

BUILDING EFFECTIVE GLOBAL HEALTH EDUCATION AND TRAINING PROGRAMS

Sustainable community-based interventions in rural Mayan artisan groups in Guatemala

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Background: Our goal is to help develop sustainable programs that will enable indigenous female Mayan artisans to achieve better health outcomes, education, and group empowerment. By incorporating interventions that directly involve the women's input and experiences, lasting effects and increased cooperation can be accomplished.

Structure/Method/Design: The "pain away," "power to change," and "do it together" programs were implemented in two rural villages, Chipiacul and La Fe. Both villages, as well as 16 others work with a nongovernmental organization called Mercado Global (MG), using their skills to create fabric, purses, and other products to be sold in international markets. "Pain away" is an exercise program, intended to improve musculoskeletal complaints that many women identified was a concern. "Power to change" is an eight-step program developed by a multidisciplinary team to help the artisans recognize their ability to become change agents in their community and acquire problem-solving skills collectively. The "do it together" program is an interactive method of health education, conducted through first-aid scenarios that may have been encountered in their community. Educational material is reinforced and followed up continuously by community health workers and team members.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Mercado Global

Summary/Conclusion: The women were all highly engaged through all interventions. The "pain away" program was introduced first and practiced with the team members. All group members from each village joined, including their kids. Some did it with modifications due to physical limitations or insufficient understanding, and also while carrying toddlers. "Be the Change You Want to See" and "Prepare the Group," were the first two steps implemented from "power to change" program. Members from each group discussed why they had joined MG and identified economic investment in family, self-sustainability, and the desire for attaining an improved future as primary reasons. The second step was a team-building exercise involved in getting members to choose a group name to represent them. Both villages had very different approaches to what was important to them and how they wanted to be represented, which may be attributed to how long each of the villages had been part of MG and the economic and educational advantages that had been attained up to that point. In the "do it together" program, participants shared their usual management of common illnesses and injuries prior to us reviewing other ways to manage the problems. Participants were allowed to have hands-on experience and they were offered a period to review after each scenario. Many of the participants displayed a good foundation of basic first-aid skills toward the end of the session.

Integration of critically appraised topics in the global health curriculum: A perspective from the University of Pittsburgh global health track

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Background: The use of clinical trials and comparative effectiveness research is the foundation of evidence-based medicine across the globe. However, there is a paucity of systematic reviews on which to guide clinical decision making in global settings where scarce resources may limit the availability of interventions that are standard of care in the developed world. Similarly, diseases that are common in developing countries may be rare enough in developed countries to lack established clinical guidelines. The use of critically appraised topics (CAT) may be an effective and practical way for residents and medical students to apply evidence in a meaningful way in low-resource settings.

Structure/Method/Design: 10 residents and medical students in a global health preparatory seminar at the University of Pittsburgh Medical Center were tasked with critically appraising a clinical question in a developing country or resource-limited setting. The questions were formulated into a format suitable for literature search (PICO). Residents and medical students then conducted a comprehensive electronic literature search and selected studies and papers that were clinically relevant. They were then able to apply a level of evidence to the retrieved literature and appropriate conclusions were drawn. Each CAT was evaluated for clinical relevancy, evidence sources and selection, synthesis of evidence, and clinical applicability. The resulting CATs can be found at http://www.residency.dom.pitt.edu/Program_Overview/.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): UPMC St Margaret Family Medicine Faculty Development Fellowship

Summary/Conclusion: We found that residents and medical students were able to effectively apply the critically appraised topic methodology to clinical global health topics and were able to gauge the level of evidence and clinical applicability of their findings. Our residents predominantly chose treatment questions on which to base their CAT; topics included use of aspirin for stroke treatment in areas without cranial imaging, effectiveness of homemade metered-dose inhalers compared with nebulizers in treatment of acute asthma exacerbation, and the evidence for zinc therapy in the management of diarrhea. The CAT approach is an interactive method that can be effective in promoting the acquisition of literature-search and critical appraisal skills, both of which can foster the translation of evidence-based research into clinical scenarios in developing countries and serve as a valuable component of preservice training.

Promoting cultural sensitivity and ethics in the next generation of physicians using interactive cases

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Background: Medical student and resident interest in global health continues to grow, and educational programs are responding by providing training experiences in global health. Although the 2010 Working Group on Ethics Guidelines for Global Health Training (WEIGHT) recommends pre-travel preparation for trainees, many programs have not incorporated this training into their programs. As