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# The Global Health Professional

CHILD HEALTH AND THE PAEDITRICIAN – RESPONDING TO THE LANCET COMMISSION ON  
“HALATH PROFESSIONAL TRAINING FOR THE 21<sup>ST</sup> CENTURY” – ACADEMIC PEDIATRICIANS  
IPALA WORKSHOP



MIRZADA KURBASIC, MD, MSCR, FAAP  
UNIVERSITY OF LOUISVILLE  
APA GLOBAL HEALTH TASK FORCE



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International Congress of Pediatrics 2013 Melbourne, Australia

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# The APA Global Health Task Force



- Launched in October 2010 to provide a **forum for communication and collaboration** for diverse pediatric academic societies and groups to **advance global child health**.
- Includes members from the Academic Pediatric Association, the Association of Pediatric Program Directors, the American Academy of Pediatrics, the Canadian Pediatric Society, and the Programme for Global Pediatric Research.

# The APA Global Health Task Force



- **Mission.** Preparing US pediatric faculty to think and act globally.
- **Vision.** Pediatric faculty in US Medical Schools who choose to practice globally will be fully competent and their efforts to working for healthier children in all countries will be academically rewarded.

# Global vs. International Health



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

Koplan JP, Bond C, Merson MH, et al. Towards a common definition of global health. Lancet, June 2009.

# Global Health Education in the US



- Growing number of Medical Schools and Residency Programs offer global health education.
- In 2011 there were 43 of about 190 pediatric programs with GH curriculum of some sort. Since then the number has grown to somewhere around  $\frac{1}{3}$  to  $\frac{1}{2}$  of all programs.\*

\*Schubert C. (Personal communication)

# Global vs. Local



- Post-IHT graduates were more likely to care for the underserved and practice in rural areas and were likely to offer volunteer community health care services but were not more likely to practice abroad or to be in an academic practice.

Bazemore AW, Goldenhar LM, Lindsell CJ, et al. An International Health Track Is Associated With Care for Underserved US Populations in Subsequent Clinical Practice. *Journal of Graduate Medical Education*, June 2011 .

# Global vs. Local



- All aspects of the educational system are deeply affected by both local and global contexts. Although many **commonalities** might be shared globally, there is **local distinctiveness** and richness. Such diversity provides opportunities for **shared learning** across countries at all levels of economic development.

Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. Lancet, December 2010.



# Medical Knowledge vs. Patient Care



- Transition from pure medical care to areas such as ethics, economics, social and behavioral sciences, law, history, engineering, biomedical and environmental sciences, and public policy.

# Focus on the Quality of Care



- Performance of both individual practitioner and health care systems should deliver safe, effective, efficient, timely, patient-centered and equitable care

IOM. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2001.

# Focus on the Quality of Care



- *Safe*—avoiding injuries
- *Effective*—based on scientific knowledge (avoiding underuse and overuse)
- *Patient-centered*—patient values guide all clinical decisions (respectful and responsive).
- *Timely*—reducing harmful delays (for both those who receive and those who give care).
- *Efficient*—avoiding waste (equipment, supplies, ideas, and energy).
- *Equitable*—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

# Global Health Education



- Education of professionals with **intercultural sensitivities** is important for increasingly diverse patient populations. The transnational flow of diseases, risks, technologies, and career opportunities also demands new competencies of professionals. These competencies should be advanced through **curricular** inclusion of global health, including **cross-cultural and cross-national experiential exposure**.

# The Global Health Professional

for health care needs of the real world



- **Personal characteristics and key values**
  - **Social sensitivity**
  - **Intercultural sensitivities**
  - **Global connectivity**
  - **Cultural and linguistic compatibility**
  - **Communication skills**
  - **Interpersonal skills**
  - **Collaborative skills**
  - **Finely-tuned judgment, synthetic and analytic abilities**
  - **Decision-making skills**
  - **Professional interests**

# Challenges



- Harmonization of global standards with local adaptability to diverse contexts.
- Workforce shortage
- Generating resources (Faculty development)
  - Heavy teaching loads
  - Shortage of teachers
  - Competing demands for research and patient care
  - Hazards of mid-career exhaustion.

# Solutions



## **Opportunities for mutual learning in a global, multiprofessional approach:**

- Training of basic health workers
- Courses in global health
- Integration of global perspective into all courses
- Networking
- Sustainable partnerships
- Collaboration
- Academic exchange
- Faculty development

# Global Health Faculty (GHF) Development



- Clinicians
  - Educators
  - Researchers
  - Administrators
- 
- Expectations: Provide quality patient care; generate new knowledge; build and sustain competent health care systems that are required learning environment for producing competent care.



# GHF Competency Domains



- **Values/Ethics:** A sense of shared purpose to support the common good in health care and research which reflects a shared commitment to a safe, efficient and effective system for these purposes.
- **Roles/Responsibilities:** Recognize the limits of one's professional expertise, and the need for cooperation, coordination and collaboration.
- **Communication:** A demeanor of openness, with a style that utilizes opportunities to improve interactions, organization and functioning.
- **Team Building and Teamwork:** Relationship building to perform effectively and a team and individually in different team roles.

# The 5<sup>th</sup> Domain



- **Special Considerations:** Anticipate difficulties that may be encountered—including ethical dilemmas, time constraints, and personal concerns. Anticipate unexpected circumstances and cope with high stress level and frustrations deriving from unrealistic expectations. Develop skills in conflict anticipation, awareness and resolution.

# General Competencies Common to All Areas



## **Values/Ethics: *Faculty will...***

- Engage a local champion to help define priority needs of the **local population**
- Seek invitations to work with the host population/organizations

# General Competencies Common to All Areas



## **Roles/ Responsibilities: *Faculty will...***

- Demonstrate cultural humility
- Recognize both one's own limitations and the challenges faced by others
- Recognize his/her place and interactions in the host cultural system
- Seek opportunities for continuous learning and self-assessment

# General Competencies Common to All Areas



## **Communication: *Faculty will...***

- Establish bidirectional mentorship, teaching and learning from each other
- Listen to local population
- Integrate into the local system
- Create locally valuable output (reports, policies, research papers, curriculum, educational materials, reference materials)

# General Competencies Common to All Areas



## **Team Building and Teamwork : *Faculty will...***

- Empower local collaborators
- Advocate for child and maternal health in partnership with local and national colleagues,
- Be aware of need for mutual benefit and the need to value the other's priorities
- Identify local resources (support, multidisciplinary personnel, political, monetary, space)

# General Competencies Common to All Areas



## **Special Considerations: *Faculty will...***

- Anticipate difficulties that may be encountered—including ethical dilemmas, time constraints, and personal concerns
- Anticipate unexpected circumstances and cope with high stress level and frustrations deriving from unrealistic expectations
- Develop skills in conflict anticipation, awareness and resolution
- Build safe coping strategies that protect ones own health (physical, mental and emotional) without jeopardizing relationships.

# The New Professionals for 21<sup>st</sup> Century



- Promote quality
- Embrace teamwork
- Uphold strong service ethics
- Center around interest of patients and populations
- Stimulate notions of social justice
- Cope with uncertainty
- Pursue scientific inquiry
- Anticipate and plan for future
- Leadership of effective health systems



# The Future of Health Education



- Clinician educators must walk side by side with quality improvement experts and medical education researchers to design studies of educational interventions that link the educational outcomes with patient care outcomes.

Carraccio CL, Englander R. From Flexner to competencies: Reflections on a decade and the journey ahead. *Academic Medicine*, August 2013

# The Next Steps



- 1. Are today's global professional educators competent to educate thriving, valuable, effective, efficient, efficacious, prosperous, successful global health professional of the 21'st century?
- 2. Should global health faculty competency requirements be unified, qualified, measurable and subject to accountability?
- 3. What steps could enhance global health faculty development and overcome challenges of diverse academic systems?