Global Health: Clinical and Community Care Course

The Clinical and Community Care Course is a 3-week course that has been taking place since 1982. It aims to prepare clinical students and residents for health care experiences in developing nations. This past year, the class was offered in person and virtually. Overall, 52 participants were enrolled in the course! Medical students, pharmacy students, and residents from the University of Arizona, the University of Connecticut, the University of Washington, the Marshall University Family Medicine Residency Program, and the University of Pittsburgh Medical Center joined together to learn from this educational experience. Several international colleagues were able to participate as well! The course featured 45 guest instructors, many from around the world. Multiple case-based interactive sessions were provided to further develop medical skills that are critical for patient care in low resource settings.
On December 4, the first Global Health Interprofessional Event was held with 54 students participating from the Colleges of Medicine, Nursing, Public Health and Pharmacy. This event involved students working in teams in a clinical and public health simulation to develop vital team skills such as communication, constructive intervention, knowledge sharing, and mutual respect. The simulation had students determining their roles and responsibilities specifically to treating patients in low-resource settings abroad and when addressing a public health issue. It also involved identifying social, psychological, and ethical challenges that may arise when treating an acutely ill patient in circumstances when the tools needed may not be readily available. They set about identifying potential obstacles to teamwork during an emergency and understanding how collaboration and teamwork improve the effectiveness of emergency response, especially as it relates to low-resource areas.

One of the scenarios involved diagnosing and managing an infant presenting with cholera in a resource limited setting. Even though it was a simulation, the event felt very real to the participating students. The students were quick to try to find solutions on how to resuscitate this patient, but many suggestions were not feasible due to lack of resources. The stress of the situation was tangible, and the students put in genuine effort to come together as a team to treat the infant. This required thinking outside of the box and forced them to rely on possible solutions with which they were not familiar. Each student brought forward their unique skill set to attempt to resolve a tough case.

The student feedback was very positive, and they enjoyed the opportunity to discover the challenges of healthcare in a low-resource setting. We were ecstatic over the success of this event and look forward to future global health events such as this one to provide even more experiences for the students.
As part of the Global Health Distinction Track, fourth year medical students travel abroad to developing nations to engage in patient care in clinical and public health settings under faculty supervision. Recently, three GHDT students finished their global health rotations. Beverly Trutter did her rotation in Zimbabwe, and Jenna Kay and Max Klahr completed their rotations in Nepal. Below is reflection from Jenna Kay on this invaluable experience:

“Nepal began like it ended - challenging. My classmate Logan and I faced issues with travel booking, food poisoning, language barriers, and most frighteningly, catching COVID and getting stranded in Kathmandu. We had to draw on our emotional resiliency constantly during our month-long stay in Manthali, a small town in the Ramechhap district. The highs were high, and the lows were low. Our struggles were contrasted with fantastic trip highlights - befriending local physicians, cooking MoMos, hiking nearby hills, watching cultural exhibitions, and celebrating traditional festivals. We spent the majority of our clinical hours divided between outpatient and inpatient wards at Tamakoshi Cooperative Hospital, a 25-bed hospital serving a catchment area of 200,000. The local physicians heavily rely on x-ray and ultrasound for diagnosis, and as a result, our skill sets grew most significantly in conducting and interpreting these studies. Some pathologies we encountered were previously unfamiliar to us - typhoid fever, bladder stones, ulcerated pelvic organ prolapse, Bell’s palsy - and made for valuable learning opportunities.

For students yet to travel, I have three big pieces of advice, none of which are original but all of which are worth emphasizing. First, make an effort to learn 10-15 basic phrases before you travel. It will open so many doors for you and endear you to locals for showing interest in their culture. Second, have multiple contingency plans in place in the event of sickness (I’m looking at you, COVID). The smartest thing we did for ourselves this trip was purchase travel insurance, but we were still caught relatively unprepared when Logan got stranded in Kathmandu. Know where you will go for housing/medical services and have a local contact in mind that can support you during emergencies. Finally, take every medical learning opportunity that comes your way, if it’s within an appropriate scope of practice. Global health rotations oftentimes benefit you more if you campaign vocally for your own learning. Some global preceptors may not understand the extent of the responsibilities that you are allowed, so offer to take histories and physicals, read diagnostic studies, scrub into OR cases, suture simple wounds, etc. When you’re abroad, your biggest advocate is you.”
Student Spotlight
Hannah Korah

One of our GHDT students, Hannah Korah, recently published the article, “Behind the Bars of the Health Care System: Mental and Physical Health Disparities in America’s Prisons” in In Training, a peer-edited magazine. In this piece, she provides an excellent in-depth analysis on healthcare disparities encountered by people in the American prison system. Check out this link to learn more!

Global Health News Digest

Strategizing to accelerate the reduction of maternal mortality in the African Region

News and Press Release, WHO, 29 April 2022

While on the decline, global maternal mortality rates due to preventable causes remain high. The World Health Organization recently shared a press release regarding maternal mortality in the African Region following a meeting in Johannesburg with representatives of 15 Member States, UNFPA, UNICEF, SIDA and SRHR partners namely professional associations, Population Council, Members of the WHO/AFRO regional Reproductive, Maternal, Newborn and Child Health Technical Advisory Group (RMNCAH-TAG). In 2017, the African Region accounted for 66% of the 303,000 maternal deaths recorded globally. 55% of these deaths are due to hemorrhaging and hypertension. Management of these complications is often difficult due to substandard healthcare. Read the full press release here.

How You Can Help:

To donate to global health, go to https://give.uafoundation.org/com-tuc-family-community. In the Your Gift section, for “I would like to support,” choose International Health Teaching Program from the pull-down menu.