



# Global and Community Medicine

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10) Brief narrative describing the elective:

For the Global and Community Health elective, students spend between 2 and 4 weeks in a specific community defined by the student. The purpose of this elective is to provide students the opportunity to read and discuss in the area of Primary Health Care, as defined by the World Health Organization (1978). Students will obtain a framework for addressing common diseases in an underserved community setting from a clinical, epidemiologic and public health perspective. In addition to the didactic portion of the course the student or resident will spend 2-4 weeks in an underserved community developing country setting under the supervision of Rush faculty.

The course will focus on the social determinants of population health, including the impact of environment, poverty, social structure and culture on health status and health care. The course will include on the epidemiology, diagnosis, treatment, control, and prevention of selected diseases of importance in underserved settings. Students will use this knowledge to develop a plan for working in disadvantaged communities providing primary health care, either locally or internationally.

Students must have a faculty sponsor at Rush as well as a physician at the site responsible for supervision of the student's work. Options for clinical service-learning include all sites endorsed by the Office of Global Health and the AAMC VSLO program. Students must complete the on-line curriculum and reading self study prerequisites prior to departure for their work in the community and must submit a completed project within 1 week of the completion of the elective.

## **Self Study**

### **Recommended readings/viewings**

Guns, Germs and Steel by Jared Diamond. (Prologue, Chapters one, five, six, eleven, fifteen and Epilogue)

The End of Poverty by Jeffrey D. Sachs

Tyranny of Experts by William Easterly

*Social Determinant of Health*, PBS Miniseries

"The Impact of Primary Care: A Focused Review" Shi et al. *Scientifica*, 2012

**Content outline: Module 4 as well as one other module of their choice (of Modules 1-3) are required of all students prior to the clinical practicum.**

Please see the Consortium of Universities for Global Health website Under Modules for faculty and trainees when specified below. <http://www.cugh.org/resources/educational-modules>

## Module 1. Introduction to Global Health and Healthcare Systems

### 1. Globalization of healthcare and related healthcare issues

- i. "Practitioner's Guide to Global Health"-- module available on Consortium of Universities for Global Health website  
<https://www.cugh.org/resources/educational-products/global-health-priorities-problems-programs-policies/>
- ii. [20 Global Health And Development The Basics FINAL 0.pdf - Google Drive](#)

### 2. International impacts on the US healthcare system

- i. Excerpts from Migration, Medicine and Health by Brian Gushulak
- ii. "The basic principles of migration health: Population mobility and gaps in disease prevalence." Gushulak et al, *Emerging themes in Epidemiology*, 2006  
<http://www.ete-online.com/content/3/1/3>
- iii. Improving Global Health: Focusing on Quality and Safety-- module available on Consortium of Universities for Global Health website  
<https://www.cugh.org/resources/educational-products/health-systems-management-governance/>

### 3. Comparisons of systems in selected countries

- i. "Achieving a High Performance Health Care System with Universal Access: What the US can learn from other Countries." *Annals of Internal Medicine*. 2008 148:55-75
- ii. Comparative Performance of Private and Public Healthcare Systems in Low- and Middle-Income Countries: A Systematic Review *PlosMedicine*, 2012  
<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001244>
- iii. Health Care in India <https://www.cugh.org/resources/educational-products/health-systems-management-governance/> module available on Consortium of Universities for Global Health website

### 4. Reform efforts within selected systems

- i. Cancel, D "In Venezuela, Two Public-Health Systems Grow Apart." *The Lancet*. Vol 370, August 11 2007
- ii. Kemp CB. "Public Health in the Age of Health Care Reform. *Prev Chronic Dis* 2012 [http://www.cdc.gov/pcd/issues/2012/12\\_0151.htm](http://www.cdc.gov/pcd/issues/2012/12_0151.htm)

### 5. Identifying needs and resources and assessing quality/effectiveness

- "Epidemiology" or "Mortality Surveillance methods and Strategies module "
  - i. <https://www.cugh.org/resources/educational-products/epidemiology/> -- module available on Consortium of Universities for Global Health website

## Module 2. Social Determinants of Health

### 1. Historical Determinants of Poverty

- i. Guns Germs and Steel

### 2. Modern Solutions to Poverty

- i. End of Poverty

### 3. Poverty and health

- i. "El Nino Enfermo." Commentary. *Academic Medicine* Vol 83. No 2/2, 2008
- ii. Microfinance, Microcredit and Health -- module available on Consortium of Universities for Global Health website

**4. Social determinants**

- i. Addressing the Social Determinants of Health During and Post Pandemics video on youtube from CUGH conference

<https://www.youtube.com/watch?v=gQsgFlw90Xo>

**Module 3. Global Burden of Disease**

1. Please pick 3 or 4 cases in the “Introduction to reasoning without resources” <https://www.cugh.org/resources/educational-products/introduction-to-reasoning-without-resources/>

**2. Measuring population health: Key indicators and demographic trends**

- i. Global Burden of Disease: Magnitudes and Measures
  - ii. Population Growth and Population Policy—is population a problem? module available on Consortium of Universities for Global Health website
  - iii. Why is the 3<sup>rd</sup> world the 3<sup>rd</sup> world? module available on Consortium of Universities for Global Health website

**3. Water and nutrition**

Water and Sanitation: Global Concerns module available on Consortium of Universities for Global Health website <https://www.cugh.org/resources/educational-products/food-and-nutrition-wash/>

**4. Infectious diseases**

- i. Lecture Notes on Tropical Medicine, 5<sup>th</sup> Edition, GV Gill, NJ Beeching. Blackwell Publishing, 2004
- ii. See also specific organism lectures on module available on Consortium of Universities for Global Health website <https://www.cugh.org/resources/educational-products/infectious-parasitic-communicable-diseases/>

**5. HIV/AIDS-**

- i. “HIV/AIDS Diagnosis Care and Treatment” module available on Consortium of Universities for Global Health website Please choose 2 of these online modules below to complete your HIV AIDS portion <https://www.cugh.org/resources/educational-products/infectious-parasitic-communicable-diseases/>

**6. Famine**

“International nutrition” module available on Consortium of Universities for Global Health website <https://www.cugh.org/resources/educational-products/food-and-nutrition-wash/>

**7. Immigration**

- i. “The basic principles of migration health: Population mobility and gaps in disease prevalence.”Gushulak et al, Emerging themes in Epidemiology, 2006 <http://www.ete-online.com/content/3/1/3>

**8. Workforce issues**

[Health Workforce Productivity: An Approach for Measurement, Analysis, and Improvement](https://www.cugh.org/resources/educational-products/health-systems-management-governance/) -- module available on Consortium of Universities for Global Health website <https://www.cugh.org/resources/educational-products/health-systems-management-governance/>

#### Module 4. **Cultural Understanding –national vs local systems**

- 1. The impact of diversity**
- 2. Cultural models of health, disease and illness**
- 3. Cultural/traditional health care practices**
- 4. Negotiating cultural conflicts**

This module will need to be tailored to each individual Community/Global health setting but reading examples include:

Anderson I, Crengle S, Kamaka ML, Chen TH, Palafax N, Jackson-Pulver L. "Indigenous health in Australia, New Zealand and the Pacific." *Lancet*. 2006; 367: 1775-1785. [First of four articles on indigenous health.]

- Bigby J. *Cross-Cultural Medicine*. Philadelphia: American College of Physicians, 2001. [Important background information on various racial, ethnic, and cultural groups in America, their general health problems and risks, and spiritual and religious issues. Chapters lay foundation for exploring an individual's health beliefs and concerns in the context of his or her socio-cultural experiences.]

- Birdsall N. "Chapter 14: Pragmatism, Robin Hood and Other Themes: Good Government and the Social Well-Being in Developing Countries." In: *Health and Social Change in International Perspective*. Chen L, Kleinman A, Ware N (Eds.) Cambridge: Harvard School of Public Health, 1994. pp. 375-412.

#### **Final Project**

Includes assimilation and presentation of a final project at the discretion of course director. We anticipate that this final project will take between 5 and 15 hrs of time for the student. This can include presentation at educational conferences, student lectures, journal articles, and abstract submissions.

Students must also have completed forms on this checklist prior to the start of their elective:

- \_\_\_ Rush University Emergency and Medical Information Form
- \_\_\_ Rush University Global and Community Health Elective Code of Conduct Form
- \_\_\_ Statement of Responsibility and authorization of waiver, release and indemnification agreement form
- \_\_\_ Proof of travel/evacuation insurance
- \_\_\_ Immunizations form (for appropriate settings)
- \_\_\_ Review of the US state departments International Travel Information (for appropriate settings)

## Course Objectives:

Consistent with the overriding framework of the required competencies of medical students in an elective, these education objectives are followed, in bold italics, by the specific competencies they promote. C. Competencies are abbreviated as follows: Clinical Skills (**CS**), Medical Knowledge (**MK**) Professionalism (**P**).

Upon completion of this course, the student will:

1. Describe and critique the Primary Health Care approach to care, as outlined by the WHO (CS, MK, P)
2. Review how economics, social structure, gender inequality, the environment and culture affect population health. (MK, P)
3. Describe basic population health indicators ie be able to identify major categories of morbidity and mortality resource limited settings. (MK, CS)
4. Discuss the concept of healthcare rationing and priority setting as well have an understanding of local healthcare system (MK)
5. Identify an approach for assessing local customs and cultural mores and providing health care within the context of the relevant culture. (CS, MK, P)
6. Review the health risks involved with travel, migration and displacement (MK)
7. Identify barriers to health and healthcare in low-resource settings locally and internationally (MK)
8. Discuss epidemiologic methods used to investigate outbreaks, control disease, and prevent selected infectious diseases in a resource limited setting.(CS,MK)
9. Discuss methods to evaluate the effectiveness of control and prevention strategies. (MK)
10. Discuss the relative importance of selected infectious diseases in the overall health of the nation and the global community. (MK)
11. Function as a team member in a medical team in a challenging environment ( P)
12. Develop and improve clinical diagnosis based on history and physical (CS, MK)
13. Develop and expand the differential diagnosis of outpatient complaints in a global/community health setting (CS, MK)
14. Demonstrate healthcare delivery strategies and modify treatment plans based on availability in resource limited settings (stressing primary care and community—based models)(CS, MK, SBP)
15. Obtain training in proper epidemiology, pathophysiology, diagnosis, and management of tropical and travel related diseases. ( CS, MK ) \*

\*As relates to specific elective settings

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