

Teaching the Basics: Core Competencies in Global Health

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KEYWORDS

• Medical education • Global health • Core Competencies

WHAT IS GLOBAL HEALTH?

Global health has been defined as "...the goal of improving health for all people by reducing avoidable diseases, disabilities, and deaths"¹ and an "area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide".² These definitions highlight the multinational, multi-disciplinary, and equity-oriented nature of this emerging field. Global health involves social, political, economic, and environmental considerations that affect the health of communities and individuals around the world. Yet the same interconnectedness that facilitates the globalization of diseases is also manifested through the unprecedented interaction and cooperation between governments, civil society organizations, and individuals across time zones and borders to address health issues. Examples of this cooperation include large-scale multinational health efforts such as the United Nations Millennium Development Goals or the US President's Emergency Program for AIDS Relief.³ Technological advances that permit instant knowledge sharing around the world, creating the capacity to transform medical education and care, are also rapidly evolving. The problem is therefore linked to the solution. Globalization has produced new multidisciplinary multinational health challenges, and the global

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health issues of the modern world require coordinated multisectoral, multidisciplinary, and multinational efforts to achieve effective resolutions.

GLOBAL HEALTH TRAINING IN MEDICAL SCHOOLS: NEED AND CURRENT STATE

Medical education is increasingly being pushed to adapt, internally by the explosive growth in scientific knowledge and externally by rapid transformations in the global context. In response, experts are rethinking the approach to and content of medical education for the twenty-first century, including the role for global health.⁴ Reasons to include global health training as part of routine medical education include, among others, the tremendous increase in student and faculty interest, the growing percentage of immigrants in the United States and Canadian domestic populations, the rapid spread of communicable diseases by international travel, and the need for all physicians to have basic knowledge of major factors affecting health and the delivery of health care.³ Global health provides a framework to address issues such as inequities in health, cultural competency, globalization of health care, and social and environmental determinants of health crucial to modern medical education.

Although the need for global health curricular content is increasingly recognized, there has been a paucity of research examining the development of global health content for medical curricula.⁵ In general, the literature reflects a fragmented and insufficient response on the part of medical schools to the increased student demand for global health content.^{6,7} Much of the literature to date regarding global health medical education focuses on international electives or activities at individual medical schools.^{8,9} A survey of global health training in Canadian medical schools in 2006 found that global health content was haphazard and lacking in uniform objectives or guidelines.⁵ The lack of coordination in curricular development has resulted in wide variations between medical schools in the type, quantity, and quality of global health content offered. Where global health components are provided, there are variations in the format and content of global health materials, the year in which it is taught, whether the courses are required or elective, and whether they are didactic or experiential.⁵

While variations in educational approaches are an important source of innovation, the lack of consensus that characterizes contemporary global health training may have detrimental consequences. In the absence of formal learning opportunities, medical students are pursuing their own programs and electives in global health, often with little or no faculty oversight.⁵ This situation presents the risk of students practicing beyond their competency level, which may lead to harm for patients, themselves, and the educational and clinical institutions in which they study.¹⁰

Beyond the clinical aspects, medical graduates lacking appropriate global health training will be unprepared to recognize and meet the challenges of an increasingly interdependent world and the needs of the patients and populations they will serve.³ Coordinating the development of medical education systems for a new global context of medical care requires a systematic approach supported by key organizations and accreditation bodies.⁵ The lack of consensus among schools and leaders regarding what constitutes fundamental elements in global health training must be addressed in order to counter the fragmentation and inconsistency of current pedagogical approaches.^{3,5} One step in this process is to seek consensus regarding the core competencies that all medical students, regardless of their interest in global health, should possess before graduating. Although particular themes have been identified in the literature,^{7,11} a common set of criteria will help to ensure that all medical students receive appropriate and comparable global health training.

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