

Pediatric Global Health Education: The Widening Footprint and Landscape for The Future

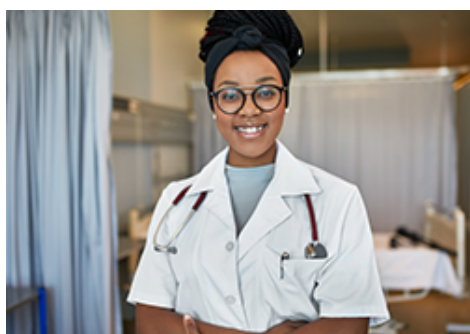
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As the world gets more accessible, information more available, and the ability to transfer technology and knowledge more feasible, global health (GH) practice and education are at an exciting point in time.

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As the world gets more accessible, information more available, and the ability to transfer technology and knowledge more feasible, global health (GH) practice and education are at an exciting point in time. GH and GH education have been buzzwords in the landscape of medical education for over a decade, being a key focus for trainees from medical students to advanced fellows. Opportunities to pursue GH are increasingly important factors when choosing a residency or fellowship

training program, and this interest has triggered growth in the number of programs offering these opportunities. As a pediatric subspecialty fellow who is interested in GH and has been fortunate enough to train with GH leaders at Cincinnati Children's Hospital and Texas Children's Hospital, I was excited to read two articles very pertinent to GH early released this month in *Pediatrics*, authored by leaders and eminent scientists in the field.

The first article by Crouse et al ([10.1542/peds.2019-1589](#)) discussing opportunities for fellowship trainees to learn about GH describes a picture that is heartening and illustrative of the next steps for the field. Using a survey-based tool with a response rate of ~58% (473 fellowships out of 819 eligible programs), the authors report GH opportunities during training in 47% of the responding fellowship programs. The number of programs offering these electives and tracks are increasing over time, spurred by the growing interest from trainees. An interesting finding is that 18% of the programs offering GH electives are offering these opportunities in areas within the United States with health disparities. It would be interesting to know how many programs overall offer a local or national GH elective, and the relative interest in those compared to international opportunities.

Through the trends of the survey results, the authors also beautifully describe the next steps needed for moving GH initiatives forward in a way that is sustainable, ethical, and mutually beneficial for trainees and the patients and families served by them. One aspect that could be improved to benefit trainees is the

amount of time spent in the electives. Over half the programs either had no minimum time limit or had a minimum of less than a month required to be spent on the elective. While the time available for these electives may be partly driven by the curriculum demands of the primary fellowship, an elective shorter than 4 weeks would not be enough time to adjust to the new locale, integrate with the local team to function effectively and efficiently, and pursue any project for quality improvement or local research. An additional aspect of many GH programs that could be expanded is the guidance available before, during, and after the elective. Once again, programs with established GH tracks are leading the way: 90% of programs with GH tracks offer a pre-departure curriculum compared with this curriculum being offered in only two-thirds of the programs where GH represents a standalone elective. Additionally, over 50% of the programs with GH tracks had simulation sessions available. Finally, when asked about formal accreditation in the future, a majority of the respondents supported this measure, stating that it would improve the standardization and credibility of the GH education programs.

A second article being early released this month by St. Clair et al ([10.1542/peds.2019-2138](#)) introduces a guide to GH education that provides curriculum and resources for improving training in this important area. This was developed through the efforts of the Global Health Task Force of the American Board of Pediatrics (ABP), initially convened in 2013. As the authors describe, this guide is intended to be a compendium of resources for any program looking to offer GH education or electives, with the aim of helping to make the experience engaging and fruitful while adhering to the [ABP's principles of competency and scholarship](#). As the guide is hopefully used by an increasing number of programs, the authors hope to solicit feedback and continue to make improvements and additions to the next iterations. While this guide is a huge resource for programs interested in developing the GH experience for their trainees, it may also be an interesting idea for established GH programs (especially those with longitudinal GH tracks) to partner with or adopt other programs seeking to enhance their GH curriculum and experience for trainees. Pre-departure curricula, simulation sessions, and post-return debriefing resources would be some areas of collaboration that emerge based on Crouse et al's findings. Such collaboration would fulfill opportunities for both trainees as well as the host institution, have a greater chance of inspiring a career-long interest in GH, and help these programs evolve, thus equipping trainees with skills to practice equitable and culturally competent medicine in any location.

- [Defining Global Health Tracks for Pediatric Residencies](#)
- [Global Health Experience and Interest: Results From the AAP Periodic Survey](#)
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