

Internal Medicine Residency Global Service Pathway

Our Mission

The Loma Linda University Internal Medicine Program upholds the mission of Loma Linda University “To continue the healing ministry of Jesus Christ” and “Make Man Whole” . Embracing service to the advantaged and disadvantaged here and abroad, our purpose is the formation of servant leaders committed to reducing global suffering and health disparities.

Goals

A program in which multiple departments cooperate, the Global Service Pathway provides customized postgraduate experiences that prepare physicians for ‘on the ground’ **PRACTICE AND SERVICE**. The Global Service Pathway allows residents to provide service in an international setting, while achieving basic competencies in Global Health.

Residents who complete this Pathway will be prepared to:

- ◆ Practice medicine in low and middle income countries on a long term basis.
- ◆ Confidently provide short term relief to permanent international workers.
- ◆ Pursue humanitarian relief missions through voluntary agencies such as Adventist
 - Disaster and Relief Agency International(ADRA), International Medical Corps (IMC),
 - International Rescue Committee (IRC), Medecins Sans Frontieres (MSF or Doctors
 - without Borders).
- ◆ Provide care in a Travel Medicine Clinic.
- ◆ Provide care in an HIV clinic .
- ◆ Cooperate with international HIV initiatives.
- ◆ Provide care to underserved domestic populations.
- ◆ Nurture long term relationships with experts in Tropical and Traveler’s Health.

Objectives

The resident will complete the following:

- ◆ **HIV Specialist Credential:** HIV through AAHIVM <http://www.aahivm.org/>
- ◆ **Clinical Tropical Medicine and Traveler’s Health Certificate of Knowledge Diploma .** ASTMH Tropical Medicine Course (American Society)
 - University of Minnesota/Centers for Disease Control & Prevention
 - On-line education: 7 Modules
 - On-site UMN/CDC Global Health Course
 - Optional Disaster Camp
 - CtropMed Online Exam Review

- ◆ **ASTMH Diploma Exam** <http://www.globalhealth.umn.edu/education/global-health-course/2013-live-course/index.htm> ; <http://www.globalhealth.umn.edu/education/global-health-course/index.htm>
- ◆ **Health Emergencies in Large Populations (H.E.L.P) Certificate.**
 - Center for Refugee and Disaster Response, Bloomberg School of Public Health, Johns Hopkins with the International Committee of the Red Cross.
 - http://www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response/education_training/help/skills.html
 - http://www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response/education_training/help/HELP%20Course%20Flyer.pdf
 - Email Address: helpcour@jhsph.edu
 - Application: www.jhsph.edu/refugee/education_training/help
- ◆ **2 months mentored international experience** at our affiliated international sites
- ◆ **Primary Care Clinic** in addition to HIV clinic.
- ◆ **Choice** of a Global Medicine related project for your residency academic project. A clinical vignette, village assessment, nutrition study, community service project is acceptable.

Global Competencies

- ◆ **Patient care:** To learn how to take a history and perform a physical examination appropriate for the location, taking into account the culture. To use laboratory and diagnostic studies appropriate to a different healthcare system. To apply whole person care appropriate to a different culture.
- ◆ **Medical Knowledge:** To gain knowledge about unique medical conditions in the population being served. To learn to use appropriate and available treatment options. To learn how culture affects a patients response and adherence to health care recommendations.
- ◆ **Interpersonal Skills/Communication:** To provide education and counseling to patients and families, possibly using a translator. To learn adaptive skills enabling effective participation as a member of the local health care team. To learn about cultural differences which affect health care.
- ◆ **Practice Based Learning:** To acquire medical knowledge in a different teaching environment. To facilitate education of local health care professionals. To learn standardized guidelines for diagnosis and treatment of conditions common to the local population and adapt them to the individual needs of a patient.
- ◆ **Professionalism:** To demonstrate a commitment to professional behavior in interaction with staff. To demonstrate sensitivity to patient and professional culture.
- ◆ **System Based Learning:** To learn how to practice quality health care within that area's health care system. To analyze the strengths and opportunities to improve another health care system within the local cultural setting. To demonstrate the ability to appropriately improve a different health care system.

Requirements for Admission to and Continued Participation in the Global Service Pathway

- ◆ Participation in the Primary Care HIV Pathway
- ◆ Preferred status must be maintained. If you drop out of preferred status or if you require formal remediation in any area, your away-rotations are at risk.
- ◆ CA state licensure (required for practice in Malawi)
- ◆ Successful completion of all certifications or credentials in sequence on the first attempt. Failure to do so will put subsequent Global Service electives at risk.
- ◆ Willingness to travel internationally for 2 months; and be out of state domestically for 5 weeks
- ◆ Completion of the 7 Tropical Medicine online educational modules from the University of Minnesota while a senior medical student. Certificates of completion are to be presented on arrival.
- ◆ This competitive Pilot Program is currently designed for DMA's. Limited positions are available.
 - Especially desirable candidates are those who:
 - Have volunteered, interned, or been employed at the CDC, WHO, ADRA, or other Aid and Development organizations
 - Hold a Masters in Public Health
 - Are bilingual
 - Have excellent academic standing and test scores
 - Provide letters of support unique to this Pathway

Financial Considerations

- ◆ Residents will be paid salary and benefits while on away-rotations completing educational or international requirements. Evacuation and emergency insurance is provided for out of country rotations. Benefits continue. Details available through the Global Health Institute.
- ◆ Residents will initially pay all extra costs and tuition. We are working on a system of cash advances. Costs will be reimbursed or the cash advance 'forgiven' for certain travel and offsite or online tuition expenses after presenting proof of successful completion of certification and/or passing examination scores. Reimbursement is not available for incomplete or failed courses.
- ◆ Travel Expenses
 1. International rotation
 - 1 round trip ticket will be reimbursed (or cash advance forgiven) for the international 2 month block (reimbursed upon return and completion of written report and report presentation.
 - Food and housing will also be reimbursed while at the site, not in transit
 - Additional travel expense at the international site is the responsibility of the resident, if not provided by the site.
 - The DMA spouse airfare is paid.
 2. Johns Hopkins summer Refugee and Disaster Course:
 - Air travel expense will be reimbursed upon successful certification (max \$500)
 - Food expense in Baltimore is the responsibility of the resident.
 - Housing allowance of up to \$650 (or current cost of course arranged housing) in Baltimore will be reimbursed upon successful completion of the course.
 3. ASTMH on-line Tropical Medicine course, with short term on site requirements,

- Air travel will be reimbursed upon successful certification of all hands on experience modules (max \$500)
- Food expense for the on-site course is the responsibility of the resident.
- Housing expense will be reimbursed (up to \$500) upon successful certification.

4. ASTMH exam

- Air travel expense will be reimbursed upon successful passing of the exam.
- Food expense is the responsibility of the resident.
- Housing expense will be reimbursed upon successful passing of the exam.

5. Summary Expense over current residency program

	Anticipated Expense
AAHIVM membership	\$25/yr = \$75
U of Minnesota Online course	Entry requirement
U of Minnesota Onsite course	\$800
Travel to U of Min Onsite course	~\$500
Housing U of Minnesota 2 week onsite course	~\$500
U of Minnesota Disaster Camp	Optional not reimbursed
Refugee and Disaster Medicine Certification Course Tuition	\$1900
Travel to Baltimore Disaster course	~\$500
Housing Baltimore	\$650 at the university
Travel - International elective	~\$2000
Housing and food International elective	\$1000
License Malawi	\$400
Tropical Medicine Exam fee	\$95
Travel – to Tropic Medicine exam (cannot be done on-line)	\$500
Housing Tropical Medicine Exam – 1 night	\$200
HIV exam fee	\$290
Total anticipated expense	\$12,210

Estimated task schedule

- ◆ See attached schedule for major events
 - The resident is expected to anticipate and meet all membership and registration deadlines, and arrange their own travel.
 - Note: there are no true electives – all electives are consumed by Global Service requirements
- ◆ Additional Curriculum
 - Present a teaching conference to fellow residents once after each away rotation or educational experience (3 over 3 yrs). Will be part of the Infectious Diseases Noon Lecture Series for Internal Medicine
 - Disaster and Refugee management
 - Tropical Medicine
 - International Elective
 - Participate in the ID/ Global Medicine Conferences as assigned in one of the following topics
 - Participants

- ID Faculty, ID Pharmacists, Interested Community Members (such as retired Missionaries and Public Health Workers), Nutritionist (Dr. Cordero- McIntyre, Professor SPH), Interested students and residents
- Topic Cycles
 - Year I - Millenium Development Goals – Reduce Child Mortality
 - ◆ Content for vaccine Preventable Diseases
 - ❖ Clinician:
 - Interesting history of the disease
 - Case presentation
 - Brief typical disease description
 - Complications
 - ❖ Science:
 - Mortality and global impact
 - Epidemiology
 - Immunological basis for immunization
 - Global vaccine strategies and success
 - Year II – Millenium Development Goals – Combat disease, Empower Women
 - Year III – Millenium Development Goals – Hunger and Malnutrition

ID Boot Camp

	Year 1	Year 2	Year 3
July	Thinking about Antibiotic Use	Thinking about Antibiotic Use	Thinking about Antibiotic Use
August	Antibiotic Use Cases	Antibiotic Use Cases	Antibiotic Use Cases
September	ID and the laboratory	ID and the laboratory	ID and the laboratory

ID and Global Health Seminar Series

	Year 1 - Preventable Diseases Mentor: Kennedy/Debay	Year 2 - Combat Disease, Empower women Mentor: Debay/Blews	Year 3 – Hunger and Malnutrition Mentor: Cordero-MacIntyre
October	Millenium Development Goals-Vaccine preventable diseases and sanitation Debay/Kennedy	Millenium Development Goals Combat Disease-Empower Women Lohr	Millenium Development Goals-Hunger and Malnutrition Cordero MacIntyre
November	A case study of Influenza Clinician: Blomquist Global impact/prevention:	A Case Study of AIDS – Cryptococcal Meningitis Clinician: Blews/HIV Pathway MD Global impact:	Malnutrition: Its effect on Host Defense
December	E. coli, HUS and other Shiga toxin producers Clinician: Kennedy Global impact/prevention:	HIV Post Exposure Prophylaxis Clinician:	Global Malnutrition Spectrum of diseases and their complications MacIntyre
January	A case study: Hepatitis A, B, E Clinician: Ing Global impact/prevention:	A Case study of AIDS - PCP Clinician: Damodaran/HIV Pathway Resident	Diabetes and Infections Clinician: Blews Global impact:
February	A case study of Pneumococcal Disease Clinician: Damodaran Global impact/prevention:	A case of Malaria. Malaria Prevention Projects – Do they work? Global Pathway Resident Public Health Student	Measles: Micronutrients and Immunity to Infectious Diseases Kennedy Global impact/vaccination:
March	A Case Study of Malaria Clinician: Ing Global impact: malaria vaccine		A case study of Consumption, TB and malnutrition. Clinician: Wong Global impact/science:
April	A Case study of Menincoccal Meningitis Clinician: Damodaran Science: Prev Med Resident	A case study of TB – Isolation, prevention, BCG Blomquist, Couperus,	A case study of AIDS – wasting syndrome Clinician: Ing Global impact:
May	A case study of Food/ waterborne illness - Giardia Clinician: Blomquist Global Impact/prevention:	AIDS in Women & Pregnancy Mataya HIV Pathway Resident	Food distribution and inequality Public Health Masters Student
June	Clean Water for the World and the World Traveler Clinician: Debay	Global Empowerment of Women – NGO projects Lohr/ Debay/Mataya	What to eat when there's nothing to eat Cordero-MacIntyre

Sample Schedule

Designated Global Service Pathway months for residents starting in **Even Years** (note there is a different schedule for odd years).

Year	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
1 14-15	NC/v			NC/v			NC/v			NC/v	TropMed Minnesota 2 weeks	
2 15-16	NC/v Refugee Baltimore 3 weeks Presentation prep			NC/v			NC/v			NC/v		
3 16-17	NC/v		HIV Elective / Exam 2 weeks	NC/v	Trop Certificate Exam 1 day plus travel		NC/v			NC/v		

No leave in green blocks unless indicated

Off site global 2 mo total international	On site global	Non negotiable time block
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NC/v = non call month, during which HIV clinics will be scheduled

If the resident has well documented 1 mo experience in a tropical country - in their 4th year of medical school, only 1 month of international elective time is expected. The # days and types of patients seen in medical school must be documented. See documentation required at http://www.astmh.org/Certification_Program/4978.htm choose brochure page 4