

INTERNATIONAL MEDICINE

Yogesh Shah, M.D.
Associate Dean, Dept. of Global Health
515-271-1369
Yogesh.Shah@dmu.edu

Department of Global Health
515-271-1425
FAX 515-271-7008
Chris.Catrenich@dmu.edu

General Description

Elective Rotation

This rotation in International Medicine is an elective experience for students during the latter part of 3rd year and all of 4th year in the College of Osteopathic Medicine and is defined as a primary care experience in a country outside of the United States. An international rotation may range from 1 week up to 8 weeks in length, with the maximum number of weeks allowed for graduation credit being 8 weeks. International rotation during 3rd year will be considered as an elective rotation. Four weeks of international rotation during the 4th year can be counted toward the 'Family Medicine 4th year (Required)', or can be counted as an elective rotation.

International rotations will be considered by the Associate Dean for Global Health with approval hinging on educational content, the current international situation, stability and safety of the host nation, as well as the supervising physician's credentials and willingness to teach.

Prior to departure, all students participating in an International Rotation must complete, to the satisfaction of the Associate Dean of Global Affairs, the DMU International Health Pre-Departure requirements.

A grade for the rotation will not be given, or posted to the student transcript until all post rotation paperwork and requirements are completed and approved by the Associate Dean of Global Affairs.

Purpose

This rotation is expected to expose the student to a cultural experience, as well as the medical needs of a population that the student will not see in middleclass American medicine and perhaps open the student's thoughts to the needs and opportunities to reach out to other segments in our global society. Clinical experiences are intended to assist the student's transition from didactics to integrated clinical evaluation, decision making, and management of patients. In addition, the student should continue to develop skills in systematic clinical problem solving and patient management abilities, establish or reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

At the completion of this rotation, the student should have reached certain broad goals, including:

- Continued development of systematic medical problem solving and patient management abilities;
- Expanded knowledge of disease processes, gender disparity, transitional epidemiology and emerging health issues;
- An understanding of the health and wellness issues of global underserved and indigent patients

- Improved clinical skills, including both diagnostic and therapeutic procedure
- A better understanding of global health issues to include the health professions workforce, funding mechanisms, cultural issues, technology and health statistics for select countries around the world

COURSE OBJECTIVES

General Overview

We recognize that 1 to 8 weeks is an insufficient time to cover a comprehensive list of objectives. Clearly, subjects addressed in any clinical rotation are dependent on the numbers of patients and kinds of disease entities presenting to a particular service. Nevertheless, certain minimum content must be addressed, either by clinical exposure or by didactic materials. Therefore, each of the following sections contains relatively broad, basic objectives for which students are responsible for.

Upon completion of this course, the student should be able to understand and apply the appropriate following competencies in their clinical practice:

1. global burden of disease
2. health implications of travel, migration and displacement
3. social and economic determinants of health and population, resources and environment
4. globalization of health and healthcare
5. healthcare in low-resource settings
6. human rights in global health

Adopted from Global Health Education Consortium (GHEC).

Affective Objectives

At the completion of the International Medicine rotation, the student should:

1. Understand the multiple and varied responsibilities of physicians in global medicine
2. Recognize the value of continuity in the physician-patient relationship
3. Be able to relate to and deal with indigent and minority patients as individuals
4. Understand the value of Inter-Professional Education (IPE).

Basic Psychomotor Objectives

At the completion of the International Medicine rotation, the student should demonstrate development and expansion of competence in the following:

1. Perform and record a complete, appropriate history through the comprehensive collection of basic, relevant facts, by systems, in logical order, legibly and systematically, using accepted terminology.
2. Perform and record a complete, appropriate physical examination of all systems at a sufficient level of complexity, using all methods (inspection, palpation, percussion, auscultation) including attention to the structural examination. The data will be recorded systematically, legibly, and in acceptable terminology.
3. Formulate record and use a problem list.
4. Make rational use of information, including the ability to:
 - a. Integrate material from the history and physical
 - b. Sequence findings
 - c. Prioritize

- d. Synthesize
- e. Revise
5. Development of realistic diagnostic and management plans for indigent patients
6. Uses laboratory effectively and realistically.

Basic Cognitive Objectives

At the completion of this rotational experience, the student should be able to:

1. Understand the scope and limitations of Global Medicine.
2. Demonstrate strong communication and interactive skills for dealing with patients and other members of the health care team.
3. Integrate the osteopathic philosophy of wellness with holistic and structural care into the practice of Global Medicine.
4. Recognize opportunities, methods, and limitations of primary prevention of disease.
5. Incorporate evidence-based medicine.
6. Discuss societal and environmental issues as they affect specific patient groups (e.g. elderly, indigent patients, etc.).

For each of the following core disease/disorder areas, the student should be able to apply osteopathic principles and practices to:

- Understand the clinical presentation.
- Understand incidence, etiology, and pathophysiology.
- List available therapeutic methods and specific risks, costs, and side effects of each.
- Understand the natural course of the disease and the prognosis

Implementation

Course objectives are to be accomplished in a clinical facility, under supervision. Basic objectives **must** be covered during the rotation to assure adequate student preparation for Board examinations and other evaluations such as post-rotation examinations. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:

- Reading assignments
- Lectures
- Computer-assisted programs (if available)
- Student attendance at/participation in formal clinical presentations by medical faculty

Clinically oriented teaching methods may include:

- Supervised and critiqued clinical workups of patients admitted to a medical service.
- Assignment of limited co-management responsibilities under supervision.
- Assigned, case-oriented reading case presentations.

Three levels of achievement are identified:

- Familiarity with a variety of medical procedures through observation and assisting
- Proficiency in clinical procedures through actual supervised performance.
- Awareness of the availability of various medical procedures and their use.

Goals

1. **Patient Care** – Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students are expected to:
 - a. Recognize and treat malnutrition
 - b. Educate patients in Maternal-Child Health
 - c. Participate in Immunization Clinics
2. **Medical Knowledge** – Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Students are expected to:
 - a. Understand local Family Planning and population programs, when available.
 - b. Understand local issues surrounding clean water, sewage, and waste disposal
3. **Practice-Based Learning and Improvement** – Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Students are expected to develop skills and habits to be able to:
 - a. Identify and perform appropriate learning activities
 - b. Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
4. **Systems Based Practice** – Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Students are expected to:
 - a. Work effectively in various health care delivery settings and systems.
 - b. Coordinate patient care within the health care system.
5. **Professionalism** – Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students are expected to demonstrate:
 - a. Compassion, integrity, and respect for others.
 - b. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
6. **Interpersonal and Communication Skills** – Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Students are expected to:
 - a. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
 - b. Communicate effectively with physicians, other health professionals, and health related agencies.

Lecture and discussion content

1. **Introduction to Global Health systems**
 - a. Why is studying international health and different health systems important?
 - b. What do you as individuals hope to get out of a class on international health?
 - c. Is it more important for developing countries to study international health than for wealthy countries to do so?
 - d. What do you think are the three most important topics in international health? Why?
 - e. What country has the “best” health system in the world?
 - f. On what basis do you think we should evaluate the effectiveness of health systems?

2. Nature and Etiology of Disease

- a. Beyond clinical outcomes, how does poverty negatively affect health?
- b. What do you think about the idea of a “double burden of disease” on developing nations? Do developed nations have a responsibility regarding this issue?
- c. The idea of the epidemiological transition takes history from Western countries (Europe, Canada, and the United States) and applies it to less developed nations. Is this a reasonable thing to do? Why or why not?
- d. What are some of the key differences between health services in urban and rural settings? If you were a minister of health in a country with these disparities, how might you address them?
- e. Do urban/rural disparities in health services exist in your country? Give an example. How has your country tried to address this problem?

3. Organization of Health Systems

- a. Which organizational type results in the greatest equity of access to health services?
- b. Which organizational type results in the highest quality care?
- c. Which do you think is the best organizational type? Would this type of system work in your country? Why or why not?

4. Global Healthcare Financing

- a. In an ideal world, where should the money for health services come from?
- b. Does one type of financing seem to correspond with better service quality or improved access to services than others?
- c. Discuss the problems in equity of access to health services in your country. How are these related to insurance system and other financing mechanisms in your country?

5. Burden of Disease

- a. What do you believe are the most pressing health issues, and why?
- b. How do international organizations like the World Health Organization and the World Bank determine funding priorities with regard to health?
- c. If it were up to you how you would prioritize among the many issues?
- d. Why AIDS is considered such a high priority in international health?
- e. Do you think DALYs are a good measure of severity of illness? Why or why not?

6. AIDS and Infectious Disease

- a. How does the AIDS crisis differ in developed and LDC nations?
- b. In the US many people argue that AIDS has become a manageable disease with the creation of medicines (“the cocktail”) that can greatly slow the progression of HIV disease. If this is the case, why is AIDS considered such a crisis around the world?
- c. What is the best approach to the AIDS crisis, prevention or treatment? Is one or the other more realistic in certain regions, countries, or other areas? Should either option be used exclusively?
- d. Discuss the role of culture in preventing and treating AIDS. What nations are more or less receptive to prevention efforts?
- e. How has AIDS affected population growth and economic growth in the LDCs?

7. Gender and Health

- a. Does gender play a role in health access and equity in your country?
- b. How does access to education relate to healthcare for women? Is this different than for men?
- c. Why are gender roles important to understanding health status?

- d. Why do you think women are responsible for most health-related decisions globally?
- e. How do family planning and reproductive health affect overall population health status?
- f. Do developed nations such as the US have a right to intervene with women's issues in developing nations (such as discouraging the practice of female genital mutilation)?

8. The Role of Western development in Developing Nations

- a. Why do donor countries give aid?
- b. Do wealthy countries have an obligation to give foreign aid?
- c. How does foreign aid and foreign debt affect the health of a poor nation?
- d. Should donating nations and organizations have the right to dictate how money is used?

Evaluation of the student must be completed within one week from completion of the rotation. On the last day of service, the supervising physician should review the student's performance with the student. If a student signs an evaluation, the signature simply indicates that the student has received a grade directly from the attending; it does not indicate agreement with the grade received.

Recommended texts/Reading

The World Health Report 2013

http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf

David Werner; Where there is No Doctor, Updated 2011. **ISBN-13:** 978-0942364156

Skolnick, R., Global Health 101, 2nd Edition, Jones and Bartlett, 2012

Helman, Cecil G.; Culture, Health & Illness, 5th Edition, Hodder Arnold Publication 2007

Guerrant, Richard L, Walker, David H., Weller, Peter F.; Tropical Infectious Disease, Principles, Pathogens, and Practice, 3rd edition, Saunders, 2011

Nicholas D. Kristof; Half the Sky (2009)

Institute of Medicine (IOM) report 2009; The U.S. Commitment to Global Health