMS-BASED PRACTICE

Residents will have basic knowledge of health care delivery systems in other countries.

As a participant in a global health elective, the resident will:

1. Appreciate that a patient's perception of his/her position within the health care system may be different coming from a culturally different health system

2. Recognize the important determinants of health (including poverty, inequity, and maternal education) and the socio-political economic factors that impact health
3. Compare and contrast different health care delivery systems in developing countries. Examine the systems applicable to the elective site, and identify the roles of different health care workers (e.g. medical officers, traditional birth attendants, community health workers, etc)
4. Understand how the policies and funding structures of major governmental and non-governmental organizations active in the region of the elective site impact child health
5. Develop an understanding and awareness of the health care workforce crisis in resource-limited settings and identify the factors that contribute to this at the elective site, as well as strategies to address this problem regionally
6. Identify the health care systems and fee structures at the elective site and, if applicable, compare them to the private sector in the region
7. Demonstrate sensitivity to the costs of medical care in resource-limited settings and how these costs impact choice of diagnostic studies and management plans for individual patients. Compare the differences in the approach to common diagnoses at the elective site compared to the resident's home institution based upon resource limitations (i.e. febrile infant, dehydration, respiratory distress)
8. Develop an understanding of different approaches to implementing health care interventions in resource-limited settings, such as vertical or targeted programs vs integrated, focused vs comprehensive, facility-based vs community. Investigate health care interventions that have been implemented at the elective site to impact child health
9. Advocate for patients and families who need assistance to deal with diagnoses or system complexities
10. Understand the resident's ongoing role as a pediatrician in advocating for health policy efforts that can reduce inequities and improve health of children in areas with health disparities, locally and globally

Acknowledgments

These competency-based objectives were developed within the framework of the ACGME Program Requirements for Graduate Medical Education in Pediatrics. (2007)

Many of the above competency-based objectives were adapted with permission directly from the American Academy of Pediatrics Section on International Child Health (SOICH) Competency-Based Goals and Objectives, a product of the SOICH working group on pediatric resident education in an effort to develop standardized guidelines for pediatric global health education nationally (2007) as well as the University of Minnesota Center for Global Pediatrics competencies for global child health.

Excerpts from the document were also adapted with permission directly from the AAP SOICH comments to the Residency Review Committee for Pediatrics on ACGME Program Requirements for Graduate Medical Education. (2009)

References:

1. AAP Section of International Child Health (SOICH) International Child Health Competency-Based Objectives. 2007.
2. Kittredge et al. APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb.
3. University of Minnesota Center for Global Pediatrics Competencies for Global Child Health
4. Staton D. AAP Section of International Child Health Comments to Residency Review Committee for Pediatrics on ACGME Program Requirements for Graduate Medical Education. 2009.
5. ACGME Program Requirements for Graduate Medical Education in Pediatrics (7/2007)

**Resident global health elective individualized learning objectives & goals
Top 5 priorities**

Please submit to your residency program director or global health faculty mentor

- 1.
- 2.
- 3.
- 4.
- 5.

Documentation of review of written objectives and expectations:

FACULTY

I have personally reviewed with the residents listed below the written objectives and expectations.

Faculty: _____ Signature: _____ Date: _____

RESIDENT(S)

I have personally reviewed with the faculty the written objectives and expectations for the global health rotation.

Resident: _____ Signature: _____ Date: _____

Resident: _____ Signature: _____ Date: _____

Global health elective application

Adapted with permission from University of Wisconsin-Madison

Refer to your residency training program to determine if this application form requires completion

RESIDENT INFORMATION

LAST NAME:		FIRST NAME:		MI:
PGY-LEVEL:		PASSPORT #:	PASSPORT EXP DATE:	
CURRENT ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
PHONE:		EMAIL:		
GLOBAL HEALTH FACULTY MENTOR:				

PROPOSED ROTATION INFORMATION

SITE NAME:	TYPE OF SETTING: Clinical	COUNTRY:
DATES REQUESTED:	ANTICIPATED VACATION DATES DURING ELECTIVE:	
ON-SITE SUPERVISOR NAME:		TITLE/POSITION:
SUPERVISOR EMAIL:		SUPERVISOR PHONE #:
I verify that the above named supervisor is willing to evaluate me and will be present for the duration of the proposed rotation (initial) _____		
WEBSITE ADDRESS FOR PROPOSED SITE:		
How did you learn of this site?		
Has the site previously hosted residents? (if yes, please explain what type of residents and whether they were from your institution)		
Will you be supervised by a faculty member during your rotation? (if yes, please provide the name of the faculty member and the duration of time they will be present)		

BACKGROUND INFORMATION & LEARNING OBJECTIVES

Describe prior global health experiences (include prior experiences in the areas of clinical work, research, program or policy development; note year and duration of experience):
What are your specific goals for this rotation? (What do you hope to learn? What do you hope to take away from this experience?)
What are your specific objectives for this rotation? (What specific things do you plan to do?)
What are the unique qualities of this site/practice that will help you achieve these goals and objectives?
How will the rotation be structured? (What will your day-to-day work involve? Who will supervise this work?)

Emergency Contact Information

RESIDENT INFORMATION

LAST NAME:	FIRST NAME:	MI:
RESIDENCY PROGRAM:	PASSPORT #:	PASSPORT EXP DATE:

UNITED STATES EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:	MI:		
RELATIONSHIP TO RESIDENT:		EMAIL ADDRESS:		
CURRENT ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
HOME PHONE:	CELL PHONE:	WORK PHONE:		

_____ *(initial)* I authorize a GME representative to contact this person in the event of an emergency

GLOBAL HEALTH FACULTY MENTOR CONTACT INFORMATION

LAST NAME:	FIRST NAME:	
DEPARTMENT:	TITLE:	
HOME PHONE:	CELL PHONE:	WORK PHONE:
PAGER:	EMAIL ADDRESS:	
DATES THAT MENTOR WILL BE UNAVAILABLE DURING PROPOSED ROTATION:		

ON-SITE EMERGENCY CONTACT INFORMATION

LAST NAME:	FIRST NAME:		
TITLE/POSITION:	EMAIL ADDRESS:		
CURRENT ADDRESS:	NUMBER AND STREET	CITY	COUNTRY
HOME PHONE:	CELL PHONE:	WORK PHONE:	
PREFERRED WAY TO BE CONTACTED:			

UNITED STATES EMBASSY INFORMATION

EMBASSY LOCATION/ADDRESS:
EMBASSY PHONE NUMBER:

ADDITIONAL TRAVEL PLANS (IF APPLICABLE)

PRE- OR POST-ELECTIVE TRAVEL PLANS (PLEASE INCLUDE DATES, LOCATIONS, ACCOMPANYING FRIENDS & FAMILY):
--

Culture shock and communication

Avoiding misadventures in cross cultural relations

Adapted with permission from Sabrina Butteris, MD, & James Conway, MD; UW-Madison Department of Pediatrics

Culture shock is a well-described phenomenon that affects all travelers to varying degrees. Whether you are a seasoned traveler or this is your first trip out of the United States, you may find that the natural adjustments that occur during your time in your host community are amplified; you will not only be living in a new place but you will be adapting to a new work environment.

Being cognizant of your feelings and emotions as they relate to situations you encounter during your field experience will help you to moderate your reactions, improve your interactions with your colleagues, and walk away with a more complete picture of the community in which you will be spending the next few weeks. Private documentation of your reflections throughout your field experience will provide you with some protection from unnecessary cultural misunderstandings and offenses.

Culture Shock – an Overview

What Is It?

“The loss of emotional equilibrium that a person suffers when he moves from a familiar environment where he has learned to function easily and successfully to one where he has not.” – Arthur Gordon

Why Does It Happen?

Over the course of our lives, our own culture becomes deeply engrained via habitual, learned behaviors. Our culture quickly becomes invisible to us. We believe that the way we have grown to know life is the way that it should be, it is “normal.” Without knowing, our ways of living become ingrained as moral claims. When we enter a new culture we experience an abrupt loss of familiarity. We try to understand the different norms and guidelines that dictate life in the new culture. We are forced to re-learn how to live day to day. While we strive to do what is appropriate, we often don’t know exactly what that is. This creates a sense of social isolation and differences subconsciously become classified as senseless, irrational or even immoral.

What are the Signs & Symptoms?

Like many conditions, the way culture shock is manifested exists on a spectrum ranging from mild uneasiness to unhappiness to true panic. While the list below is not all-inclusive, it is likely that you will experience some of the following:

Frustration	Irritability	Hypersensitivity
Boredom	Lack of motivation	Physical discomfort/mental fatigue
Suspicion (feeling like everyone is trying to take advantage of you)	Over concern for cleanliness	Disorientation about how to work with/relate to others

Stages of Culture Shock

There are many different versions of the stages of culture shock; however, they vary mostly in complexity rather than true content. The most commonly used stages described are:

- *Honeymoon* – exciting, see similarities
- *Rejection* (shock) – everything feels hard, see only differences
- *Regression* – glorification of home country, critical of new, superior attitude
- *Acceptance/Negotiation* – develop routine, sense of humor returns
- *Reverse culture shock* – incorporating the “new” you into your “old” life

Distilled into its most basic form, the stages of culture shock can be simplified:

At first we think it is charming
Then we think it is evil
Then we think it is different

From William Drake & Associates, Managing Culture Shock

Reactions

Typical reactions include assuming the problem lies in everyone else (i.e. something is wrong with “them”, not “us”), over-valuing our own culture, defining our culture in moral terms (natural, rational, civilized, polite), undervaluing the new culture and seeing it as chaotic or immoral, and stereotyping in an attempt to make the world predictable.

When Culture Shock Leads to Cultural Insensitivity

How we react to the culture shock we are experiencing is the crux of what causes well-intentioned people to display unsavory behaviors. Culturally-insensitive and inappropriate situations arise when our behavior, actions (and reactions), and responses reflect the stage of culture shock we are experiencing. To make matters worse, when you are feeling the most frustrated, you have the least amount of information available to help you understand why things happen the way that they do. While your understanding of the system will greatly increase during your time at your host site, in your short time there it will be impossible for you to fully understand the complex set of interactions occurring simultaneously. Being aware of your emotional reactions and always attempting to increase your understanding will not only enhance your personal experience but also decrease the likelihood that something you do will reflect poorly on you, your colleagues and your program.

Culture Shock and the Internet

In today’s world of email, Facebook, and blogs, the public sharing of thoughts, ideas, and feelings has become commonplace. As opposed to individualized, personal communication (phone calls or letters), these modes of communication allow for complete transparency of thought. In the context of global health experiences and reactions to the stages of culture shock, this level of transparency can be damaging. With an incomplete understanding of the culture in which one is living, a well-intentioned writer may unintentionally use descriptors that are culturally insensitive or unacceptable. As a visitor passes through the various stages of culture shock, their thoughts, perceptions, and feelings about their host community will inevitably change. Reflecting on these emotions and experiences in a forum that could be available to others not only poses ethical and professional dilemmas but also has the potential for lasting cultural misunderstandings and transgressions that will impact the individual as well as the institution.

As the sharing of information becomes increasingly easy, the risk for inadvertent viewing of that same material also increases. Far too often, communication intended for family or friends is forwarded or found by people who may not fully understand or appreciate the context. Many forms of communication can and have been the cause of misunderstandings: blogs, social networking websites (Facebook, MySpace, etc.), email, postcards, photo sites (Flickr, etc.), You Tube, electronic documents, print materials, publications (local, national, etc.), and presentations (taped, not taped).

Successfully Navigating the Seas of Cultural Competence

Be aware that culture shock affects even the most seasoned and experienced traveler. All writers feel that they have been both self-aware and sensitive as they are creating and sharing their observations. However, the process of culture shock involves shifting perceptions of one’s surroundings over time. This constantly evolving experience and the ease of information dissemination makes the risks associated with electronic sharing of critical importance for all partners in global health relationships.

While culture shock is an unavoidable phenomenon, understanding how the adjustment to a new culture can affect thoughts and behaviors may allow a visitor to better moderate their reactions. Incorporating this knowledge into private and thoughtful reflection is a key element of developing cultural competence. Combined with humility and patience, this practice can lead to meaningful, life-long relationships between global partners.

Commitment to Professionalism – Communication Guidelines

First and foremost, remember that you are a visitor and a guest. Your role during your field experience should reflect this idea. You are to uphold the highest standards of professionalism, respect, and courtesy.

Throughout your field experience you will not only be acting as an ambassador on behalf of your residency training program, but also of the United States. Your behavior during your field experience not only has the ability to impact the health of the partnership with your host site, but also directly reflects upon the character of those from your residency training program.

Prioritizing the right to privacy of our host communities and individuals within those communities and a commitment to developing culturally-sensitive collaborations, great discretion should be used when communicating details of your experience with those outside of the host community. Refer to your residency training program's privacy policies regarding patient information and patient photography, and uphold the same privacy standards at your host site. The use of internet-based venues for communication is strongly discouraged. Full disclosure and transparency of purpose must be provided to those being photographed (including how the photograph may be used and who will be able to see it) and permission should always be obtained from both the patient (or parent) and the hosting institution.

Lastly, presentations given on return should be mindful of portraying the host community in a way that would be considered respectful and culturally appropriate in that setting. Presentations should be reviewed with your Global Health Faculty Mentor and/or the host institution prior to being delivered.

Culture shock resources and further reading

1. Foster J. Cultural Humility and the Importance of Long-Term Relationships in International Partnerships. *JOGNN*. 2009;38:100-107.
2. Kamei R. Why Dying Doesn't Seem to Matter: The Influence of Culture on Physicians in Bali, Indonesia. *Acad Med*. 2003 Jun;78(6):635.
3. Koehn P. Globalization, Migration Health, and Educational Preparation for Transnational Medical Encounters. *Globalization and Health*. 2006;2(2).
4. Kumagai A, Lypson M. Beyond Cultural Competence: Critical Consciousness, Social Justice, and Multicultural Education. *Acad Med*. 2009 Jun;84(6):782-787.
5. Levi A. The Ethics of Nursing Student International Clinical Experiences. *JOGNN*. 2009;38:94-99.
6. Pedersen, Paul. *The Five Stages of Culture Shock: Critical Incidents Around the World*. Contributions in Psychology, No. 25. Westport, Conn: Greenwood Press, 1995.

Web resources

1. <http://edweb.sdsu.edu/people/cGuanipa/cultshok.htm>
2. <http://www.juliaferguson.com/shock.html>
3. <http://international.engr.wisc.edu/preparing/cultureshock.php>
4. <http://www.cals.wisc.edu/studyabroad/students/intl-student-incoming/cultureshock.htm>
5. http://www.worldwide.edu/travel_planner/culture_shock.html
6. http://www.larissa-becker.de/culture_shock.doc
7. <http://medicine.creighton.edu/projectcure/cultureshock.htm>

Guidelines for donations

Adapted with permission from Sabrina Butteris, MD, Ann Behrmann, MD & James Conway, MD; UW-Madison Dept of Pediatrics

Summary: Donations should be neither an expectation nor requirement for trainees participating in field experiences, and are generally discouraged. For those who choose to provide gifts or donations, this document provides some guidelines for such activities.

Categories of Donations and Potential Pitfalls

Material Goods and Gifts

It is often customary to bring gifts to the family or professional who is hosting you. When these gifts are something particularly requested by the host or are an item that holds meaning for the visitor they can have a long-lasting positive impact for both the host and visitor.

The giving of material goods or gifts to patients, strangers, and colleagues can pose ethical dilemmas. The giving of gifts by a visitor in a medical setting jeopardizes the professional relationship that exists between patient and medical personnel. Even small gifts can alter the therapeutic relationship and establish unrealistic expectations for future visitors (e.g., the expectation of hospitalized children that all visitors will bring them toys, stickers or pens based on their experience with a prior visiting trainee who brought them these items). A similar phenomenon may exist when gifts are given to strangers or acquaintances in the community. For group travel, coordination of gifts for hosts will avoid embarrassment or misunderstandings.

Money and Scholarship Requests

For many people participating in a field experience, there will exist a large discrepancy in the wealth and resources available to the visiting trainee and the people with whom they will work. Simply the cost of a trainee's plane ticket may surpass the annual salary of some of their patients and hosting colleagues. This disconnect may create an undeniable but often unspoken difficulty for both the host and visitor. Visitors may encounter situations where they are asked for money or sponsorship/scholarship for a co-worker, patient, or friend. The limitations, future obligations, and sustainability of such donations are frequently problematic. Additionally, differentiating between multiple requests or escalating requests creates ongoing difficulty for visitors. Again, the expectation that visitors will provide similar support creates the potential for difficulty for future visitors.

Medical Supplies and Equipment

Medical supplies and equipment are commonly donated items--both from individuals and institutions. Unfortunately, simply the lack of use of an item in one facility does not make this item ideal for use somewhere else. The donation of medical equipment may present challenges. Items may be inappropriate for the setting (testing for a disease for which treatment is not readily available), require substantial training for appropriate and safe use (ventilators which require multidisciplinary training and expertise), be dependent on another product to function (laboratory equipment that requires reagents for use), require specialized parts or maintenance (patient monitors that require a technician for repair or diagnostic support), are single use products (resulting in problems for safe disposal), or are unable to be safely adapted (electronics with differing voltages or connections). These examples are just a few of the possible complications related to donated items. Often the person donating or bringing the item has gone to great trouble to ensure its safe transport and delivery. Unfortunately, their goodwill can result in complications they could not have predicted.

Consider bringing up to date medical or surgical texts (written in or translated to the appropriate language if available) to donate to your hosting supervisor or preceptor for use in the clinic or hospital library. Although CD ROMs of medical texts can be useful and light to carry, keep in mind that computer access may be limited by electrical outages or prohibitive user fees.

Pharmaceuticals

Donations of medications are a particularly problematic category that deserves special attention. Downstream complications of donated pharmaceuticals can be costly, both financially and individually. Inappropriately used medications can result in disability and death. What may seem obvious in one setting can be much less clear in an alternate environment.

Common pitfalls related to donations of pharmaceutical products include:

- Labeling unclear or in a language difficult to understand.
- Double standard for safety employed (e.g. expired drugs).
- Samples given when no option exists for continued prescription (e.g. sample medications for hypertension given to a patient who has chronic hypertension).
- Drugs not relevant to the situation (e.g. drugs for dementia sent to a children's hospital).
- Facility does not have capacity to store or safely prepare medications (e.g. lack of refrigeration, lack of clean water to prepare suspensions).
- Drugs unknown to the local health professionals and patients (e.g. prescribed or used inappropriately, side effects not appreciated or unable to monitor for side effects if required lab testing is not available, "benign" medications such as vitamins or ibuprofen which can be taken in excess and have significant side effects).
- No system in place for safe dispensing of donated drugs (e.g. no syringes or dispensing cups, no staff to sort, illiterate patient population requiring pictographs rather than written instructions).
- Sorting of donated medications requires substantial manpower.
- Unused or inappropriate medications need to be disposed of (e.g. may require substantial cost for safe disposal such as incineration).
- Drugs do not reach the intended recipients (e.g. they are sold in underground unregulated market).
- Drugs do not comply with local policies or standard treatment guidelines.

It is typically cheaper for drugs to be purchased locally or from specialist non-profit procuring agencies closer to the site. Local procurement, which involves only a fraction of the transport costs, encourages locally sustainable drug availability. Provision of funds for direct procurement from specialist non-profit agencies such as the International Dispensary Association, is the most helpful strategy when supplies are not available locally.

Five Core Principles for All Donations

All donations should

- 1. be of maximum benefit to the recipient**
- 2. respect the wishes and authority of the recipient**
- 3. not create double standards in quality or sustainability**
- 4. result from effective communication between donor and recipient**
- 5. not create future expectations that cannot be met**

Adapted from World Health Organization's Guidelines for Drug Donations, Revised 1999.

Guidelines and Recommendations Regarding Donations

While there are many potential pitfalls that exist with respect to well-intended donations and gifts, the following guidelines should be used to minimize unforeseen complications:

- Give your host the opportunity to guide you to ensure that your gift is welcome, appropriate, and needed. Recognize that this initial communication should be worded in a way that allows you to enquire about what is needed or desired by your hosts without committing you to bringing things that you cannot reasonably provide.
- Employ the five core principles cited above. Prior to any donation, ask yourself if the donation meets all five principles. If it does not meet the core principles, strongly consider leaving it home.
- Do not distribute gifts or donations directly to patients. If you do bring things with you to donate, consider giving them to your hosting supervisor or the head of the hosting organization and asking them to distribute the donations as they see fit.
- Avoid all drug donations. If for some reason you are in a situation where drug donation is essential, abide by all elements of the WHO Guidelines for Drug Donations.
- If you are asked by your host institution specifically to bring pharmaceuticals or medical supplies, consider using these sources:

1. IDA International Dispensary Association:
http://www.idafoundation.org/fileadmin/user_upload/Documenten/PDF/Product_Library/IEHK_2006_from_IDA_Foundation.pdf
NOTE: WHO approved Interagency Emergency Health Kit
2. UNICEF - United Nations Children's Fund; Unicef Plads – Freeport
<http://www.supply.unicef.dk/catalogue/index.htm>
NOTE: Useful only if you are working with a NGO registered with UNICEF with specific emergency packs containing medical supplies or medical equipment, pharmaceuticals, nutritional rehab, education, shelter and sanitation.
3. MAP Travel Packs http://www.map.org/site/PageServer?pagename=travel_Map_Travel_Pack
Medical Assistance Program International: For \$450 you can purchase \$14000 (wholesale cost) worth of pharmaceuticals, including domestic shipping cost.

Do not under-appreciate the potential for downstream effects of any donation or gift, both positive and negative.
No gift or donation exists in a vacuum; secondary effects are unpredictable.

Health self-assessment form

Name: _____

Primary Care Provider: _____

Address and Phone Number of Primary Care Provider: _____

- This form is voluntary, and is intended to help identify potential physical or mental issues that may be exacerbated by working in an unfamiliar setting. This form will be kept confidential, and will only be used in the setting of an emergency. Please also feel free to consult with your program director (or international elective advisor) about any medical or mental health questions or concerns that you may have related to your travel and international work.
- You should be aware that elective sites may not be able to accommodate your individual needs or circumstances.
- Failure to report a medical condition could impair the ability of your residency training program to assist in the setting of an emergency.

MEDICAL HISTORY

___ Yes ___ No 1. Do you have any medical conditions or physical disabilities? If yes, please list.
a. _____
b. _____
c. _____

___ Yes ___ No 2. Have you ever been treated or are you currently being treated for any psychological or emotional conditions including but not limited to depression and anxiety?
If yes, please list and note whether you are currently receiving treatment.
a. _____
b. _____

___ Yes ___ No 3. Do you take any medications? If yes, please list.
a. _____
b. _____
c. _____

___ Yes ___ No 4. Do you have any allergies? If yes, please list.
a. _____
b. _____

___ Yes ___ No 5. Have you have had any major injuries, disease, or ailments in the past 3 years?
If yes, please list.
a. _____
b. _____

6. Other Comments: _____

If you have answered yes to any of the questions above, we strongly advise you to see a primary medical provider in addition to the travel clinic before your travel abroad.

I certify that all the responses on the Health Self-Assessment form are true and accurate, and that I will notify my residency program of any relevant changes in my health prior to the start of the trip

Signature of the Participant _____ Date _____

Travel clinic information

Schedule an appointment at least 2 months prior to departure.

Discussion points during the travel appointment:

- **Physical and mental health of the traveler**
- **Risks related to travel**
 - Country-specific infectious risks
 - Travel-related risks
- **Country-specific vaccinations** (refer to www.cdc.gov prior to your appointment)
 - Minimum: Updated tetanus, hepatitis A, diphtheria, pertussis, and polio
 - If considering rabies vaccine, be aware that you may have to pay out of your own pocket
- **Medications** (obtain prescriptions for antibiotics, antimalarials, HIV post-exposure prophylaxis, and personal medications during your visit)
 - Antibiotics
 - Fluoroquinolone (ciprofloxacin or levofloxacin) for traveler's diarrhea
 - +/- azithromycin, keflex, metronidazole (per MD recommendations)
 - +/- Antimalarials, country-specific
 - Post-exposure prophylaxis (**you need to specifically request this**). A possible regimen includes:
 - Truvada 1 tab PO QD x 28 days (or combivir)
 - Consider Truvada (or combivir) + Kaletra (200/50 mg capsule) 2 caps PO BID x 28 days if going to a high risk area
 - Routine medications to consider bringing: loperamide, tylenol, motrin, benadryl, hydrocortisone cream, antibiotic ointment, DEET, consider fluconazole, consider melatonin, +/- epipen
- **Personal safety devices**
 - Fitted N-95 respirator, gloves, mosquito nets (if not available at the site), condoms/birth control, insect repellent
- **Post-travel follow-up**
 - PPD (or Quantiferon, per your occupational health department) 3 months upon return
 - Further care if there are occupational exposures

Occupational exposure guidelines

Please also refer to your institution's occupational exposure guidelines, if they are available

Health care workers are at risk for HIV transmission by percutaneous and mucous membrane exposures. In the United States, the risk of HIV transmission via percutaneous exposure to HIV-infected blood is 0.3% (95% CI = 0.2%-0.5%), and risk is increased with direct insertion into vein/artery, deep injury, or if the source was suffering from terminal illness. The risk of transmission with HIV-infected fluids via mucous membrane exposure is 0.09% (CI 0.006%-0.5%). In areas where the prevalence of HIV is higher, the risk of transmission also increases.

Prior to departure, meet with a travel specialist to obtain the following pertaining to occupational exposures: Before purchasing medications, please note that your program may already have developed a protocol and have supplies available for HIV post-exposure prophylaxis for an established partner site.

- 4 week supply of HIV post-exposure prophylaxis (speak with your travel specialist about whether you should obtain a basic 2-drug or expanded 3-drug regimen, based on the prevalence of HIV at your global health elective site).
 - Example of 2-drug regimen: Combivir or Truvada
 - Example of 3-drug regimen: Combivir (or Truvada) + Kaletra
- Hepatitis B serologies to ensure pre-departure immunity (if not previously documented)
- Consider obtaining Hepatitis C and HIV serologies (to document pre-departure status in the event of an exposure)
- PPD (if not done within the year prior to travel) or Quantiferon

IN THE EVENT OF AN EXPOSURE, TAKE THE FOLLOWING STEPS

1. Irrigate and cleanse the wound

2. Was the source potentially infectious? If yes, proceed to step 3

Potentially infectious fluids: blood, CSF, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid

NOT potentially infectious unless containing blood: feces, nasal secretions, saliva, sputum, sweat, tears, urine, vomitus

3. Evaluate the source

a. If HIV positive: proceed to step 4

B. If HIV status unknown: Have someone coordinate testing of the source (HIV rapid testing AND HIV PCR*) and proceed to step 4 **WITH THE ASSUMPTION THAT THE PATIENT IS HIV POSITIVE UNTIL THE PCR TESTING RETURNS**

4. Determine medication regimen based on exposure and assumed HIV-positive source (MMWR Table 1 for percutaneous injuries, Table 2 for mucous membrane and skin exposure)

TABLE 1. Recommended HIV postexposure prophylaxis (PEP) for percutaneous injuries

Exposure type	Infection status of source				HIV-negative
	HIV-positive, class 1*	HIV-positive, class 2*	Source of unknown HIV status†	Unknown source§	
Less severe [¶]	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings in which exposure to HIV-infected persons is likely	No PEP warranted
More severe ^{§§}	Recommend expanded 3-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors††	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings in which exposure to HIV-infected persons is likely	No PEP warranted

* HIV-positive, class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 ribonucleic acid copies/mL). HIV-positive, class 2 — symptomatic HIV infection, acquired immunodeficiency syndrome, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of PEP should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

† For example, deceased source person with no samples available for HIV testing.

§ For example, a needle from a sharps disposal container.

¶ For example, solid needle or superficial injury.

** The recommendation "consider PEP" indicates that PEP is optional; a decision to initiate PEP should be based on a discussion between the exposed person and the treating clinician regarding the risks versus benefits of PEP.

†† If PEP is offered and administered and the source is later determined to be HIV-negative, PEP should be discontinued.

§§ For example, large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient's artery or vein.

TABLE 2. Recommended HIV postexposure prophylaxis (PEP) for mucous membrane exposures and nonintact skin* exposures

Exposure type	Infection status of source				HIV-negative
	HIV-positive, class 1†	HIV-positive, class 2†	Source of unknown HIV status§	Unknown source¶	
Small volume**	Consider basic 2-drug PEP††	Recommend basic 2-drug PEP	Generally, no PEP warranted§§	Generally, no PEP warranted	No PEP warranted
Large volume¶¶	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP†† for source with HIV risk factors§§	Generally, no PEP warranted; however, consider basic 2-drug PEP†† in settings in which exposure to HIV-infected persons is likely	No PEP warranted

* For skin exposures, follow-up is indicated only if evidence exists of compromised skin integrity (e.g., dermatitis, abrasion, or open wound).

† HIV-positive, class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 ribonucleic acid copies/mL). HIV-positive, class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of PEP should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

§ For example, deceased source person with no samples available for HIV testing.

¶ For example, splash from inappropriately disposed blood.

** For example, a few drops.

†† The recommendation "consider PEP" indicates that PEP is optional; a decision to initiate PEP should be based on a discussion between the exposed person and the treating clinician regarding the risks versus benefits of PEP.

§§ If PEP is offered and administered and the source is later determined to be HIV-negative, PEP should be discontinued.

¶¶ For example, a major blood splash.

5. **Contact the PELine 888-448-4911 to discuss medication planning**
6. **Initiate medication regimen AS SOON AS POSSIBLE (within 1-2 hours of the exposure) FOR A DURATION OF 4 WEEKS** (You can discontinue the regimen if BOTH the rapid HIV testing and the HIV PCR are negative for the source patient)
7. **Contact your home institution's faculty mentor (or emergency line for trainees, if available) to discuss the extent of the exposure and determine whether you should return early from the elective**
8. **Laboratory monitoring after exposure** (initiate at your elective site and continue with occupational health upon return)

Time after exposure	Taking PEP	Not taking PEP
Day 0	Rapid HIV test, Urine HCG, ALT, AST, FBC. Consider utility of sending Hep B Sab	Rapid HIV test, ALT, AST, Urine HCG. Consider utility of sending Hep B SAB

2 weeks	Rapid HIV test, Urine HCG, ALT, AST, FBC	
6 weeks	Rapid HIV test, Urine HCG, ALT, AST, FBC	Rapid HIV, Urine HCG if at risk for pregnancy
12 weeks	Rapid HIV test, Urine HCG, ALT, AST, FBC	
6 months	Rapid HIV test, ALT, AST, FBC, Hep C, Hep B SAg, Hep B CAbs, Hep B SAb	Rapid HIV, Hep C, Hep B SAg, Hep B CAbs, Hep B SAb

Table adapted with permission from the University of Wisconsin-Madison, with additional acknowledgment of Dr. Brian Jack & colleagues at Boston University

Follow up with occupational health upon return, and submit an incident report regarding the exposure

9. Special conditions

- a. Source with known antiretroviral resistance: PEP should be tailored depending on resistance patterns, if known
- b. Pregnancy: Refer to medication side effect profiles
- c. Breastfeeding: You will need to discontinue breastfeeding if initiating PEP after an exposure

10. Medication side effects: A substantial proportion of health care personnel do not complete the recommended 4 week course of post-exposure prophylaxis due to side effects, which most commonly include nausea, diarrhea, malaise and fatigue. **PLEASE TRY TO ADHERE TO THE RECOMMENDED REGIMEN.**

11. Other risks associated with blood-borne exposures:

- a. Hepatitis B: Minimal risk if you are vaccinated and serology-proven immune, but risk of seroconversion is 10-30% if you are not immune. If you have not been vaccinated prior to travel, obtain the Hepatitis B vaccination and consider traveling to an area where you can receive Hepatitis B immune globulin.
 - i. Hepatitis C: 1.8% (range 0-7%) risk of seroconversion after percutaneous exposure from infected source. There is no available postexposure prophylaxis. Obtain postexposure serology testing as detailed under laboratory monitoring section

12. Emergency contacts

- a. National HIV/AIDS Clinicians' Consultation Center (PEpline): http://www.nccc.ucsf.edu/hiv_clinical_resources/pepline_guidances_for_occupational_exposures/; **888-448-4911**
- b. HIV/AIDS Treatment Information Service: <http://aidsinfo.nih.gov>
- c. HIV Antiretroviral Pregnancy Registry: <http://www.apregistry.com/index.htm>; 800-258-4263
- d. Inquire with your home institution prior to departure to determine if there is an emergency contact number for traveling trainees

Occupational exposure supplemental readings

1. CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. MMWR 2005; 54 (No. RR-9): 1-17.
2. Mohan S, Sarfaty S, Hamer DH. Human immunodeficiency virus postexposure prophylaxis for medical trainees on international rotations. J Travel Med. 2010 Jul-Aug;17(4):264-8.

Travel medical insurance

Travel medical insurance is important, especially when a medical emergency arises and evacuation via an ambulance, helicopter, or flight is required.

There are a number of types of travel insurance:

- 1) **Evacuation insurance** – provides you coverage if you need to be transported out for medical care. There are large variations depending on the travel insurance vendor in regard to where they will transport you for evacuation. There are high-level insurance plans that transport you stateside, versus those that take you to the nearest tertiary care hospital.
- 2) **Medical insurance** – pays for health care up to certain limits based on the coverage taken
- 3) **24 Hour Worldwide Assistance** – gives you a hotline to help get transport and arrange for visits to other medical facilities
- 4) **Hazardous Activity Coverage** – this is optional, based on the type of hazardous activity undertaken (from sports, mountain climbing, diving, to working in war zones)
- 5) **Accidental Death and Dismemberment** – insurance paid out for loss of life or limb
- 6) **Repatriation of Remains** – pays for remains to be brought back to the US in the event of death abroad

Residency programs do not have the resources to cover emergency evacuations, so if your present insurance does not cover evacuation, a minimum of short-term medical and evacuation insurance should be purchased by the resident prior to global health electives. Please ensure that any family members or friends who may be accompanying you for part or all of your trip also have proper coverage.

Of note, when a resident is abroad, many doctors and hospitals require payment in cash prior to providing service, and uninsured patients may not get services. Countries with socialized health care may not provide full services to visitors. Travel medical insurance with proper coverage will help ensure a resident gets the services required.

Examples of Travel Insurance Vendors

For a comprehensive comparison website for insurance vendors, see <http://www.squaremouth.com>

Please also utilize your residency program’s vendor of choice, if available

<p>STA Travel Insurance 800-781-4040 http://www.statravel.com/travel-insurance.htm</p>	<p>Travel Assist Network Corporation South Bend, IN 866-500-0333 or 574-272-5400 info@travellassistnetwork.com</p>	<p>Cultural Insurance Services International (CISI) Stamford, CT 800-303-8120 or 203-399-5130 http://www.culturalinsurance.com/</p>	<p>OnCall international Salem, NH 800-575-5014 or 603-328-1926 http://www.oncallinternational.com/</p>
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Global health elective emergency card

The below card should be copied—carry with you at all times during your elective and provide a copy to your on-site mentor.

✂-----

IN CASE OF EMERGENCY, PLEASE CONTACT

See reverse side for additional emergency information

Emergency Medical Insurance:

Vendor: _____

Phone: _____

Policy #: _____

Name: _____

Passport #: _____

Residency Program Phone: _____

Faculty Mentor: _____

US Emergency Contact(s): _____

Host Site Contact: _____

US Embassy Contact Number: _____

Allergies/Conditions: _____

✂-----

Risk reduction agreement for pediatric global health electives

According to the World Health Organization, injuries are the leading cause of preventable death in travelers. From 2003 to 2005, an estimated 2,276 U.S. citizens died from injuries and violence while in foreign countries (excluding deaths occurring in Iraq and Afghanistan). Road traffic crashes led the list of causes (34%), followed by homicide (17%), and drowning (13%). Depending on travel destination, duration, and planned activities, other common injury and safety concerns include natural hazards and disasters, civil unrest, terrorism, hate crimes against Americans, falls, burns, poisoning, drug-related overdose, and suicide.

Traveling by car in the developing world is markedly more dangerous than traveling elsewhere. Travelers should be aware of the increased risk of certain injuries while traveling abroad, particularly in low-income countries, and be prepared to take preventive steps to avoid them (Sleet, 2009). By following the risk reduction agreement outlined below, travelers can significantly decrease their personal risk for a preventable injury.

Personal Health:

- I will arrange an appointment with my primary medical doctor or, if available, a travel clinic, to ensure that pre-travel vaccinations, medications, malarial prophylaxis, and other essential medications are obtained prior to departure.
- If I have psychiatric or other health issues that may be exacerbated under stressful and unfamiliar situations, I will meet with my therapist and/or personal physician to weight the benefits and risks of participating in a global health elective.

Occupational Standards:

- I have reviewed the Global Child Health Educational Modules Project (GCHEMP) occupational exposure guidelines, and I understand the recommendations to have a filled prescription for post-exposure HIV prophylaxis in the event of an exposure.
- I will bring a supply of fitted N95 masks and gloves and will utilize universal precautions at all times.

Travel and Recreational Safety:

- I will wear safety belts in vehicles when a belt is available.
- I understand that my institution recommends against traveling on motorcycles, in the open back or tops of vehicles and trains, and at dusk or nighttime. I will participate in those modes of travel at my own risk.
- I will utilize a helmet when riding a bicycle when a helmet is available.
- I will avoid travel after the consumption of alcohol.
- When engaging in water sports, I will wear personal flotation devices, will avoid hazardous or unknown conditions, and will not consume alcoholic beverage while on the water. I will not operate watercraft or participate in scuba diving without proper training.

Code of conduct for pediatric global health electives

Professionalism and Behavior:

- As a representative of my institution, I will hold myself to the highest standards of professionalism, respect and courtesy.
- I will always act in the best interests of my patients and hosts.
- I recognize that personal behaviors, clinical skills and competencies are culturally framed and resource-dependent. I will therefore refrain from passing judgment or expressing opinions that are insensitive to those contextual frameworks.
- I will minimize the burden of my presence on my host institution. Specifically, I will be mindful of their resources when I order tests or medications for patients; I will arrange for a translator when needed and not use nursing or other staff unless their services are offered; and I will ensure that I pay a stipend for meals and housing as needed.

Clinical Care:

- I will care for patients under the direct supervision of my faculty mentor or local preceptor within the limitations established by my level of training.
- I will not make any promises to patients or local clinicians regarding allocation of resources at the local institution or financial assistance from my institution.
- I will not make direct donations to a patient or other individual, as I understand that it would compromise the patient-clinician working relationship and would also set a precedent for future visiting clinicians. If I would like to contribute to a patient's care, I will do so in an anonymous manner through the host administration.

Social Media and Photographs:

- I will use discretion in taking photographs. I will seek permission (with full transparency of purpose) from individuals being photographed and from my host institution prior to taking any photographs.
- I will respect the privacy of my host community and individuals, and will not post patient or facility information on internet venues (blogs, Facebook, photo websites, etc).
- I understand that comments that are accessible to other viewers might be misinterpreted. I will therefore refrain from making comments about my host institution or patients on any social media (including Facebook and password-protected or unprotected blogs), and will limit my comments about the experience to direct e-mails to family and friends.

Personal Conduct:

- I will respect and comply with the rules, regulations, and cultural standards of both the US and my host country and institution, and I will attend to any legal problems that I encounter. My host institution is not responsible for providing legal assistance for any legal issues that are secondary to misconduct on my behalf.
- I will refrain from participating in political activity.
- I will dress in a culturally appropriate and professional manner.

Research and Teaching:

- I will consult with a faculty mentor if I am interested in conducting research or obtaining data for publication during my global health elective to ensure that I obtain IRB approval.
- When providing educational presentations, I will be mindful of resource limitations and will incorporate teaching points that utilize local resources and local expertise.

Risk reduction resources:

1. This risk reduction agreement was adapted with permission from a similar document at the Medical College of Wisconsin
2. David A. Sleet, L.J. David Wallace, David R. Shlim, CDC Yellow Book, Centers for Disease Control and Prevention, 2009.
3. Elaine Jong and Christopher Sanford, The Travel and Tropical Medicine Manual, 4th ed., Saunders Inc., 2003.

Code of conduct resources:

1. This code of conduct was adapted from codes of conduct or professionalism agreements from the following institutions: Medical College of Wisconsin, UW-Madison, University of Minnesota, UW-Milwaukee
2. Global Health Education Consortium Code of Conduct for Teaching and Service: http://globalhealtheducation.org/resources/Documents/Both%20Students%20And%20Faculty/GHEC_Code_of_Conduct_for_Teaching_and_Service.pdf
3. Crump JA, Sugarman J. Ethical Considerations for Short-term Experiences by Trainees in Global Health. JAMA. 2008;300(12):1456-1458
4. Crump JA, Sugarman J. Ethics and Best Practice Guidelines for Training Experiences in Global Health. Am J Trop Med Hyg. 2010 Dec;83(6):1178-82.
5. Philpott J. Applying Themes from Research Ethics to International Education Partnerships. American Medical Association Journal of Ethics. 2010; 12, Number 3: 171-178. (<http://virtualmentor.ama-assn.org/2010/03/toc-1003.html>)
6. Pfeiffer J, Johnson W, Fort M, Shakow A, Hagopian A, Gloyd S, Gimbel-Sherr. Strengthening health systems in poor countries. A code of conduct for nongovernmental organizations. Am J Pub Health. 2008; 98 (12):2134-2140 (NGO Code of Conduct: <http://ngocodeofconduct.org/>)
7. WHO: International recruitment of health personnel: draft global code of practice. Report by the Secretariat. 2010; (http://apps.who.int/gb/ebwha/pdf_files/EB124/B124_13-en.pdf)

Acknowledgment of review: risk reduction agreement and code of conduct

Please submit this signed form to your residency program director or global health faculty mentor

I have reviewed the risk reduction agreement and code of conduct as outlined in the Global Child Health Educational Modules Project "Preparation for Global Health Electives" packet.

I understand that both my institution and my host institution have the right to enforce the standards of risk reduction and code of conduct as described in the documents, and that the institutions have the right to impose sanctions, up to and including expulsion from my global health elective, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of my institution, the host institution, or my patients.

Participant's Name (please print)

Participant's Signature

Date

Sample photo consent form

(Please obtain forms specific to your institution and utilize them during your global health elective. The form should be translated into the native language at your elective site)

Name **Date**

Department / Location

The undersigned hereby authorizes _____, its agents or employees (or any bona fide news media personnel) to photograph, film (i.e., motion pictures), videotape, produce other illustrative material and / or make audio recordings of me, provided that such photographs, film, motion pictures, videotape, audio recordings or other illustrative material be used only for scientific, education or informational purposes, which, in the judgment of _____ may help to further the goals of _____. These purposes may involve print, broadcast and web-based media.

Signature of person consenting

Address City

State, Zip, Country

Authorized signature for minor or incompetent subject. Relationship to subject

Witness: _____

Signature of physician or staff member: _____

Sample patient log

Please submit to your residency program director or global health faculty mentor upon return

Age	Sex F/M	Chief complaint	Diagnosis	Treatment plan	Diagnosis previously seen in U.S.? Y/N	Comments

Note: If you plan on publishing a report of your international experience that includes publishing data collected about human subjects, you must get IRB approval beforehand (this may take up to six months) according to US federal guidelines and the local IRB at your elective site.

Global health elective site evaluation (sample)

Adapted with permission from the University of Minnesota Center for Global Pediatrics

Please submit to your residency program director or global health faculty mentor upon return

YOUR NAME			
LOCATION OF ELECTIVE			
SITEPROGRAM/HOSPITAL/CLINIC			
ELECTIVE DATES			
TOTAL TIME SPENT AT SITE			
PRIMARY LANGUAGE SPOKEN AT SITE			
TOOK PREPARATORY LANGUAGE TRAINING? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ELECTIVE WAS: (check all that apply)	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Public Health	<input type="checkbox"/> Urban
	<input type="checkbox"/> Clinical	<input type="checkbox"/> Research	<input type="checkbox"/> Other:
	<input type="checkbox"/> Community-based	<input type="checkbox"/> Rural	
ON-SITE MENTORS			
1. NAME/CERTIFICATION/POSITION AT SITE			
2. NAME/CERTIFICATION/POSITION AT SITE			
3. NAME/CERTIFICATION/POSITION AT SITE			
4. NAME/CERTIFICATION/POSITION AT SITE			
FACULTY ADVISOR			
NAME			
COSTS OF ELECTIVE			
AIRFARE		TRAVEL VACCINES	
HOUSING		MEDICAL LICENSE	
FOOD		GROUND TRANSPORT	
TRAVEL INSURANCE		VISA	
TRAVEL MEDS		OTHER	
Comments re: costs:		TOTAL:	
DID YOU RECEIVE ANY FUNDING FOR THE ELECTIVE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, FROM WHAT SOURCE(S)?	
HOUSING ARRANGEMENTS			
WHERE DID YOU STAY? (check all that apply)	<input type="checkbox"/> With friends <input type="checkbox"/> Hostel <input type="checkbox"/> Host family <input type="checkbox"/> Apartment <input type="checkbox"/> Other:	MEALS PREPARED BY: <input type="checkbox"/> Housing <input type="checkbox"/> Ourselves	COMMENTS ON FOOD:
SECURITY CONCERNS OR ISSUES WITH HOUSING?			

MODE OF TRANSPORT TO/FROM HOSPITAL?			
PRE-TRAVEL PREPARATION			
DID YOU OBTAIN TRAVEL INSURANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TAKE TRAVEL MEDS/GET VACCINATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADVICE FOR FUTURE PARTICIPANTS			
REQUIRE ANY SPECIAL EQUIPMENT, EDUCATION OR INFO TO CARRY OUT THE ELECTIVE?			
RECOMMENDED READING ABOUT COUNTRY/SITE/HEALTH ISSUES, ETC.			
OTHER ORGANIZATIONS/CONTACTS THAT HELPED WITH THIS ELECTIVE			
SUMMARY OF ACTIVITIES			
WHAT LEVEL OF AUTONOMY DID YOU HAVE IN REGARD TO PATIENT CARE?			
DESCRIBE THE NATURE AND QUALITY OF YOUR INTERACTIONS AND RELATIONSHIPS WITH LOCAL HEALTH CARE PERSONNEL, INCLUDING MEDICAL STUDENTS, RESIDENTS, NURSES, AND ATTENDING			
PLEASE RATE THE QUALITY OF YOUR ORIENTATION TO THE HOSPITAL AND CLINICAL SYSTEMS (1=POOR; 5=SUPERIOR)	RATING: COMMENTS ON YOUR ORIENTATION PROCESS:		
DESCRIBE YOUR ABILITY TO OBTAIN SUPPORT IN THE FOLLOWING ARENAS: (1) CLINICAL SUPPORT (i.e. LAB, CONSULTS, ETC); (2) CLINICAL ADVICE; (3) NAVIGATION OF THE HOSPITAL SYSTEM	(1) CLINICAL SUPPORT (2) CLINICAL ADVICE (3) NAVIGATION		
DESCRIBE YOUR ABILITY TO EASILY COMMUNICATE WITH PATIENTS AND PROVIDERS (ACCESS TO TRANSLATORS, QUALITY OF TRANSLATORS, ETC)			
PLEASE DESCRIBE ANY SAFETY CONCERNS THAT YOU HAD DURING YOUR ROTATION RELATED TO HOUSING, TRANSPORTATION, THE CLINIC SETTING, OR OTHER	(1) HOUSING (2) TRANSPORTATION (3) HOSPITAL/CLINICS (4) OTHER		
HOW CAN THE EXPERIENCE BE IMPROVED?			
WOULD YOU RECOMMEND THIS SITE TO FUTURE RESIDENTS? IF SO, PLEASE PROVIDE COMMENTS ON HOW YOU THINK THE SITE CAN BEST BECOME A SUSTAINED ACADEMIC PARTNER	<input type="checkbox"/> Yes <input type="checkbox"/> No What would need to happen for the site become a sustained academic partner?		
FOR FUTURE RESIDENTS ROTATING AT THE SITE, PLEASE LIST EFFORTS THAT WOULD BE HELPFUL FOR THE CLINICAL SITE AND ITS COMMUNITY	(1) ACADEMIC PRESENTATIONS FOR OTHER PROVIDERS (2) EDUCATION FOR THE COMMUNITY (3) PROGRAM DEVELOPMENT (4) OTHER		

LIST THE PREPRATION CURRICULUM TOPICS THAT WOULD BE MOST BENEFICIAL FOR RESIDENTS ROTATING AT THAT SITE (MALNUTRITION, APPROACH TO FEVER, ETC)										
HOW DID THE EXPERIENCE AFFECT YOUR CAREER DECISIONS, IF AT ALL?										
HOW DID THE EXPERIENCE IMPACT YOUR APPROACH TO AND THOUGHTS ON PROVIDING CARE TO U.S. FAMILIES?										
RATE THIS ELECTIVE 1-10	Low value/ease			Moderate value/ease				High value/ease		
	1	2	3	4	5	6	7	8	9	10
EDUCATIONAL VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EASE OF ARRANGING EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE/SUPPORT VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL GROWTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RATE YOUR PRECEPTOR(S) 1-10	Unhelpful			Moderately helpful				Very helpful		
	1	2	3	4	5	6	7	8	9	10
NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RATE YOUR PREPARATION PROCESS 1-10	Unhelpful			Moderately helpful				Very helpful		
	1	2	3	4	5	6	7	8	9	10
NAME OF FACULTY MENTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS ABOUT YOUR PRECEPTORS										
COMMENTS ABOUT YOUR PREPARATION PROCESS										
OTHER COMMMENTS OR SUGGESTIONS										

Debriefing resources (post-elective)

Adapted with permission from Chuck Schubert, MD; Cincinnati Children's Hospital Medical Center

Re-entry: the single most underappreciated stress

Points for discussion with your faculty mentor:

- Pre-trip planning process
- Travel logistics (transportation; housing / food; expenses, etc)
- The medical experience (goals and objectives met; diseases seen; site evaluation; recommendations for future residents)
- The cross cultural experience (language issues; community where you lived)

Prepare for the return to minimize re-entry shock

1. Prepare your own homecoming by preparing your departure
2. Expect the ambivalence you may experience about going home
3. Plan proper good-byes and closure of your experience
4. Schedule sufficient time to return and adapt, recognizing that it is a long and piecemeal process

Goals of debriefing

1. Support during re-entry
2. Support & counseling in a bad experience
3. Challenge and growth in a good one
4. Leveraging of experience to the home organization

The debriefing process

1. Establish a plan before you leave
 - a. Where, when, how and with whom will you discuss your trip
 - b. *Note: only a few people will really listen*
2. Personal Reflections on the implicit or explicit lessons learned while away
 - a. What have you learned about yourself?
 - i. How have you changed: e.g. your flexibility, need for stability, teamwork skills, viewpoints or perspectives
 - ii. How has your outlook for the future changed? Career goals?
 - iii. How did this experience impact your approach to providing care in the US?
3. Post-action analysis about the experience
 - a. Describe the nature and quality of your interactions with local health care personnel
 - b. What went right during the rotation?
 - c. What went wrong during the rotation?
 - d. How can the rotation or experience be improved?
4. What if you had an unsuccessful trip?
 - a. An "unsuccessful" trip does not mean a "wasted" trip
 - b. Debriefing is even more critical
5. Bringing closure to your trip is critical to moving forward with a positive attitude

Incidents & near misses to discuss during debriefing

Illness, culture shock, accidents, animal bite/ injury (including scratches and other attacks), occupational exposure, security (assault, theft), lost items, political disturbances, natural disasters, student misconduct, host site misconduct, other emergencies (i.e. in trainee's place of origin, etc)

Resources for integrating global health into your career

Working in global health doesn't necessarily mean working or volunteering overseas—there are many different ways pediatricians can contribute in a meaningful and effective way to improving global health, with and without leaving home. Many pediatricians will start on the path to do so early in their careers, and others will contribute later in their careers, or even choose global health work as an “encore career.”

Listed below are strategies to help you build some form of global health work into your professional life. Under each suggestion are a number of resources to help get you started. Every pediatrician will take a slightly different path, and activities you choose will vary depending on your age and stage (professionally and personally), your interests, and skills.

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1. Investigate your local university or medical school's global health programs

- Many medical schools and larger training hospitals now have a Global Health (GH) program or department (or someone overseeing global health electives). Find out what exists in your area and let them know of your interest. Such affiliations can lead to mentoring possibilities, and opportunities to work abroad with partner institutions. For those not affiliated with programs/hospitals/universities that have global health electives and/or tracks, consider starting one at your institution. Workshops at recent Pediatric Academic Societies (PAS) and Association of Pediatric Program Directors (APPD) meetings (see below) have focused specifically on how to do this.
For more information, contact Donna Staton, MD dstaton@massmed.org
- There is a **Global Health Curriculum Toolkit** on the AAP SOICH website, with many helpful documents used by programs with established GH programs that can be adapted for use at your institution.
<http://www2.aap.org/sections/ich/toolkit.htm>
- See this issue of *Academic Medicine*: Feb 2008, Vol 83, Issue 2. The entire issue is devoted to global health projects at universities, with ideas on how to start. Free online:
<http://journals.lww.com/academicmedicine/toc/2008/02000>
- The **APPD** (Association of Pediatric Program Directors) is the organizational home for the **Advisory Group for Global Health in Pediatric Resident Education**. This group is comprised of the directors/leaders of global health programs at pediatric residencies nationwide. Goals of the advisory group include optimizing resident education in global health, providing resources for preparing residents for overseas electives, and advocating that essential global health content be included in the training of all pediatric residents. The group meets regularly at the annual spring meeting of the APPD, and often also meets at the PAS and AAP NCE (National Convention & Exhibition) meetings; new participants are welcome. Leading this effort are:
Sabrina Butteris, MD (Univ. of Wisconsin School of Medicine & Public Health)
sbutteris@pediatrics.wisc.edu

Chuck Schubert MD (Cincinnati Children's Hospital Medical Center)

CHUCK.SCHUBERT@cchmc.org

- **Global Health Learning Opportunities (GHLO**, pronounced “glow”). For those working with students and residents, this web-based project of the Association of American Medical Colleges (AAMC) may be of help. This service facilitates clinical and research elective rotations globally for final year medical students, using a common application. GHLO aims to be the premier GH educational exchange program by providing a global network that facilitates educational mobility for health professionals. There are 8 US medical schools and 15 non-US medical schools so far participating. To learn how your institution can participate, and for more general info: www.aamc.org/ghlo or email ghlo@aamc.org

2. Join your professional organizations' GH sections/interest groups/committees

Modest membership dues are worth it! Membership connects you to a community of like-minded pediatricians via list serves, email announcements, newsletters, meetings, etc. Learn how others have gotten started in global health and about the variety of projects to which you can contribute.

- **AAP Section on International Child Health (SOICH)** <http://www2.aap.org/sections/ich>
Website contains newsletters and activities of the section. Listserv is great resource for getting answers to questions and learning what others are doing. Many ways to participate without leaving home:
 - mentoring projects overseas or reviewing grants (I-CATCH)
 - planning educational programs and CME events
 - selecting resident travel grant recipients
 - sharing information on working in resource-limited settings
 - contributing to resident global health curricula and advocating for inclusion of global health in resident education

See website to join, or call AAP at 800-433-9016 for application.

Contact Dr. Donna Staton (past SOICH chair) for details on any of the above: dstaton@massmed.org

- **Academic Pediatric Association (APA) Special Interest Group (SIG) on International Health**
Especially for those interested in academic global health education and research. This group meets annually in the spring at the PAS meetings with an educational program.
See website: http://www.ambpeds.org/specialInterestGroups/sig_int_health.cfm.
- Your **State Chapter of the AAP** and **your State Medical Society** may have a global health committee—if not, consider starting one. It's a good way to learn about the international work your local/regional colleagues are doing and how you might contribute.
- **International Child Health Group** A Specialty Group of the Royal College of Paediatrics and Child Health (RCPCH), with membership open to everyone with a professional interest in advancing child health internationally (analogous to SOICH of the AAP). Advocacy, conferences, newsletters and a registry of those willing to mentor pediatricians giving service overseas. http://www.ichg.org.uk/index_activities.php

For those with a particular interest in **disaster relief work or emergency preparedness**:

- Learn about the AAP **Disaster Preparedness Advisory Council (DPAC)**
<http://www2.aap.org/disasters/advisory-council.cfm>
- Join the AAP **Disaster Preparedness Contact Network** <http://www2.aap.org/disasters/network.cfm>
This network has a listserv and newsletter; the AAP often needs pediatricians with expertise in disaster response for advice and occasionally for relief work (e.g. Haiti earthquake). For more info contact Laura Aird at the AAP: laird@aap.org

Authors of the Pediatric Education in Disasters Manual have graciously made available, free online, its entire modular course:

PEDS: Pediatric Education in Disasters Course (Complete course of 10 superb modules on pediatric needs in disaster in resource poor settings, English and Spanish versions)
<http://www2.aap.org/disasters/peds.cfm>

Also available at this website is the complete **Colorado PEDS Manual**, a modified 8 module version applicable for disaster settings here in the US.

- **AAP Section on Emergency Medicine (SOEM)** <http://www2.aap.org/sections/pem/default.cfm>
See website for link to the PEM Network: www.pemfellows.com which has a section on “International PEM” or iPEM, which provides information on PEM conferences related to work overseas, opportunities to work abroad, and more.
 - **PEM Network** www.pemfellows.com Pediatric Emergency Medicine Network of the AAP Section on Emergency Medicine. See the international section (iPEM) pages of their website for resources, conferences and opportunities to work abroad.
- **Society for Academic Emergency Medicine (SAEM)** <http://www.saem.org> Searching international emergency medicine on their site yields list of EM programs with international tracks or fellowships.
- **International Federation for Emergency Medicine (IFEM)** <http://www.ifem.cc> A federation of national emergency medicine organizations. Holds an annual symposium facilitating global partnerships in emergency medicine.
- **American College of Emergency Physicians (ACEP)’s Section on International Emergency Medicine**
One of ACEP’s largest sections, with over 1000 members. <http://www.acep.org/InternationalSection>

3. Join and utilize resources from national global health education groups

- **Consortium of Universities for Global Health (CUGH)*** www.cugh.org 60+ member universities (and growing) dedicated to defining/shaping GH education, improving and sharing GH curricula and projects, developing guidelines for faculty and student overseas partnerships/placements, coordinating projects between resource-rich universities and those developing their resources.
* FYI, GHEC, the Global Health Education Consortium, and CUGH merged in 2013.

4. Inquire about regional global health consortiums in your area (these are just a few)

- Collaborations often arise post-disaster, as with the earthquake in Haiti. For example:
 - St. Louis University, UMass Memorial Medical Center, University of Minnesota and Wayne State coordinate to send faculty to Hôpital de l’Université d’État d’Haïti (HUEH) in collaboration with the Haitian Pediatric Society and faculty there. For more information: Dr. Patricia McQuilkin, Patricia.McQuilkin@umassmemorial.org or Dr. Gary Albers, albersgm@slu.edu.
 - Akron Children's is coordinating efforts with Brown, UMass and UMN to help provide staffing for St. Damien’s in Port-au-Prince. For more information: Dr. Jeffrey Kempf, jkempf1@chmca.org.
- **Midwest Consortium of Global Child Health Educators**
Global health faculty and staff in Pediatrics and Family Medicine are coordinating efforts from University of Wisconsin, University of Minnesota, Mayo Clinic, Northwestern University, Medical College of Wisconsin, Rainbow Babies’ and Children’s Hospital, Cleveland, and Cincinnati Children's Hospital Medical Center.
Contact: Dr. Nicole St Clair, nstclair@mcw.edu
- **Heartland Global Health Consortium** Iowa colleges/universities. <http://www.heartlandconsortium.org/>
- **Triangle Global Health Consortium** <http://triangleglobalhealth.org/page/signature-programs>
North Carolina universities, NGOs and business partners as well.
- **The Galveston Global Health Consortium** <http://www.utmb.edu/ghc/admin/>
A collaborative of the University of Texas Medical Branch’s schools, centers and institutes.

5. Join/support a global health nongovernmental organization (NGO) or advocacy group

- **Health Volunteers Overseas (HVO)** www.hvousa.org This Washington based NGO places volunteers from a multitude of specialties in short term assignments, both clinical and teaching. Just being a member helps support this AAP sponsored organization, even if you don’t volunteer. Anyone, member or not, can sign up to receive a GREAT monthly HVO email newsletter called *The Net Connection*; especially good for sharing with colleagues in other medical specialties, as well as nurses, physical therapists, nurse anesthetists. To view current issue, go to the website and click News & Publications. Email info@hvousa.org to subscribe (free). Membership is \$150 for physicians, \$40 for those in training, well worth it!

- **Global Health Council (GHC)** www.globalhealth.org
Washington DC based advocacy group, with resource laden website and weekly email newsletter, annual conference; membership open to individuals and organizations. Members also have access to the GHC's **Global Health Career Network** for job searching and job posting.
- **Global Emergency Care Collaborative (GECC)** <http://globalemergencycare.org>
A 501(c)(3) non-profit, this group of emergency medicine physicians is dedicated to addressing emergency care shortages in a sustainable fashion. Members of GECC work with health professionals currently providing patient care at established hospitals in developing countries. By performing assessments of community needs, working alongside medical practitioners, and directly caring for patients, GECC strives to improve access to emergency care for the local people by training local providers and introducing appropriate medical technology. In addition, GECC physicians have developed a training course in emergency medicine for local providers. They are looking for ER trained staff and senior residents to join their efforts in Uganda and other sites.
- Consider supporting advocacy and relief organizations in your charitable giving; local, national or international groups all need support (these are just a few):
 - **Amnesty International** www.amnesty.org or www.aiusa.org
 - **Oxfam International** www.oxfam.org or www.oxfamamerica.org
 - **Physicians for Human Rights** <http://physiciansforhumanrights.org>
 - **International Rescue Committee** <http://www.theirc.org/>
 - **Medicines Sans Frontiers (MSF)** <http://www.doctorswithoutborders.org/>
 - **Catholic Relief Services** <http://www.crs.org/>
 - **Mercy Corps** <http://www.mercycorps.org/>
 - **UNICEF** <http://www.unicef.org>
 - **World Vision International** <http://www.worldvision.org/>
 - **American Jewish World Service** <http://ajws.org/>
- Volunteer locally with NGOs based in your area. Examples include large international groups with local offices near you, as well as truly local projects like sister city or twinning projects, international projects undertaken in your local schools, projects connected with faith-based organizations in your town, and projects at your hospital or teaching program. Below are just a few examples:
 - **ReSurge International** (formerly Interplast) is an NGO that sends surgical teams to partner sites in the developing world for short-term work. Pediatricians, surgeons, anesthesiologists are needed. HOWEVER, one can volunteer at their offices in Mountain View, CA, and they have internships for undergraduate and graduate students. www.resurge.org
 - **International Rescue Committee (IRC)** needs volunteer physicians for work abroad, but also recruits volunteers for its 22 US offices to help support and teach refugees here (mentoring families, tutoring, driving refugees to appointments, etc.). <http://www.rescue.org>
 - **Doctors Without Borders (MSF)** recruits volunteers and paid interns for work in the NYC office; also has some positions, such as a tropical medicine specialists, for NYC office. www.doctorswithoutborders.org
 - **Physicians for Human Rights (PHR)** needs physician and mental health worker volunteers to interview and examine victims; offers a free online course in forensic training. Many ways to get involved/take action by publicizing PHR petitions and campaigns. <http://physiciansforhumanrights.org>

6. Collect and donate medical supplies and equipment

Ideally, if your institution/program has an ongoing partnership with an overseas site, very specific and requested supplies/equipment can be procured and delivered by faculty/residents traveling there. If you are not part of such a relationship, and for larger items from hospitals/offices, the groups below take such donations. Be sure to contact the organization or check websites to ensure your items are appropriate donations.

- **Project C.U.R.E (Commission on Urgent Relief and Equipment)** <http://www.projectcure.org/home>

Multiple offices nationwide; also provides “C.U.R.E. Kits” of medical supplies for those going to work in resource poor setting.

- **Direct Relief International** <http://www.directrelief.org> (click on donate) Website lists most needed supplies; they also accept medical texts.
- Start a **REMEDY** program at your hospital (Recovered Medical Equipment for the Developing World). www.remedyinc.org Based out of Yale, New Haven, offers toolkits to facilitate collection of reusable supplies. Their Med-Eq program is a website that allows offices/clinics/hospitals/individuals to post supplies/equipment available for donation; interested recipients (pre-approved non-profits) contact donor to arrange shipping or pick-up; <http://www.med-eq.org>
- **American Medical Resources Foundation (AMRF)**, Brockton, MA, 508-580-3301, www.amrf.com AMRF also needs local volunteers for testing, repairing, inventorying etc.
- **World Medical Mission/Samaritan’s Purse**, www.samaritanspurse.org, accepts equipment and supplies, and website spells out what they need. http://www.samaritanspurse.org/index.php/wmm/donating_materials Or type “donating materials” in their search box. Located in Boone, NC.
- **International Medical Equipment Collaborative (IMEC)** North Andover, MA 978-557-5510; www.imecamerica.org
- **WorldScopes** A project of the American Medical Association. Collect new or used stethoscopes and mail to WorldScopes—they deliver to developing countries. Nice easy project—publicize and collect at your next hospital meeting or event. AMA provides a kit with posters, postcards, sample emails, etc. and will pay the shipping if you collect more than 20. <http://www.ama-assn.org/ama/pub/worldscopes/index.shtml> Or call 312-464-4075.
- **MedShare** <http://www.medshare.org> Helps hospitals set up supply recovery programs, and accepts donations from corporations (based in Metro Atlanta and Northern California). Medical supplies can be mailed to the Georgia warehouse; contact them prior to shipping.
- **Operation Giving Back** <http://www.operationgivingback.facs.org> A program of the American College of Surgeons. Click on “Resource Center” for long list by state of additional organizations taking used/new medical equipment & supplies as well as medical books.

7. Collect and donate medical books (or non-medical books)

Appropriate medical texts can be invaluable in many resource-limited areas. But remember, education of school children (especially girls!) greatly improves child health. So collecting books for school libraries in resource-limited settings can be a worthy project for a group in your home community.

Lists of organizations involved in book collection and donation can be found at:

- **Operation Giving Back** <http://www.operationgivingback.facs.org/> A program of the American College of Surgeons. Click on “Resource Center” for list of organizations taking used/new medical books.
- **Sabre Foundation** has a long list of organizations that donate books overseas. http://www.sabre.org/books/bookorg/bkdn_toc.htm
- **University of Albany**, State University of New York. Lengthy list at: <http://www.albany.edu/~dlafonde/Global/bookdonation.htm>

Some selected organizations are listed below:

- **Ti Moun Annou Li** (“Children Let’s Read”) Modeled after the Boston-based Reach Out and Read (ROR) program (the nonprofit that promotes early literacy and school readiness in pediatric exam rooms nationwide). This project came about after the Haiti earthquake 2010, and is a collaboration among US-based and Haitian pediatricians. For more information on how to participate or donate books, please contact Dr. Bron Anders banders@ucsd.edu or Dr. Sean Palfrey Sean.palfrey@bmc.org
- **Books for Africa** <https://www.booksforafrica.org/books-computers/donate-books.html> Accepts medical/nursing texts from 1996 and newer (also accepts other types of books, see website; great project to involve school-age children too!). Books should be mailed to Smyrna, GA (or can be dropped off there or at their St. Paul, MN location).

- **Bridge to Asia** <http://www.bridge.org> Accepts medical books (and other types) for teachers and students in China and Southeast Asia.
- **Direct Relief International** <http://www.directrelief.org> (click on donate) Accepts medical texts that are less than 5 years old (best to call and confirm).
- **World Medical Mission** (a program of Samaritan's Purse) www.samaritanspurse.org Accepts donations of medical texts that are 1) pertinent to developing world setting, and 2) not more than 6-8 years old, unless an atlas or dictionary or other "long lasting" reference book. Mail to: Samaritan's Purse, World Medical Mission, 801 Bamboo Road, Boone, NC 28607. Details not on website, but call 828-262-1980 and ask for World Medical Missions.
- **Sudan-American Foundation for Education, Inc. (SAFE)** <http://www.sudan-safe.org/donatingbooks.htm> Accepts medical and nursing texts that are appropriate for use in Sudan (see website for list of needed book types). Books can be mailed to warehouse in Maryland or Iowa.
- **Global Medicine Network** www.globalmedicine.org A project of the Massachusetts Medical Society's Global Medicine Committee. After joining the network (free), members can post the books they are willing to mail to colleagues in developing countries. Interested parties email you to request. Not a lot of traffic here yet, but it's easy and needs more postings/publicity.

Many other organizations ship books and educational resources to resource-limited sites, but only accept monetary donations or new books from publishers (not used books from individuals):

- Sabre Foundation <http://www.sabre.org/donations/index.php>
- Book Aid International <http://www.bookaid.org>
- The Asia Foundation <http://asiafoundation.org/program/overview/books-for-asia>
- Brother's Brother Foundation <http://www.brothersbrother.org/educational.htm>

8. Other ways to get involved: educate, donate, advocate, investigate, tele-participate

- Stay informed--educate yourself and others
 - **Lancet GH portal.** All of *Lancet's* global health content in one click! Includes articles, series, and commentaries. Plus Global Health TV (videos), Lancet TV (videos) and links to other related content.
 - **UNICEF** website offers numerous resources. www.unicef.org
State of the World's Children is published every year, free pdf download or hardcopy. Different theme each year; recent topics:
 - 2012 Children in an Urban World
 - 2011 Adolescence: Age of Opportunity
 - 2010 Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child
 - 2009 Maternal and Newborn Health
 - 2008 Child Survival
 - **Global Health Council's *Global Health Weekly Digest***, sent by email. Global health news, events, new publications and policy statements, etc. all in an easy-scroll format so you only see details of what you click on. www.globalhealth.org
 - **AAP SOICH Newsletter**, sent to members but available at SOICH website. News about what pediatricians are doing in global health, and every other issue is a GH publication review issue, where important child health articles are presented and reviewed. <http://www2.aap.org/sections/ich/> (click on publications)
 - **Relief Web** Excellent website with updates on natural/humanitarian disasters worldwide. They also list jobs and trainings worldwide related to relief work. <http://reliefweb.int>
 - **BBC World Service** (on your local NPR radio station) or <http://www.bbc.co.uk/worldservice>
 Select programs and podcasts by topic such as health, Africa. Has a very fun section on "6 Minute English" from BBC Learning English for those learning or improving their English (may be of interest to your overseas colleagues).
- Raise money, support NGOs of your choice. Thoughtful, targeted charitable giving goes a long way in resource poor settings.

- Make your voice heard
 - Contact your representative and senator when key global health/foreign aid bills are debated (the Global Health Council weekly newsletter sends alerts when key legislation is up for vote)
 - Join the Physicians for Human Rights **Asylum Network** (volunteer medical services for refugees/asylum seekers, write letters on behalf of asylum seekers, give a presentation on health and human rights). For details on these see <http://physiciansforhumanrights.org> and search asylum network.
 - Join one of **Physician for Human Rights'** several campaigns (on AIDS, Darfur, torture, land mines, health and justice for youth). See website for current campaigns. <http://physiciansforhumanrights.org>
- Care for and advocate for immigrants, internationally adopted children, refugees
- Help address the **10/90 Gap**: Only an estimated 10% of the total global funding for health research (\$160+ billion annually) is used for research into the major health problems affecting 90% of the world's population.
 - Join the **Canadian Coalition for Global Health Research** <http://www.ccghr.ca/>
 - See the **Global Forum for Health Research** <http://www.globalforumhealth.org>
 - Participate in the **Programme for Global Paediatric Research**, started by Dr. Alvin Zipursky, Toronto. www.globalpaediatricresearch.org Meets at the PAS meetings each spring.
 - See the **Global Health Research Initiative** and its resources at <http://ghri.ca/>
- Participate in teleconference/email medical consults (many teaching hospitals do this now)
- Involve your hospital or institution in videoconferencing with partners in the developing world. For example, **Medical Missions for Children**, www.mmissions.org is seeking US partner institutions. They have a speaker's bureau and could visit your institution. See website, under Telemedicine. From website, those in under resourced areas can also request consults (Telemedicine→Consult Request).

9. Work/volunteer abroad in an appropriate assignment or project

Discern what your interests and skills are, and how your schedule can be adjusted to allow time away. Joining a program that is well established, works in partnership with institutions/colleagues at the overseas site, is not a burden to those institutions/colleagues, and that works to promote sustainability is ideal.

- Length and Terms of assignments are variable:
 - Short term medical or medical/dental team (typically 10 days – 2 weeks)
 - Short-term surgical team (typically 2 weeks; pediatricians needed)
 - Short term assignment at an established hospital or clinic site (often 2 weeks – 1 month)
 - Assignment with larger relief organization, e.g., Doctors Without Borders (Medicins Sans Frontieres, MSF), Doctors of the World, International Rescue Committee (IRC) (3 months – 3 years; surgeons can go for shorter periods)
 - Longer term placements (1 year – to lifetime, home leave available)
 - “On Call” disaster relief work, those with experience or training can sign up for Child Disaster Network, www.aap.org/disaster

Experienced colleagues at your institution or in your region can often suggest volunteer placements or projects, or reputable organizations to work with. But where else can you start?

- Professional organizations (see topics 1-4 above)
- Listservs (in particular AAP SOICH, CUGH)
- Medical journals and newsletters. For example, JAMA has an online JAMA Career Center with a list of organizations seeking medical volunteers http://www.jamacareercenter.com/volunteer_opportunities.cfm
- Organization email newsletters (e.g. HVO's *Net Connection* email newsletter posts openings for pediatricians as well as other medical generalists and specialists; see HVO under Section 5 above)
- Networking at training courses and meetings on international health topics (see sections below)
- Referral organizations such as International Medical Volunteers Association www.imva.org (click on “Help Wanted”); Medics Travel, <http://www.medicstravel.co.uk/>

- Inquiries made in person while traveling abroad

There are many websites that list NGOs and hospitals seeking volunteers:

- **JAMA** website posts JAMA Career Center with a list of organizations seeking medical volunteers
http://www.jamacareercenter.com/volunteer_opportunities.cfm
 - **Global Health Service Partnership** is an innovative public-private partnership designed to place health care professionals as adjunct faculty in medical or nursing schools overseas.
http://globalhealthservicecorps.org/images/uploads/fact_sheet_GHSP_FINAL.PDF
 - **Baylor International Pediatric AIDS Initiative** offers an opportunity to serve 1-2 years on the Pediatric AIDS Corps <http://www.bipai.org/>
 - AAP Section on International Child Health (**SOICH**) Directory of Overseas Opportunities
From the home page <http://www2.aap.org/sections/ich> click on Working Opportunities.
 - **International Healthcare Opportunities Clearinghouse** (IHOC) <http://library.umassmed.edu/ihoc/index.html>
 - **American Medical Association's** International Health Database <http://www.ama-assn.org/ama/home.page> and search International Health Database (excellent resources).
 - American Medical Student Association (**AMSA**) website has a database searchable by country/region/type of assignment. International Health Opportunities Directory <http://www.amsa.org/global/ih/ihopps.cfm> Also much info on other international health topics and projects. www.amsa.org Search: Global Health Committee
 - **Operation Giving Back** <http://www.operationgivingback.facs.org> Handy customizable search tool designed for surgeons, but many of the organizations listed also take medical (non-surgical) volunteers. Additional references throughout website.
 - International Medical Volunteers Association (**IMVA**) www.imva.org Click on "Help Wanted" for a long list of organizations that need volunteers. Or post yourself as an available volunteer; click on "Post Your Skills."
 - **AAFP** American Academy of Family Physicians: Global Health Service and Educational Opportunities has databases and directories:
<http://www.aafp.org/online/en/home/aboutus/specialty/international/opps/volserveropps.html>
Their International Family Medicine page also has interesting resources:
<http://www.aafp.org/online/en/home/aboutus/specialty/international.html>
 - **Africa Health Placements** <http://www.ahp.org.za/> This organization works with multiple partners in recruiting health care professionals for placement in paid positions in southern Africa. See website for requirements. Salaries competitive.
 - **Medics Travel** <http://www.medicstravel.org/> Here you can click on a country and get contact info for medical schools and hospitals. Click on Humanitarian Work (left side) for a lengthy annotated list of organizations seeking medical volunteers and staff. Site offers help in finding electives. Also available as a book, **The Medic's Guide to Work and Electives Around the World**, by Mark Wilson. Contains hundreds of work opportunities in over 100 countries, and info on electives as well.
 - **INMED: Institute for International Medicine** <http://inmed.us> Non-profit educational organization that equips physicians and medical students/residents to serve in under-served and cross cultural contexts. INMED provides courses, training and international learning opportunities. Website also lists volunteer opportunities.
- Religious/missionary groups seek medical volunteers (there are many; these are just examples):
- Lists of opportunities can be found at:
 - **Mission Finder** classified directory <http://www.missionfinder.org>
 - **Oscar**: the UK information service for world missions (not all listings are medical)
<http://www.oscar.org.uk/opportunity/networklinks/index.htm>
 - **Christian Medical Fellowship** (a UK based service) <http://www.cmf.org.uk/international/jobs.asp>
 - **Medics Travel** has a page for missionary work: <http://www.medicstravel.co.uk>
 - Specific organizations include:
 - **American Jewish World Service** www.ajws.org
 - **Christian Medical and Dental Associations** <http://www.cmda.org> Under "Serve" at the bottom, click Global Health Outreach

- **Catholic Medical Mission Board** www.cmmb.org Has info for non-medical volunteers, students, and allied health professionals as well. See “What We Do” and “Medical Volunteer Program”
- **World Medical Mission/Samaritan’s Purse** www.samaritanaspurse.org Click on World Medical Mission under “What We Do”

10. Take a global health/disaster preparedness/tropical medicine training course

- **Global Health: Clinical and Community Care**, a 3 week course offered every July at the University of Arizona Health Sciences Center, in Tucson. For medical students, residents and practicing physicians. Applications due in May. <http://www.globalhealth.arizona.edu/description>
- **Global Health and Disaster Course** (formerly called the Tropical Medicine Course). 2 weeks, at the Center for Global Health, Colorado School of Public Health. Offered annually (October) as part of global health track, but slots available for outside physicians as well. This course prepares its participants for international experiences and future global health work. It is an intensive training course which incorporates readings, lectures, small group problem based learning exercises, technical skill sessions and a disaster simulation exercise.
<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/globalhealth/education/Pages/Global-Health-Disasters-Course.aspx>
Or search “Global Health and Disaster Course” on the Colorado School of Public Health home page:
<http://ucdenver.edu/academics/colleges/PublicHealth/Pages/welcome.aspx>
- **The Humanitarian Studies Course** offered by the Humanitarian Studies Initiative in Boston. An annual 10-day training program taught by experienced faculty from several academic institutions. Includes classroom study, interactive group workshops and a simulated humanitarian emergency response. Also covers methodologies and essential skills that best prepare humanitarian workers to operate in the field.
<http://www.humanitarianstudiescourse.org/index.html>
- **STEER Program** South Texas Environmental Education and Research, allows you to have an international experience without leaving the US. One-month community-based educational experience in the study of border health. Students, residents and practicing physicians interested in learning how environment, public health and medicine shape health for those on the US-Mexico border. Two sites, with over 25 contributing expert faculty. <http://steer.uthscsa.edu/index.aspx>
- **The Global Health Emergencies Course**, Cornell Medical College, Division of Emergency Medicine. This annual 10 day CME course aimed at residents, attending physicians and other healthcare providers focuses on providing participants with the tools and knowledge necessary to effectively engage in high-impact interventions in a variety of global health emergencies. This course immerses students in the most critical global health issues today: malaria, TB, HIV, trauma, chronic diseases, pandemics, and complex humanitarian emergencies. Hands on labs/teaching sessions.
More info: <http://globalemergencymedicine.org/Education.html>
- **Gorgas Course in Clinical Tropical Medicine**—Lima, Peru. Affiliated with several US institutions. 2 month certificate course, usually Feb-March. Also 2-week courses offered in August for those with some prior experience. THIS COURSE FILLS UP A YEAR IN ADVANCE. Apply in October for year after.
<http://gorgas.dom.uab.edu/>
See great case studies online (wonderful self-learning and teaching resource) at
<http://gorgas.dom.uab.edu/2008cases/080331.html>
- **ASTMH American Society of Tropical Medicine & Hygiene**
 - Often offers a 1-2-day intensive course in tropical medicine/travel health/global health just before its annual ASTMH meeting, or before the Infectious Diseases Society of America (IDSA) annual meeting. See website for upcoming courses <http://www.astmh.org> (see under Education and Training) and <http://www.idsociety.org>
 - Offers an exam leading to CTROPMED® Certificate of Knowledge in Clinical Tropical Medicine and Travelers’ Health, various ways to qualify for. For details:
http://www.astmh.org/Certification_Program/3044.htm

- Lists numerous courses/degree programs in tropical medicine in US and abroad under their “Education and Training” heading http://www.astmh.org/Approved_Diploma_Courses/3475.htm
- Offers helpful learning tools such as slide collections, quizzes, etc. on its website, see “Education and Training” listing from homepage <http://www.astmh.org>
- [Offers guidance and materials on hosting a Global Health Career Night at your school/institution. http://www.astmh.org](http://www.astmh.org) Under “Education and Training” see “Resources for Educators”
- **Travel Medicine and Travel Medicine Online** Two courses at the London School of Tropical Medicine & Hygiene; one is 5 days in London, the other is online <http://www.lshtm.ac.uk/prospectus/cpd/stm.html> and http://www.lshtm.ac.uk/study/cpd/travel_med.html
- **Short Courses** at the London School of Tropical Medicine & Hygiene <http://www.lshtm.ac.uk/prospectus/cpd> Variety of maternal child health, epidemiology, mental health, adolescent health, tropical nursing, etc. all geared for work in developing countries.
- **PEM Network** www.pemfellows.com Pediatric Emergency Medicine Network of the AAP Section on Emergency Medicine. See the international section (iPEM) pages of their website for long list of conferences and courses.
- **INMED: Institute for International Medicine** <http://inmed.us> Non-profit educational organization that equips physicians and medical students/residents to serve in under-served and cross cultural contexts. INMED provides courses, training and international learning opportunities. Offers online (self-paced), classroom and hybrid courses, including disaster management. Annual symposium. Website has good list of GH books, free downloadable presentations, and volunteer opportunities.
- **RedR, UK** offers numerous training courses worldwide. For example, 5-day course **Certificate in the Essentials of Humanitarian Work**, taught in London. <http://www.redr.org.uk> and see upcoming training courses (there are many others).
- The **Swiss Tropical and Public Health Institute, Swiss TPH** <http://www.swisstph.ch> offers training courses worldwide. See its Trop Ed Network webpage (worldwide courses) <http://www.troped.org>
- **International Forensic Program Training Courses** offered by Physicians for Human Rights (PHR). Online and classroom training for human rights workers and disaster field workers who may encounter mass graves or encounter human rights violations as first responders. <http://physiciansforhumanrights.org/training/forensic>

11. Attend a CME course or annual meeting on global health

- **SOICH** AAP Section on International Child Health, meets annually at the AAP NCE (annual meeting every October), and always has a one-day section program on international health that provides CME credits. <http://www2.aap.org/sections/ich> or www.aap.org There is an open section meeting during lunch and anyone is welcome to attend and network. There are additional educational programs related to GH during the NCE as well.
- **PAS, Pediatric Academic Societies annual meeting each spring.** Offers numerous workshops and presentations on global health, and global health education. <http://www.pas-meeting.org/2012Boston/default.asp> As part of this meeting, the **Ambulatory Pediatric Association (APA) Special Interest Group (SIG) on International Health** meets and presents an educational program as well. See website: http://www.ambpeds.org/specialInterestGroups/sig_int_health.cfm.
- **Programme for Paediatric Global Research** Annual 2-day scientific program and workshop held in conjunction with the annual PAS meetings. <http://www.globalpaediatricresearch.org>
- **American Public Health Association (APHA)** has an International Health Section, whose web page lists courses and annual meetings <http://www.apha.org/membergroups/sections/aphasections/intlhealth/> Click on “Resources/Links.”
- **Family Medicine Global Health Workshop**, through the American Academy of Family Practice, is an annual conference, 3 day program (usually in the fall) on working in international health;

<http://www.aafp.org/online/en/home/aboutus/specialty/international.html> Click on Meetings and Resources on the left.

- Consortium of Universities for Global Health (**CUGH**) offers an excellent annual meeting for the medical community practicing and teaching global health (also excellent for medical students, residents and fellows). <http://www.cugh.org>
- **Unite for Sight** Annual Global Health and Innovation Conference, Yale University. 2 days, every spring, over 200 speakers <http://www.uniteforsight.org/conference>
- **Canadian Society for International Health** The Canadian Conference on Global Health (every fall) remains the only annual conference in Canada that focuses primarily on global health and health in development, and the only Canadian peer review forum for knowledge building and program development related to global health and development. <http://www.csih.org>
- **American Society of Tropical Medicine and Hygiene (ASTMH)**, annual meeting, usually December <http://www.astmh.org>
- **Global Health Council's** Annual Meeting is superb, in Washington DC. Usually every May. See www.globalhealth.org
- **Annual NY Symposium on International Emergency Medicine**, facilitating global collaborations in emergency medicine. Sponsored by International Federation for Emergency Medicine (IFEM). <http://www.ifem.cc> See conferences and symposia.
- **Mt. Sinai Annual Global Health Conference** <http://www.mssm-ghc.org> Usually 2 days in March, provides an opportunity for conference attendees to explore recent scientific developments and to create a forum for interdisciplinary interactions. The target audience includes physicians, medical students, public health professionals and students, employees of non-governmental organizations, academics, activists, community leaders and educators.
- **Ethical Issues in Global Health Research**, annually in June at Harvard. 5-day interactive workshop for IRB members, investigators, ethicists, anyone interested in promoting global collaborations. Lectures, discussions, mock ethics committee meetings, and more. <http://www.hsph.harvard.edu/research/human-research-administration/announcements/index.html>
- **Global Forum Annual Conference** Presentations plus creative formats for interaction between health experts, business, government, social entrepreneurs and others.
- **CORE Group Fall and Spring Meetings** (CORE Group is a Washington DC based consortium of NGOs working for maternal and child health. Outstanding networking opportunities, large variety of groups implementing projects in the field all over the world). Ideal opportunity to learn from and about NGOs and their personnel in the field, medical and non-medical, <http://www.coregroup.org>
- **INMED** Institute for International Medicine <http://inmed.us> Offers many courses, but has annual one-day symposium on cross cultural medicine and working in under-served settings.
- **Annual Global Health Conference at Cincinnati Children's Hospital** Usually in the fall. For more information contact Dr. Chuck Schubert CHUCK.SCHUBERT@cchmc.org
Or contact the CME office at 513-636-6732 or cme@cchmc.org
- **Midwestern Global Health Conference**, University of Nebraska Medical Center, International Studies and Programs <http://www.unmc.edu/isp> Annual 3-day conference.
- **Annual Western Regional International Health Conference** <http://wrihc.org> Excellent conference (usually in spring) with different theme each year. <http://globalhealth.washington.edu> See "lectures & conferences" under "Resource Center."
- University of Texas Southwestern, Office of Global Health **annual 3-day conference**, Dallas, TX. <http://www.utsouthwestern.edu/utsw/cda/dept415140/files/647495.html>
- **International Child Health Group** A Specialty Group of the Royal College of Paediatrics and Child Health (RCPCH), with membership open to everyone with a professional interest in advancing child health internationally (analogous to SOICH of the AAP). Advocacy, conferences, and a registry of those willing to mentor pediatricians giving service overseas. http://www.ichg.org.uk/index_activities.php Annual winter meeting in UK.

- **ALAPE (Asociación Latinoamericana de Pediatría)** holds regular conferences throughout Latin America. <http://www.alape.org>
- **International Pediatric Association (IPA)** Holds international congresses every three years in sites around the world. Consider presenting a paper, poster or workshop. Melbourne, Australia 2013. <http://www.ipa-world.org>
- **European Academy of Paediatrics (EAP)** <http://www.eapaediatrics.eu> Two meetings annually.

12. Take a medical language training international health course

- University of Nebraska's **Medical Spanish/Global Health in Nicaragua**, for students and faculty. <http://www.unmc.edu/isp> see course listed on right sidebar.
- **American Medical Student Association (AMSA)** lists many programs <http://www.amsa.org/global/ih/ihopps.cfm> On the search box for "Opportunity Type," use the pull-down menu to get to Medical Spanish (over 70 programs listed!)
- **Interhealth South American Study Program in Ecuador**. Students and residents primarily, but others accepted. <http://www.interhealthsouthamerica.net/index.htm>

13. Seek further professional training

- **Global Health Fellowship Training:** Many medical specialties now offer fellowship level training in global health relevant to that specialty. One list of all fellowships and their websites, grouped according to Emergency Medicine, Internal Medicine, Family Medicine, Pediatrics, Ob-Gyn, Surgery, Women's Health, and Interdisciplinary can be found at <http://globalhealthfellowships.com/database.html>
 - Specifically for **Pediatric Emergency Medicine:**
Baylor College of Medicine Pediatric Emergency Medicine Global Health Fellowship <http://www.bcm.edu/pediatrics/emergencymedicine/index.cfm?PMID=17233>
 - Newer or not yet on the list
 - Children's Hospital Boston Global Health Fellowship <http://www.childrenshospital.org/bcrp/Site2216/mainpageS2216P10sublevel102.html>
Field placements include Haiti, Rwanda, Lesotho, Malawi and possibly Liberia
Further information: Dr. Kim Wilson Kim Wilson, Kim.Wilson@CHILDRENS.HARVARD.EDU
 - Paul Farmer Global Surgery Fellowship <http://www.childrenshospital.org/clinicalservices/Site1935/mainpageS1935P70.html>
 - Global Emergency Medicine Program (Cornell Medical College) <http://globoemergencymedicine.org/Education.html>
 - Global Women's Health Fellowship (Brigham & Women's Hospital, Boston) http://www.brighamandwomens.org/Departments_and_Services/womenshealth/ConnorsCenter/GWH/default.aspx
- **MPH** in Global Health (offered at most schools of public health)
- **DTMH**, Diploma in Tropical Medicine and Hygiene, offered in many centers, including:
 - **London School of Hygiene and Tropical Medicine** (3 months, Jan-March) <http://www.lshtm.ac.uk/prospectus/cpd/stmh.html> (Note that the LSTMH also offers a variety of excellent short courses relevant to health in the developing world, see website for short courses: <http://www.lshtm.ac.uk/prospectus/cpd> Also offers Diploma in Tropical Nursing!
 - **Liverpool School of Tropical Medicine**, (3 months, Sept-Nov) www.lstmliverpool.ac.uk
 - **Tulane University** <http://www.sph.tulane.edu/publichealth/tropmed/diploma.cfm>
 - **Johns Hopkins School of Public Health** <http://www.jhsph.edu/tropic>
 - **West Virginia University** <http://www.hsc.wvu.edu/som/tropmed/Tropical-Medicine-Course>
 - **East Africa Diploma Course in Tropical Medicine** An exciting new diploma course offered by a consortium of institutes including London School of Tropical Medicine & Hygiene, Univ. of Washington, Johns Hopkins, Makerere University, Kilimanjaro Christian Medical College (KCMC).

Three months, offered in the fall; unique partnership, East African context. The first diploma course in Africa related to neglected tropical diseases. Open to physicians worldwide. Taught in Tanzania, Kenya and Uganda. <http://www.lshtm.ac.uk/prospectus/cpd/eadtmh.html>

- **Tufts University Master of Arts in Humanitarian Assistance**; 1 year program; Feinstein International Famine Center <http://fic.tufts.edu/?pid=15>
- **CDC Training Programs**, in Epidemiology and other fields. <http://www.cdc.gov/Fellowships/CareerInternships.html>
- Read *Finding Work in Global Health: A practical guide for jobseekers or anyone who wants to make the world a healthier place*. 155-page paperback by Garth Osborn and Patricia Ohmans, available from the Global Health Council, \$19.50 (or Amazon) <http://my.globalhealth.org/ebusiness/ProductCatalog/GHCproduct.aspx?ID=13>
- Consider Online Courses for yourself or individuals you might mentor, or for use as the basis of course you could lead at your institution or in your community. For example:
 - **USAID E-Learning** In response to growing demand from the field for technical updates, USAID identified eLearning as a solution. It allows USAID and its partners to expand the reach and use of critical program guidance to its staff in the field and to their collaborators, partners, and stakeholders. The courses are FREE. <http://www.globalhealthlearning.org/login.cfm> (The “Courses and Certificates” link takes a moment to open).
 - **Unite for Sight Global Health University** Offers online, self-paced certificate courses for students and professionals. <http://www.uniteforsight.org/global-health-university>
 - **Unite for Sight Global Health E-Learning Resources** These are modular, FREE online courses on numerous important and often overlooked topics. Consider using them as the basis for a monthly discussion group with your residents and medical students. <http://www.uniteforsight.org/global-health-university/courses>
 - **University of Alabama Continuing Education Certificate in Global Health Studies** Administered through the UAB Sparkman Center for Global Health. Details of the online course format and tuition can be found at: <http://www.sparkmancenter.org/ghscertificate>

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