

# A Centralized Structure and Process to Approve and Monitor GME Global Health Electives at a Large Academic Institution

Increasing numbers of undergraduate and graduate learners believe that having experiences in global health (GH) is a valuable aspect of their education. In medicine, several studies have highlighted its importance across multiple specialties. For example, in surgery, 63% of surveyed residents were interested in completing a GH rotation; this increased to 98% if they had had a prior GH experience.<sup>1</sup> Furthermore, an estimated 74% to 80% of emergency medicine programs reported at least 1 resident participating in a GH elective during the surveyed year.<sup>2,3</sup>

Learning experiences in GH can provide rich opportunities for service, for learning, and for sharing perspectives both for the host institution and for the visitor. These experiences have been relevant to several Accreditation Council for Graduate Medical Education milestone domains,<sup>4</sup> and they have been correlated with caring for underserved US populations in clinical practice after completion of training.<sup>5</sup>

While on GH electives, residents can find themselves in high-risk situations and environments with regard to their personal safety,<sup>6,7</sup> ethics, or cultural sensitivity. This is in part because the quality and safety of GH rotations and the amount of mentorship vary within and among institutions. Most residency programs and their sponsoring institutions do not have a systematic and uniform method for vetting elective rotations and ensuring that proper mentorship occurs predeparture and upon return. Residents often have limited or no counseling before leaving and after they return.

To better address institutional concerns, provide reasoned and consistent oversight, and prepare residents for their GH rotations, we created a standardized preparation and approval process for

## BOX Global Health Elective Checklists

### Checklist 1: Global Health Elective Application

1. Global health elective application packet
2. *Practitioner's Guide to Global Health (Part 1): The Big Picture*
3. Meet with global health advisory committee (GHAC) faculty member
4. Proposed rotation description
5. Endorsement of GHAC faculty
6. Endorsement of in-field supervising mentor
7. Endorsement of residency program director
8. Statement of release
9. State department waiver
10. Evacuation insurance or waiver
11. Residency coordinator notification
12. Clinical obligations covered
13. GHAC faculty checklist approval
14. Graduate medical education waiver and approval

### Checklist 2: Preelective Requirements

1. *Practitioner's Guide to Global Health (Part 2): Preparation and on the Ground*
2. Visit a travel clinic
3. Professionalism agreement
4. Emergency contact information
5. Upload copy of passport
6. Upload copy of airline itinerary and visa (if obtained)
7. Upload copy of proof of medical evacuation insurance (if purchased)
8. Review US Department of State Country Report website
9. Review Centers for Disease Control and Prevention report
10. Register with US embassy
11. GHAC faculty checklist approval

### Checklist 3: Postelective Requirements

1. *Practitioner's Guide to Global Health (Part 3): Reflection*
2. Rotation summary
3. Evaluation of resident by in-field supervising mentor
4. Evaluation of rotation by resident
5. Case procedure log
6. Meet with GHAC member for debrief
7. Optional completed incident report
8. GHAC faculty checklist approval

resident physicians who seek to participate in GH electives as part of their training. A Global Health Advisory Committee was created, consisting of key graduate medical education (GME), legal, resident,

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Editor's Note: Program directors and institutional leaders interested in using the checklists should contact the authors.

and GH expert stakeholders. Three checklists, managed and administered via New Innovations (a commercially available residency management software package; Uniontown, OH), are used to provide trainees with consistent and critically important education about GH electives. These checklists (BOX) also provide a mechanism for oversight, completion of relevant documents, and a debriefing tool. This creates a data summary of the elective that can be viewed by all residents.

Institutional Review Board approval was not sought for this work because it constituted programmatic improvement.

The 3 checklists in the BOX are used in the New Innovations platform to track resident predeparture preparation and postreturn debriefing. Since the use of these checklists commenced in January 2016, we have had 23 physicians in training complete all 3 checklists for their GH rotations. Our committee met to review safety issues and the initial implementation of the checklists; subsequently, improvements were made to the checklists. This uniform system also enables monitoring and evaluation of specific sites, ensuring that issues encountered by a resident are shared with other programs that may use that same site.

A centralized online structure for approving and monitoring GME GH electives preparation can be used to help standardize preparation and promote a high quality of educational experience.

#### **Gabrielle A. Jacquet, MD, MPH**

Assistant Professor, Department of Emergency Medicine, and Assistant Director, Global Health Programs, Boston University School of Medicine  
 Director, Global Health Programs, Boston Medical Center Emergency Medicine Residency  
 Affiliate Faculty, Center for Global Health and Development, Boston University School of Public Health

#### **Jeffrey I. Schneider, MD**

Assistant Professor, Department of Emergency Medicine, Boston University School of Medicine  
 Designated Institutional Official, Office of Graduate Medical Education, Boston Medical Center

#### **James Hudspeth, MD**

Assistant Professor, Department of Internal Medicine, Boston University School of Medicine  
 Director of Global Health Programs, Boston University Internal Medicine Residency Program

#### **Megan M. Rybarczyk, MD**

Chief Resident, Department of Emergency Medicine, Boston Medical Center

#### **Richard A. Sugarman, JD**

Associate General Counsel, Office of General Counsel, Boston Medical Center

#### **Corde Miller, HSD**

Systems Manager, Office of Graduate Medical Education, Boston Medical Center

#### **Janis P. Tupesis, MD**

Professor of Emergency Medicine, Director of Academic Affairs, and Director of Global Health Programs, Department of Emergency Medicine, University of Wisconsin School of Medicine and Public Health  
 Chair, Graduate Medical Education Global Health Committee, University of Wisconsin–Madison

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