Creating Sustainable Models for Short-Term Volunteers Through the Global Health Service Partnership

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Background

Thirty-one countries in sub-Saharan Africa have a critical shortage of health care professionals. To address this challenge, many African medical and nursing schools are increasing their enrollment, consequently increasing the demand on their limited faculty.

Simultaneously, US medical residents are more interested in global health than ever before and training programs are looking for ways to provide high quality experiences for residents while also adding value to the health system of the host country.

Recently published guidelines from the Working Group on Ethics Guidelines for Global Health Training (WEIGHT)* have outlined key factors in successful global health training partnerships, including:

- Structured programs between partners;
- Comprehensive cost accounting;
- Mutual and reciprocal benefits;
- Long-term relationships;
- Suitable trainees (attitude and behavior);
- On-site mentorship and supervision; and
- Sufficient trainee preparation.

Methods and the GHSP Model

Medical education is a key focus of the Global Health Service Partnership (GHSP).

- In the first three years, GHSP placed 97 US physicians and nurses in medical and nursing schools in Malawi, Tanzania, and Uganda for one-year faculty assignments to teach trainees in the classroom and clinical setting.
- GHSP educators taught 454 courses to 8,321 trainees, assisted with curriculum development, worked on quality improvement projects, and enhanced teaching methods.

Building on GHSP, one strategy to improve US residents’ global health experiences is to create partnerships between US academic institutions and GHSP partner sites.

These partnerships would provide quality global health experiences for US residents while also adding to the clinical and educational mission of the partner sites. Residents and faculty would:

- Complete short-term rotations at the partner sites;
- Be paired with GHSP educators embedded in the local institution, who:
  - serve as liaisons and supervisors,
  - have an understanding of sites’ needs and challenges, and
  - identify educational projects
  - without overburdening local faculty.

Outcomes

The University of Washington (UW) and University of Malawi College of Medicine (CoM), supported by Seed, successfully demonstrated this model. Over 2 academic years, 25 UW residents rotated at CoM, supervised by full time GHSP and Seed educators based in Malawi. UW residents provided clinical and classroom teaching for CoM medical students, provided continuing professional development for hospital staff, and established quality improvement projects. Four UW residents who rotated with CoM chose to join GHSP after residency.

A surveys of UW residents, CoM faculty and trainees, and staff at the district hospital reported that this partnership resulted in:

- Increased medical knowledge and clinical skill
- Increased provider satisfaction among the hosting institution
- Reduced patient referrals to the national hospital
- Development of long-term relationships between US and international institutions
- Provided post-residency global health opportunities
- Provided a pipeline of faculty (GHSP volunteers) to support the new CoM Family Medicine resident training program

Significance

Through GHSP, Seed and Peace Corps place yearlong faculty volunteers and provide academic and clinical support, facilitate logistics and infrastructure needs, and provide evaluation systems.

US academic institution

- Short-term resident rotations

Partner institution

- Site impact

- Supervised by GHSP Volunteer
  - Human resource support
  - Patient care
  - Trainee and staff training & mentoring
  - Process/quality improvement outcomes

Global Health Service Partnership

- Post-residency global health experience and faculty pipeline for Partner institution

- Long-term, mutually beneficial partnership