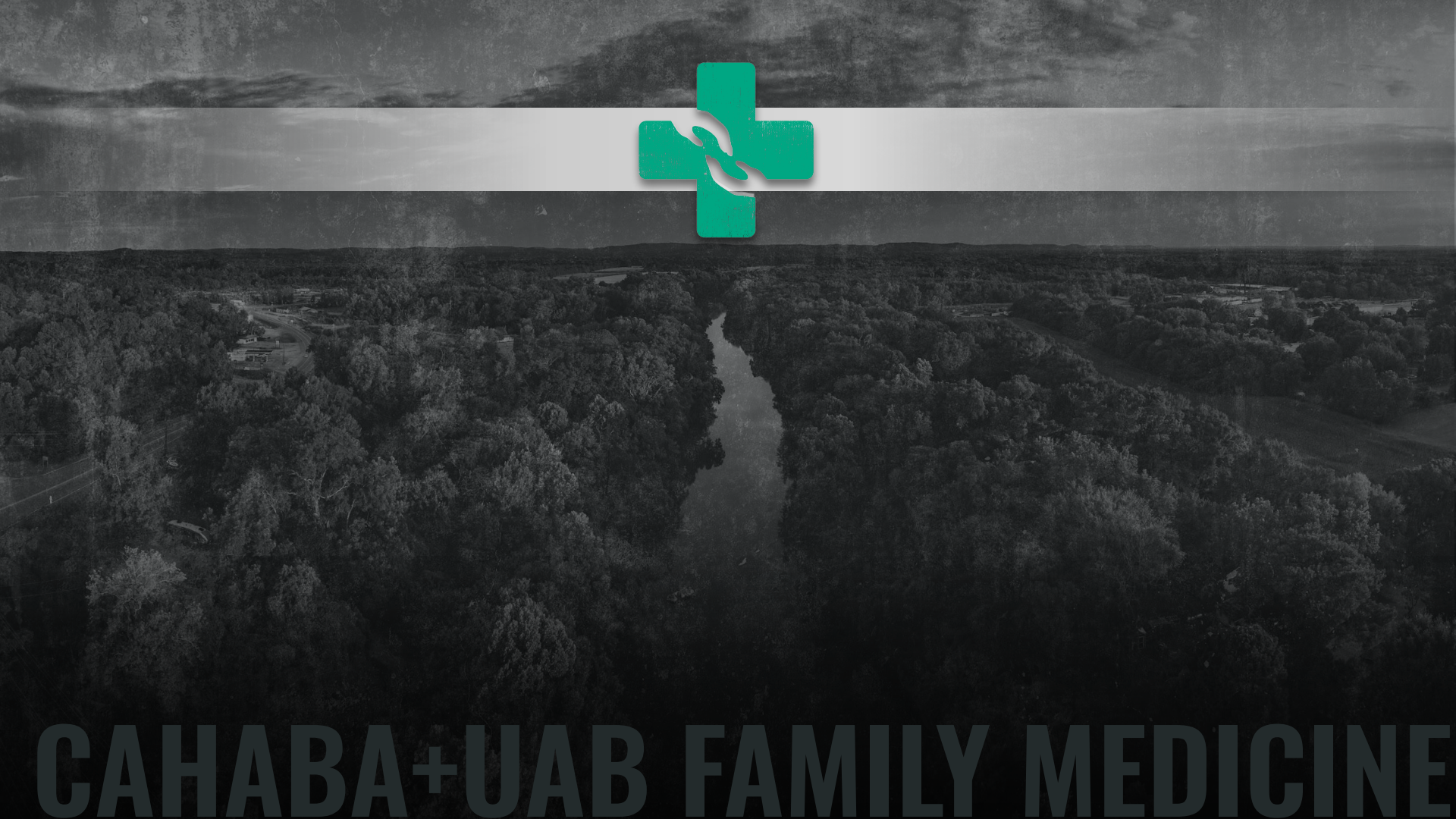
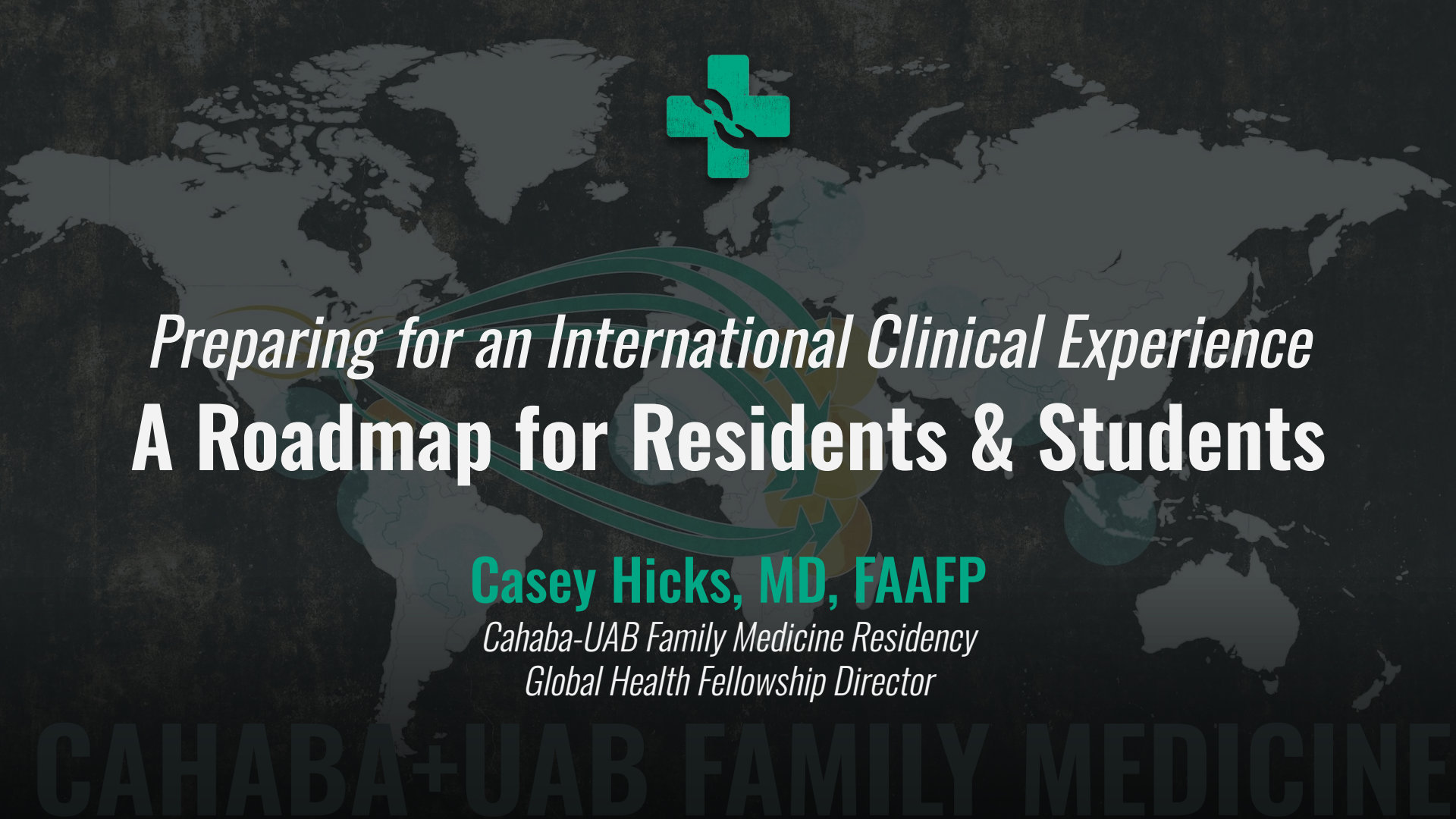

CAHABA+UAB FAMILY MEDICINE



Preparing for an International Clinical Experience

A Roadmap for Residents & Students

Casey Hicks, MD, FAAFP

Cahaba-UAB Family Medicine Residency

Global Health Fellowship Director

CAHABA+UAB FAMILY MEDICINE

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Disclosures

- No financial disclosures

Objectives

- Develop ethical awareness regarding short term clinical experiences
- Understand the importance of pre-departure preparation
- Review personal health and safety considerations

Case Discussion

John is a MS4 with some elective time at the end of his academic year. Before starting residency, he would like to spend a month in an international setting. His previous experience includes a one week trip to Haiti in high school. He is meeting with you, his faculty advisor, to ask for advice.

- What else do you want to know about John?

Risks and Benefits

Risks:

- Health and safety concerns
- Culture shock
- Trauma
- Ethical dilemmas
- Financial costs
- Inequitable exchanges

Benefits:

- Clinical skill development
- Cultural competence
- Developing a global perspective
- Improved problem solving skills

Know yourself - as early as possible

- Ethical considerations
  - What is your motivation for going?
  - What are you hoping to learn from the experience?
- Logistical considerations
  - What part of the world do you want to visit? Rural/urban, specific region/country
  - What type of experience do you want? Clinical, public health, educational, community development
  - Does your institution support you going?
- Personal considerations
  - What is your risk tolerance?
  - How flexible/adaptable are you?
  - Do your personal health, finances, and family situation support your decision?

Case Discussion

John is interested in an inpatient clinical experience in Africa but he does not have any connections to any locations. He emails 3 hospitals he found after looking online.

John also has a family friend who is a Family Medicine doctor who is going to Sierra Leone to do a 2 week mobile clinic sponsored by his church. The doctor has invited John to join him. The doctor tells John, “You’ll be able to see patients on your own like a real doctor. It’ll be a good way to get your feet wet before residency!”

What questions should John ask to evaluate potential trips?

Ethical Guidelines

AMA Opinion “Short-Term Global Health Clinical Encounters”

- Focus on justice and sustainability through collaboration, building health care capacity. Prioritize host community benefits over visitors.
- Proactively minimize burdens on host community. **Participants practice only within their skill set and experience.**
- Develop cultural sensitivity. Withdraw from providing care when irreconcilable ethical dilemmas arise. Decline requests for treatment when it cannot be done safely.
- Ensure resources to meet the goals of the trip are in place.
- Define appropriate roles and range of practice. Practice only within the limits of training and skills.
- **Ensure appropriate supervision of trainees.**

https://code-medical-ethics.ama-assn.org/ethics-opinions/short-term-global-health-clinical-encounters#:~:text=Focus%20prominently%20on%20promoting%20justice,their%20skill%20sets%20and%20experience

Six Principles of the Brocher Declaration

1) Mutual partnership with bidirectional input and learning

- emphasize mutual partnership and bidirectionality–both parties have input and learn from one another.
- recognize expertise and experience of host country health professionals.
- establish equality, trust and partnership as the foundations of all activities

2) Empowered host country and community define needs and activities

- create programs based on the host country and community's priorities
- define activities such that external actors do not divert funds and efforts from real needs of the community
- align with national planning frameworks and WHO/SDG priorities

3) Sustainable programs and capacity building

- commit to long-term healthcare development and sustainability
- aim to strengthen health systems rather than providing unsustainable alternatives
- emphasize and utilize existing health systems

4) Compliance with applicable laws, ethical standards, and code of conduct

- comply with existing legal and regulatory frameworks in the host and originating countries and with local regulations for professional practice and drug distribution
- consider ethical principles including social justice, social contract, and utilitarian principles
- abide by common quality principles

5) Humility, cultural sensitivity, and respect for all involved

- respect the culture, history, strengths, expertise, and knowledge of host communities
- recognize the limitations of visitors' cursory understanding as non-members of the community and that they are subject to the constraints and biases of their own cultural backgrounds
- transform the current narrative of privileged volunteers gaining social capital with lower regard for the perspectives of the host communities to one of solidarity and respect

6) Accountability for actions

- evaluate programs appropriately so that negative outcomes and unintended consequences are reduced
- place special emphasis on the concerns of environmental impact due to the travel and activities involved.
- ensure accountability to local authorities

https://globalhealthcenter.umn.edu/news/brocher-declaration-guide-ethical-global-health-engagement#:~:text=It%20is%20estimated%20that%20$3.7,may%20cause%20harm%20to%20patients.

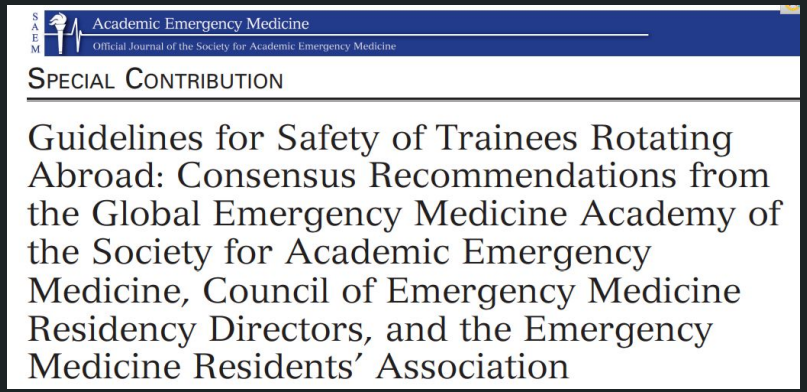
Top 10 Criteria

College of Medicine Phoenix

1. Personal security in the location can be reasonably assured
2. Political stability of the country
3. Safe housing can be arranged prior to departure
4. Easy access to clean food and safe drinking water
5. Live within walking distance of the facility or transportation will be available
6. Telephone and/or Internet access is available
7. Identify a local mentor and communicate with him or her prior to arrival
8. Work alongside local health care workers or physicians and have some amount of supervision during the experience
9. You will not be expected to care for patients on your own or to take the place of local health care workers
10. Communicate with the health care workers in the same language or can make arrangements for an interpreter

https://phoenixmed.arizona.edu/programs/medical-degrees/md-program/md-curriculum/certificates-distinction/global-health/global

What if my institution is not prepared to support international rotations?



Contact potential sites - 6 months

- How do you find a potential rotation site?
  - GMHC, other conferences
  - Personal network
  - Online search - professional organizations (AAFP), medical schools
- Contact 3-4 potential sites
  - Provide your level of training, possible dates, type of experience
- Evaluate potential sites
  - Ethical and sustainable work?
  - Adequate supervision?
  - Translators / Language?
  - Housing, transportation, food?
  - Safety?


Consortium of
Universities
for Global Health


30 YEARS
OF GLOBAL MISSIONS
HEALTH CONFERENCE


Child Family Health International


Samaritan's Purse
INTERNATIONAL RELIEF


GHO
Global Health Outreach®


WORLD MEDICAL MISSION


IFMSA
International Federation of
Medical Students' Associations


AAFP

Sign up to get invited to Priority[15] annual gatherings.

SCAN ME

priority15.org/invite

Priority[15] is an annual gathering to pray and strategically launch professionals to unreached people groups

PRIORITY [15] FIFTEEN

Strategic Priorities for Missional Engagement

Table 2
Key Questions Related to Housing

- Will the trainee be housed on the hospital grounds or will he/she stay "off site"?
- If staying "off site," will safe and secure transportation be provided?
- Will he/she be staying alone?
- What security measures are provided (e.g., door locks, locked compound, security, etc.)?
- How is safe food and water provided?
- How will the resident or medical student be able to communicate? Is there reliable cell phone or internet service available?

Cash or Credit?
Budget:
Airfare
Transportation
Loding
Meals
Translators
Insurance
Passport/Visa
Vaccines/Meds
Incidentals/Emergency

Case Discussion

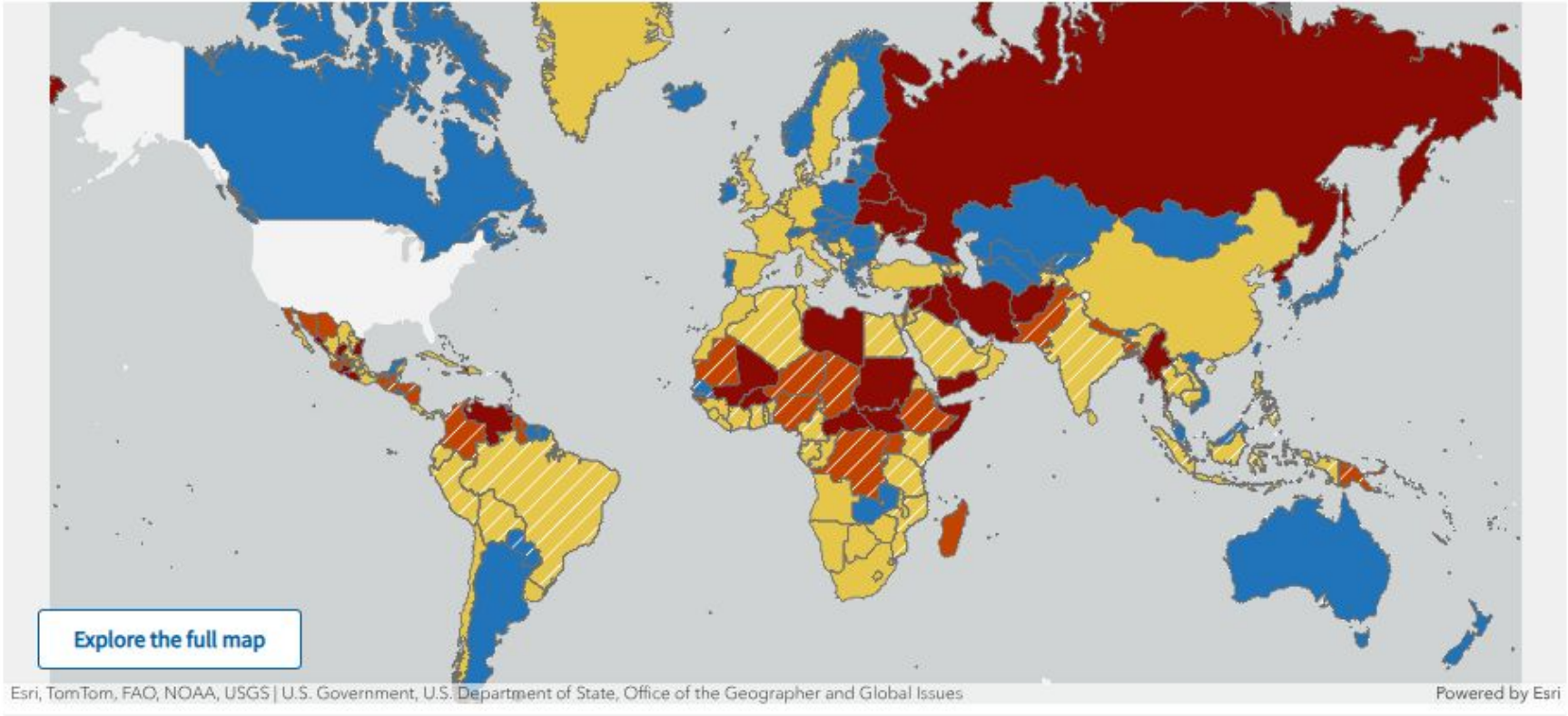
John hears back from a hospital in Malwai that is willing to host him for his rotation. He will be working in both the inpatient and outpatient settings under a Clinical Officer. Housing, food and translators are provided on site. They will also assist with transportation to and from the airport. He has decided to pursue this option.

What does John need to do to prepare for his rotation?

Pre-departure Preparation - 5 months

- Finalize rotation choice
- Check State Department Travel Warnings
- Check passport expiration - need at least 6 months validity from return date
- Visa requirements
- Medical license? Malpractice insurance?
- Communicate plans to home institution
- Contingency plan if rotation falls through

International Travel Advisory map



Malawi
Republic of Malawi

Travel Advisory
December 6, 2024

Malawi - Level 2: Exercise Increased Caution

Exercise increased caution in Malawi due to crime and civil unrest.

... [READ MORE]

Embassy Messages

Alerts

Demonstration Alert – September 25, 2025	Thu, 25 Sep 2025
Demonstration Alert – September 24, 2025	Wed, 24 Sep 2025
Demonstration Alert – September 24, 2025	Wed, 24 Sep 2025
Demonstration Alert – September 19, 2025	Fri, 19 Sep 2025

View Alerts and Messages Archive

Quick Facts

PASSPORT VALIDITY:

6 months

BLANK PASSPORT PAGES:

One page for entry stamp

TOURIST VISA REQUIRED:

No, if visiting for 30 days or less on a U.S. passport.

VACCINATIONS:

Yellow fever, at least 10 days before arrival is required for travelers originating from or transiting through WHO-designated yellow fever countries.

CURRENCY RESTRICTIONS FOR ENTRY:

Must declare all foreign currency upon arrival. Doing so helps to ensure travelers will be allowed to depart Malawi with foreign currency.

CURRENCY RESTRICTIONS FOR EXIT:

$5,000 is the maximum amount of foreign currency with which travelers may exit the country. Funds in excess of this amount (and previously undeclared upon arrival) may be confiscated and travelers may be arrested for failure to declare the foreign currency. Currency regulations are controlled by multiple entities, change often, and are not consistently applied by authorities. Citizens have spent months detained while Malawi authorities attempt to determine which regulations apply.

Pre-departure Preparation - 4 months

- Set up video call with host if possible
- Confirm with site - dates, travel, lodging, transportation
- Host conduct policies - dress code, cultural expectations
- Project specific details - responsibilities/expectations

Pre-departure Preparation - 3 months

- Purchase flights
- Travel insurance, evacuation insurance, health insurance
- Schedule pre-travel health exam
- Culture
- Language
- Health care system
- Common diseases

Understand Insurance

- Travel insurance: protects your trip
- Domestic health insurance: may not cover you internationally
- Travel health insurance: health insurance abroad
- Evacuation insurance: will transport you to nearest facility if necessary

CDC: https://www.cdc.gov/yellow-book/hcp/health-care-abroad/travel-insurance.html

NerdWallet: https://www.nerdwallet.com/article/travel/what-is-travel-insurance; https://www.nerdwallet.com/article/travel/travel-medical-insurance-emergency-coverage-travel-internationally

Pre-travel Health Exam

- HBV, HAV, Typhoid, MMR, Tdap, Influenza, COVID
- Rabies, Yellow Fever, Polio, Japanese encephalitis??
- Post-exposure prophylaxis
- Malaria prophylaxis
- Traveler's diarrhea

Table 7
Medications to Consider Taking Abroad

- Antimicrobial—antimalarials, HIV postexposure prophylaxis regimen, a fluoroquinolone or macrolide.
- Gastrointestinal discomfort—loperamide, bismuth subsalicylate, packets of oral rehydration salts, antacid, laxative, especially if local diet is low roughage.
- Respiratory discomfort—cough suppressant or expectorant, decongestant, throat lozenges.
- Treatment of pain or fever—acetaminophen, aspirin, ibuprofen.
- Allergic reaction—antihistamine, epinephrine autoinjector, especially with a history of severe allergic reaction.
- Medication to prevent or treat high-altitude illness.
- Any medications, prescriptions, or over-the-counter medications taken on a regular basis at home.

Take meds in original bottles with prescription. Caution with controlled substances.

Table 4.21.4: Countries that require proof of yellow fever (YF) vaccination from all arriving travelers[1]

Africa		
Angola	Côte d'Ivoire	Niger
Benin	Democratic Republic of the Congo	Sierra Leone
Burkina Faso	Gabon	South Sudan
Burundi	Ghana	Togo
Cameroon	Guinea	Uganda
Central African Republic	Guinea-Bissau	
Congo, Republic of the	Mali	
The Americas		
Bolivia		
French Guiana		

CDC

Pre-departure Preparation - 1 month

- Enroll in STEP
- Provide contact information to emergency contacts
- Check phone plan
- Notify bank and credit card company
- Evacuation plan for emergency (political, natural, medical)
- Pack!

Smart Traveler Enrollment Program (STEP)

Best Practices for Travel

- Take extra cash - new bills
- Take an extra credit card if able
- Keep in multiple locations (luggage, on person, throw away wallet)
- Notify banks/credit card companies of travel plans
- Carry a color copy of your passport. Leave a copy with emergency contact
- Cell phone/internet service (eSIM/local SIM/international plan)
- Be cautious with sharing information on social media
- Practice good food and water safety
- Keep a low profile
- Trust your gut - if it feels off, it probably is

Mitigating Risks

- Injuries are the leading cause of preventable death in travelers. Tourists are 10x more likely to die from trauma than infectious disease
- Situational awareness - don’t go down dark alleys at night alone
- Be aware of scams
- Plan for natural disasters
- Plan for emergency evacuation
- Have embassy information on you
- Know how to access health care

Accessing Healthcare Abroad

- CDC: https://www.cdc.gov/yellow-book/hcp/health-care-abroad/what-to-do-when-sick-abroad.html
- Mass General and CDC “Heading Home Healthy”: https://www.headinghomehealthy.org/#resources
- International Society of Travel Medicine: https://www.istm.org/
- Find a JCI accredited hospital: https://www.jointcommission.org/en/about-us/recognizing-excellence/find-accredited-international-organizations
- Telemedicine

Food and Water Safety

Avoid	Usually safe
Salads, uncooked vegetables, raw and unpeeled fruits, and unpasteurized fruit juices	Fruits that can be peeled, which are safest when rinsed with safe water and peeled by the person who eats them; vegetables should be rinsed with safe water before cooking
Raw or undercooked meat, fish, shellfish, eggs	Fully cooked meat and eggs
Unpasteurized milk and milk products	Pasteurized milk and milk products

Safe water and beverage practices: a checklist of recommendations for travelers

- In areas where tap water could be unsafe, use only commercially bottled water from an unopened, factory-sealed container or water that has been adequately disinfected for drinking, preparing food and beverages, making ice, cooking, and brushing teeth. Avoid getting tap water in your mouth when showering or bathing.
- Many people choose to disinfect or filter their water when traveling to destinations where safe tap water might not be available.
- Beverages made with water that has just been boiled (e.g., tea, coffee) generally are safe to drink.
- Unless further disinfected, tap water that is safe for drinking is not sterile and should never be used for sinus or nasal irrigation or rinsing, including use in neti pots and for ritual ablution. Never use tap water to clean or rinse contact lenses.
- Water that looks cloudy or discolored could be contaminated with chemicals and will not be made safe by boiling or disinfection. In these situations, use bottled water.
- When served in unopened, factory-sealed cans or bottles, carbonated beverages, commercially prepared fruit drinks, water, alcoholic beverages, and pasteurized drinks generally can be considered safe. Because surfaces on the outside of cans and bottles might be contaminated, these surfaces should be wiped clean and dried before opening or drinking directly from the container.
- Beverages that might not be safe for consumption include iced drinks and fountain drinks or other drinks made with tap water. Because ice might be made from contaminated water, ask that all beverages be served without ice.
- The alcohol content of alcoholic beverages will not kill pathogens in ice made from contaminated water.

https://www.cdc.gov/yellow-book/hcp/preparing-international-travelers/food-and-water-precautions-for-travelers.html

Culture Shock

- “The loss of emotional equilibrium that a person suffers when he moves from a familiar environment where he has learned to function easily and successfully to one where he has not.” – Arthur Gordon
- Frustration/irritability, mental fatigue/boredom, lack of motivation, physical discomfort, disorientation on how to relate to others, overly suspicious, excessive concern for cleanliness
- Typical reactions include assuming the problem lies with everyone else (ie, something is wrong with “them,” not “us”), overvaluing our own culture, defining our culture in moral terms (natural, rational, civilized, polite), undervaluing the new culture and seeing it as chaotic or immoral, and stereotyping in an attempt to make the world predictable.

Culture Shock

Stages:

- Honeymoon - new things seem exciting; see similarities
- Rejection (shock) - everything feels difficult; see only differences
- Regression - glorification of home; critical of new things; superior attitude develops
- Acceptance/negotiation - routine develops; sense of humor returns
- Reverse culture shock - incorporating the “new” into your “old” life

Culture Shock

Management:

- Keep an open mind - “different” vs “wrong”
- Self-care (mindfulness)
- Daily gratitude
- Connect with locals
- Connect with your support network (don’t isolate)

Case Study

John returns after spending a month working at a hospital in Malawi. You ask to meet with him to discuss his trip.

What are some important topics to discuss now that he has returned home?

Post-departure Debriefing - 2-4 weeks after returning

- What was your favorite part of your host country?
- Tell me about the team you worked with.
- Tell me about the people you met.
- What surprised you about the culture? What cultural experience was especially endearing to you? What cultural experience was challenging?
- What was difficult about working in a new health care system?
- Were there any patient encounters that feel especially meaningful or challenging?
- How has this trip impacted you spiritually?
- What did you miss most while you were gone?
- What is most difficult about being back home?
- How do you want to remember this experience going forward?

Self-reflection

- Motivations
- Type of Experience
- Health/Finances/Family
- Risk tolerance

6-Months

- Contact potential sites
- Passport

4-Months

- Evaluate sites
- Travel warnings
- Visa

3 Months

- Confirm site/dates
- Project-specific details

3 Months

- Purchase flights insurance
- pre-travel health exam

1 Month

- STEP
- notify bank
- phone plan
- emergency contacts

SUGAR PACK
Learner Materials Package

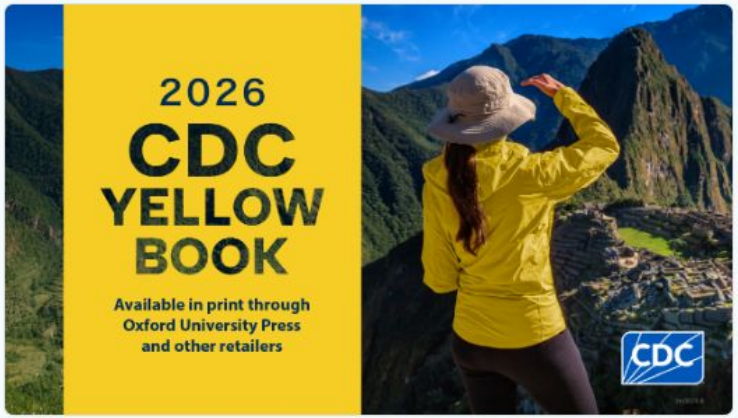
sugarprep.org

You have two ways to access the SUGAR PACK curriculum:

1. By downloading this full learner materials package, the "facilitator training package", and the pertinent power points and videos (PPTs and videos are found in each respective module)
2. By accessing the contents for each individual module by clicking on the module icons

SUGAR PACK TABLE OF CONTENTS

Red: facilitator materials, found in "facilitator training package" document | Green: learner handouts, found in this packet
Blue: power points & videos, found in individual modules



CURRICULUM

Global Health Toolkit

Overview of the Toolkit

This toolkit is intended to be a guide for developing the Global Health curriculum for a family medicine residency program. It was developed to be comprehensive in nature and covers a broad list of topics. It is not intended to be a list of what a program must include in a global health track, but what a program could consider to include based on its resources, goals, and resident interests. We are cognizant that program resources, curricular time, and needs vary greatly. In such, this toolkit is a guide that an individual program can use to instruct development of their own curriculum and how they want to implement various components of the toolkit.

The toolkit is organized by competency with Objectives for each competency, then Core content, Optional content and Resources for the content.
This can be useful whether a program is reviewing an existing curriculum or creating a new one.

DOWNLOAD THIS IMPLEMENTATION GUIDE

DOWNLOAD THIS RESOURCE RUBRIC

Resources

State Department Travel Warnings: https://travel.state.gov/content/travel.html

Smart Traveler Enrollment Program: https://mytravel.state.gov/s/step

CDC Travel Recommendations: https://wwwnc.cdc.gov/travel/destinations/list

CDC Yellow Book: https://www.cdc.gov/yellow-book/index.html

Bioethics cases: http://www.ethicsandglobalhealth.org/

Pre-departure training: https://sugarprep.org/

STFM Global Health Toolkit: https://www.stfm.org/globalhealthtoolkit

Consortium of Universities for Global Health: https://www.cugh.org/

Handouts

- AAP Checklist and Timeline (Appendix Q): https://www.abp.org/sites/abp/files/pdf/globalhealthinpediatriceducationimplementationguideforprogramdirectors.pdf

References

University of Arizona College of Medicine: https://phoenixmed.arizona.edu/globalhealth

Brocher Declaration: https://www.ghpartnerships.org/brocher;

STFM Global Health Toolkit: https://www.stfm.org/globalhealthtoolkit

SUGARPREP: https://sugarprep.org/

Academic Emergency Medicine Guidelines: https://doi.org/10.1111/acem.12106

AMA: https://code-medical-ethics.ama-assn.org/ethics-opinions/short-term-global-health-clinical-encounters#:~:text=Focus%20prominently%20on%20promoting%20justice,their%20skill%20sets%20and%20experience.

AAP Global Health in Pediatric Education: https://www.abp.org/sites/abp/files/pdf/globalhealthinpediatriceducationimplementationguideforprogramdirectors.pdf