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Novel approach to engage medical students in global health education and application

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Program/Project Purpose: Medical student interest in global health has increased dramatically in recent years, but providing meaningful experiences for busy students has proven a challenge. In a grass-roots effort to develop the global health curriculum at the University of Utah School of Medicine (UUSOM), faculty and students hosted master training simulation courses in Helping Babies Breathe (HBB), Essential Care for Every Baby (ECEB), and Helping Mothers Survive (HMS). These evidence-based programs have been shown to reduce maternal and child morbidity and mortality when applied in resource limited settings, but there is little information regarding their efficacy as part of medical student education. The ultimate goal was to determine the utility of these courses in a medical school setting and assess student interest in incorporating such trainings into the UUSOM global health curriculum.

Structure/Method/Design: Master training courses in HBB (June 9-11, 2015), ECEB (September 30-October 1, 2015), and HMS (November 3-4, 2015) were offered to interested UUSOM students free of cost. Students were recruited via a student body email, and were signed up for the courses on a first come, first serve basis. The training courses took place on weekday evenings outside of formal lecture time. After the courses, surveys were sent to participating students to assess whether they thought the courses were useful and if they should be offered on a more formal basis.

Outcome & Evaluation: 17/18 participating students felt that these courses were beneficial to their medical education. 17/18 felt that the trainings were a good use of medical student time, and 17/18 would be interested in using these trainings in a future international elective. 18/18 students felt that these trainings should be available to future students. As a result of this positive feedback, a three credit Maternal and Neonatal Survival Course has been developed at the UUSOM. The new course will include online teaching modules, simulation trainings, as well as opportunities for students to facilitate trainings in global settings.

Going Forward: Other medical schools can benefit from similar programs. Future studies are needed to enhance and modify these new pathways for global health education.

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Implementation of the first dedicated Ebola screening and isolation for maternity patients in Sierra Leone

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Program / Project purpose: Prior to the 2014-2015 Ebola epidemic, maternal mortality in Sierra Leone was amongst the highest in the world. The epidemic strained healthcare delivery and further increased maternal mortality. Given the high risk for EVD transmission at delivery and that many high acuity maternity patients meet case definition, screening at triage requires additional consideration for pregnant women to identify possible cases and allow for isolation, rapid laboratory diagnosis and safe delivery. We describe the implementation of the world's first maternity-specific screening and isolation system at Princess Christian Maternity Hospital (PMCH) in Sierra Leone.

Structure/Method/Design: In November 2014, we established a triage and isolation center at PCMH with the Ministry of Health to triage all pregnant and peripartum patients presenting to the hospital, and then isolate and care for those meeting case definition. Critical components included infrastructure, human resources, training and infection prevention control (IPC) management. 102 isolation staff were trained in IPC, EVD and emergency obstetric care protocols.

Outcome & Evaluation: Since opening, approximately 3500 patients were triaged monthly. 610 met case definition and were admitted to isolation; 30 were EVD positive. All 89 facility deliveries were attended in full PPE. Staff met EVD standards and provided essential emergency obstetric care. There have been no healthcare worker infections. Improvements were made to the facility, staffing, training and systems over time. Increased efficiency and quality was seen in patient flow, screening accuracy, nursing skill, IPC and quality of care.

Going Forward: EVD and other emerging diseases present new public health threats, requiring rapid mobilization of systems to mitigate risk. Our experience at PCMH provides a model for the triage and isolation of possible EVD maternity patients, addressing infection risk and mortality. Key components included screening of all patients, emphasis on IPC and health worker safety, and strengthening of public sector capacity. Initial limitations included a lack of prior standards for this vulnerable patient group, however rapid implementation served to immediately mitigate infection risk. This model may provide lessons for future similar epidemics.

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Epidemiological study of childhood injuries and its correlates in Dhankuta-hilly District

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Background: An injury is defined as “when you miss at least one full day of usual activities such as school, sports or when that event requires treatment by doctor or nurse. Injuries account for about 8% of death in Nepal, the common one being road traffic accidents, drowning, burns, falls, and poisoning. Children’s are more vulnerable to have injury in hilly region due to its geographical location and they do not get enough care as they are not under the direct supervision of their parents and most of the times are away from home. Aim of this study was to access the common causes and distribution pattern of childhood injuries and to identify the role of socio-economic factors in prevalence and prevention of childhood injuries.

Methods: A cross - sectional study was conducted between March and April 2013, among 351 children between 0 to 14 years age groups in Dhankutta District of Eastern, Nepal. Selected samples from each household were drawn by using simple random sampling technique. Face to face interview and pre tested questionnaire was used to collect the data regarding socio-demographic profile of the house and information related to injuries among children from their parents. Ethical clearance was obtained from the Institutional Review Committee of B.P.Koirala Institute of Health Sciences. Inform and written consent was taken from the parent. Collected data were entered in MS-EXCEL and analyzed by using SPSS Version 17 and Chi square test was used for testing of hypothesis.

Finding: The prevalence of the injury in the past one year was found to be 20.3%. Male (58.3%) suffered more and 59.7% of the injuries occurred among the children aged 5 – 11 years. Among the injuries, fall injury (56.9%) was the common one and 44.4% of the injury occurred at home. Whereas 58.3% of the injuries occurred in children of families below the poverty line.

Interpretation: Prevalence of childhood injury was found to be 20.3% and fall injury was observed to be common among the child. It was also reported that injuries were more among the poor families due to lack of attention and care.

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Preparing trainees to practice global health equity: the experience from the first year of the Health Equity Action and Leadership (HEAL) initiative

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Program/Project Purpose: There has been an increase in post-graduate Global Health training programs in response to the demand for training in the field of Global Health. However, there is not yet consensus regarding what should be included in a curriculum to prepare trainees to practice global health. We have developed a bidirectional, interdisciplinary Global Health fellowship, the HEAL initiative, which places fellows in domestic and international underserved communities for two years. Fellows are from 6 countries and a variety of disciplines, including medicine, dentistry,

public health and social work. At the beginning of the fellowship, participants underwent an intensive three week orientation program.

Structure: Participants were surveyed prior to orientation regarding their background, learning objectives, and level of experience. Following the completion of orientation, participants were surveyed to elicit their views on quality and usefulness of the training.

Outcomes & Evaluation: Prior to beginning fellowship, 39% identified a primary interest in health systems strengthening, with other interests split among direct patient care, medical education, community engagement, and research. Participants expressed concerns related to lack of support, language barriers, lack of experience, and ability to create lasting change. Following the training, fellows reported an improved understanding of health systems and their financing, healthcare delivery, and advocacy skills. They expressed increased confidence regarding the practice of global health. The sessions identified as the most valuable addressed teaching skills, advocating through narrative, disaster response, health care financing, and personal well-being. These are subjects that are often not covered in traditional training programs. Fellows felt creating a community of people who had similar passions and interests was a valuable part of the orientation.

Going Forward: We will continue to evaluate how well this initial component of our curriculum prepared fellows for their field experiences and assess what changes will need to be made. In addition, in the longitudinal curriculum fellows wanted ongoing training on site specific topics, writing skills, ethics, and innovations in low resource settings. Finally, we also hope to collaborate with others offering post-graduate global health programs to standardize core curricular elements.

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Moving beyond mission work: a way forward for academic global surgery

Abstract Opted Out of Publication

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Improving knowledge through An educational program on an integrated care pathway for self-injurious behavior (SIB) and intellectual and developmental disability (IDD)

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Project Purpose: To date, there is a lack of standardized treatment for individuals with self-injurious behavior (SIB) and intellectual and developmental disability (IDD). This paper is aimed at addressing the lack of knowledge and standardization in treating individuals who engage in frequent and significant SIB to the head. Specifically, this paper will address how an evidence-based integrated care pathway can increase the level of knowledge for treatment team members working with individuals with IDD that engage in frequent and/or significant SIB.

Structure/Method/Design: Treatment team members were trained on an educational program related to SIB with the IDD population and on an integrated care pathway for SIB to the