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Case Study

Putting the pieces together: creating and implementing an Interprofessional Global Health Grant Program

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ABSTRACT

In 2014, the Center for Global Education Initiatives (CGEI) at the University of Maryland, Baltimore (UMB) created an innovative Faculty and Student Interprofessional Global Health Grant Program. Under the terms of this program, a UMB faculty member can apply for up to \$10,000 for an interprofessional global health project that includes at least two students from different schools. Students selected to participate in a funded project receive a grant for the travel portion of their participation. This is the first university-sponsored global health grant program in North America that conditions funding on interprofessional student participation. The program grew out of CGEI's experience creating interprofessional global health programming on a graduate campus with six schools (dentistry, law, medicine, nursing, pharmacy, and social work) and meets several critical goals identified by CGEI faculty: increased global health experiential learning opportunities, increased use of interprofessional education on campus; and support for sustainable global health programming. This case study describes the history that led to the creation of the grant program, the development and implementation process, the parameters of the grant program, and the challenges to date. The case study is designed to provide guidance to other universities that want to foster interprofessional global health on their campuses.

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1. Authors

1.1. Background and organizational context

The University of Maryland, Baltimore (UMB) is a graduate school university comprised of six professional schools – the Schools of Dentistry, Law, Medicine, Nursing, Pharmacy, and Social Work. In 2005, with funds from the National Institutes of Health Fogarty International Center, the campus-wide Global Health Resource Center (now the Center for Global Education Initiatives or CGEI) was established.¹ The purpose of the Fogarty Center's "Framework Program for Global Health" grant program was to build global health

research capacity in the United States through development of university-level multidisciplinary global health programs. UMB used the funds to create a central organization for any faculty member with an interest in global health. Because several schools already had large global health research grants, CGEI faculty made the decision to focus on interprofessional student education through educational programming, curriculum development, and supporting experiential learning opportunities. Although the ability to work across disciplines is a critical skill for global health professionals,² creating meaningful interprofessional learning opportunities has been CGEI's greatest challenge. Based on the foundational concept that interprofessional skills are best honed through experiential learning,³ CGEI has been on a multi-year learning odyssey to develop rigorous, conceptually sound and sustainable experiential learning programs. The odyssey ultimately led to the creation of CGEI's innovative Interprofessional Global Health Grant Program which is the subject of this case study.

2. The challenge

The complexity of creating an interprofessional curriculum was described succinctly by one expert in the field – "[g]lobal health seeks to address health inequities, locally and internationally. Yet one challenge is how to create interdisciplinary or interprofessional education programs in training systems predicated on single disciplines, and therefore not necessarily conducive for taking on these activities."⁴ In

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2013, CGEI held a national workshop on interprofessionality in which the gathered global health leaders agreed that experiential learning was the most effective way to teach students how to work with members of other professions.⁵ Based on the findings of this workshop and CGEI's prior experience sending interprofessional student groups to Malawi, CGEI's challenge was to create a low-cost mechanism to stimulate faculty members in six professional schools to create interprofessional experiential opportunities for global health students.

3. The options

For four years (2005–2009), CGEI offered small travel awards for individual faculty members and students to participate in global health activities sponsored by UMB or an outside organization. A small number of students but no faculty applied for funding under the program.⁶ In 2009, CGEI determined that the individual grant program did not meet important goals identified by UMB faculty and the broader global health community, namely ongoing host community engagement, project sustainability, faculty involvement, student mentoring, and interprofessional collaboration.

To meet these pedagogical and operational goals, CGEI decided to use its grant funding to create and support a single six-week interprofessional summer program in Malawi where UMB had existing institutional ties to the University of Malawi College of Medicine.⁷ From 2010 to 2013, CGEI sponsored four summer trips to Malawi, each with a different global health theme, allowing students from all six schools to integrate their specific professional skills toward studying and proposing solutions to specific health-related issues.⁸ These projects were organized by CGEI which recruited faculty members from the different schools on campus to accompany students and facilitate the projects on the ground. To ensure that students of all financial means were able to participate in the project, CGEI paid the students' airfare and a small stipend to support their participation. The Malawi project was not evaluated formally, but an extensive review of reflective journals and post-project debriefing sessions with the 29 students who participated revealed a high-level of student satisfaction with the program and growth in their understanding of the value and importance of interprofessional collaboration.

Despite this level of student satisfaction and interprofessional growth, the Malawi project did not meet a crucial benchmark of sound global health programming – sustainability at either the community (Malawi) or the UMB level. In other words, although the program was by most accounts pedagogically successful, the administrative burdens of the project proved unsustainable for the center. CGEI's interprofessional approach, which involved identifying a community project in which students from six professional schools could take part in a meaningful way, was difficult to arrange from a conceptual and logistical perspective. Experiential learning at the professional school level is different from undergraduate study abroad where exposure to, and education about, community challenges may be sufficient. Graduate level global learning encourages students to use their developing professional skills in a well-designed, community-focused setting. Further, these experiences should model the project sustainability and design expected of students in their future professional careers. Although CGEI worked with community partners to organize each summer project, the projects tended to be somewhat forced to accommodate the interprofessional goals of the organizers. Further, the interactions on the ground tended to be too diverse and shallow to create a lasting impact with the community or to enhance the students' professional growth in a significant way.

After four summers, the Malawi project became logistically unmanageable because no single UMB faculty member "owned" the program over time but rather contributed his or her expertise to the

topic selected for a particular summer. It fell to CGEI faculty officers – whose service to the center was voluntary and not included in their school-specific obligations – to organize a complex and integrated six school program. To prevent CGEI faculty burnout and to continue offering interprofessional experiential learning opportunities, a new model was needed. CGEI realized that direct faculty investment in the center's funded activities was the key to ensuring well-designed projects linked to a faculty member or school's ongoing relationship with a project site. Although the Malawi project offered worthwhile continuity in a single site, the specific projects undertaken by students each year often did not carry forth to the subsequent year because the UMB faculty supervisors did not have ongoing funded activities in Malawi, rather they were chosen for their scholarly expertise and willingness to accompany and teach students for six weeks for a particular summer.

Although CGEI moved away from the centrally-organized paradigm, the Malawi project was a highly successful interprofessional initiative that can serve as a model for global health programs that have the dedicated faculty, funding, and in-country partnerships to sustain a single-site interdisciplinary project. The parameters and goals of the Malawi initiative project are described in more detail in a previously published article.⁹

4. Solution: Interprofessional Global Health Grant Program

The lessons CGEI learned from these previous programs led to the creation of the UMB Faculty and Student Interprofessional Global Health Grant Program in 2014. Under the terms of this program, a UMB faculty member can apply for up to \$10,000 for an interprofessional global health project that includes at least two students from different schools. In addition, students selected to participate in a funded project receive a grant for the travel portion of their participation. This is the first university-sponsored global health grant program in North America that conditions funding on interprofessional student participation. At the time of this writing, two years into the program, 27 faculty members and 78 students from all six schools have participated in the program, which represents 19 projects in 12 countries.¹⁰

The grant program is funded through the UMB Office of the President as part of the university's mission to foster meaningful interprofessional education and global health research and in the anticipation that the resultant new scholarship and other outcomes will lead to future expansion and external funding. In addition to support from the UMB President, the respective school deans were briefed about the grant program and their approval was affirmed, a critical step in any interprofessional program that works across established structures.

With input from UMB faculty and school administrators, CGEI established the following project funding requirements:

Global health: The project must be a global health project using the broad Fineberg and Hunter definition of global health – "public health for the world."¹¹ Projects typically take place outside of the United States but under this definition, a project could take place domestically. Applicants must describe their project's connection to a global health theme. CGEI allows faculty to define their project's connection to global health themes and most are able to do so easily. The themes identified by the faculty applicants are shared with prospective student applicants along with other details of the projects.

Interprofessional: Faculty must agree to incorporate students from more than one school in their project. Unless faculty can articulate a strong reason to the contrary, faculty have to open their project to students from any of the schools on campus. However, when students are selected for a project, CGEI typically ensures that at least

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