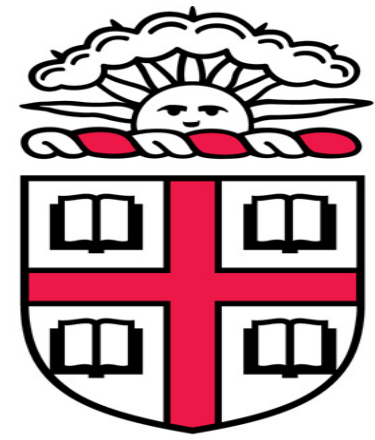


The Development of the Brown Residency International/Global Health Training (BRIGHT) Pathway



BROWN
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Lifespan

Background

Enhanced insight and expertise in the management of the impact and spread of global disease are critical for patient care in a world characterized by rapid mobility. Rhode Island in particular is a "hot-spot" for relocation of immigrants and refugees from Africa, and South and Central America. Consequently, there is significant need in our small state for high quality and culturally appropriate care of illnesses less commonly seen in the United States. While we have many resources and experiences available including the Brown University Internationalization Initiative, extensive local expertise and interest, international electives, there is no unifying organization at the level of resident education. The significant demand for resident training in global and international health is evidenced in the growing literature. A recent publication demonstrates that more than half of American pediatric training programs are attempting to create an informal international experience to attract incoming trainees.¹ However, few have developed formal structured educational programs, and there are no ACGME requirements for this training. Here, we demonstrate a robust interest in global health among Brown residents, and describe the step-wise development and implementation of a resident-driven educational initiative, the Brown International/Global Health Training (BRIGHT) Pathway.

Objectives

- To assess the global health experience and level of interest in further structured education in global health of Brown Pediatric, Internal Medicine, and Med/Peds residents.
- To describe the use of this information to develop the Brown International/Global Health Training (BRIGHT) pathway.

Survey Methods

To assess the level of interest in global health education, we reviewed the results of an educational program development survey administered to the pediatric residents in 2007. A second web-based secure survey was sent in 2009 to all Pediatric, Internal Medicine, and Med/Peds residents. The surveys were anonymous and voluntary.

Survey Results

2007 Survey: Of the 36 respondents out of the 81 trainees offered the survey (44%), the majority had previously participated in a global health (GH) elective, 64% through a medical school affiliated program. 83% preferred the lectures to be over the noon hour, with evenings as 2nd choice.

2009 Survey: There were 71 respondents out of the 195 trainees offered the survey (36%). Of those who had answered, again the majority had previously participated in a global health elective, though only 44% were through a medical school affiliated program. Noon conference was again the preferred lecture time at 70%. 49% of respondents report plans to have a career involving global health, 28% undecided.

Please see Figures for detailed responses. Figure 3 includes percent of responses to questions regarding resident interest in participating in another GH elective, resident report of impediments to participating in another GH elective, interest in GH training during routine work hours, preference for GH training outside of work hours, obtaining a GH certificate, participating in a specific GH residency track, and career plans including GH.

Figure 1. Survey Respondents

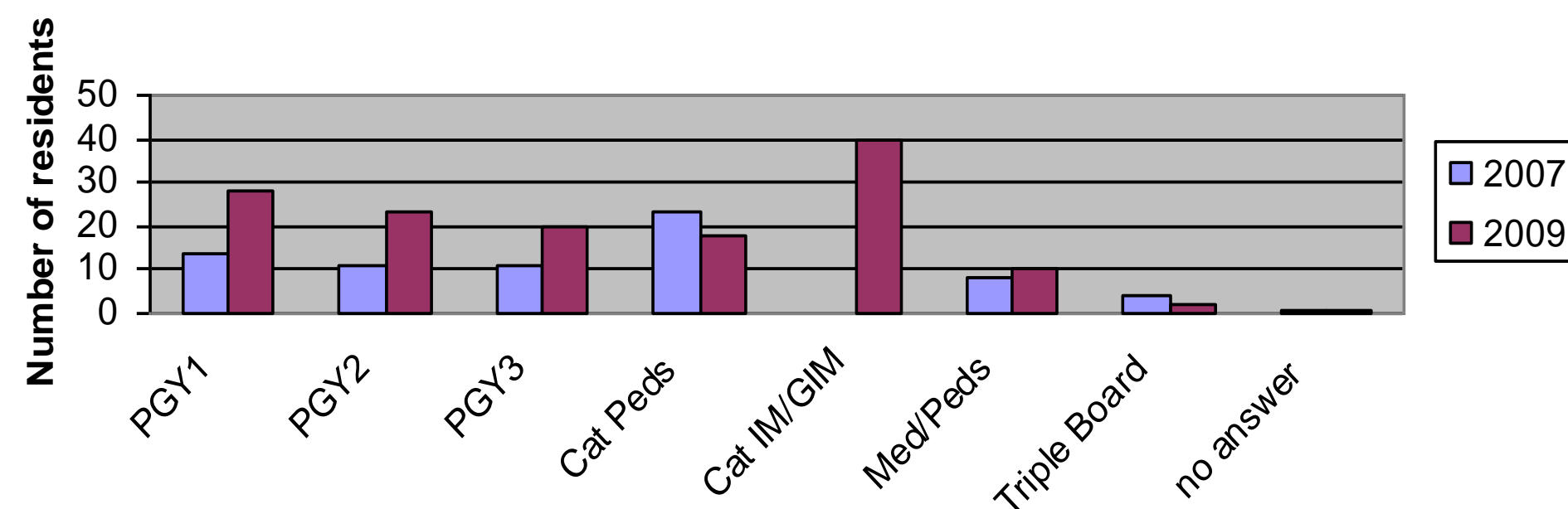


Figure 2. Prior Global Health Elective

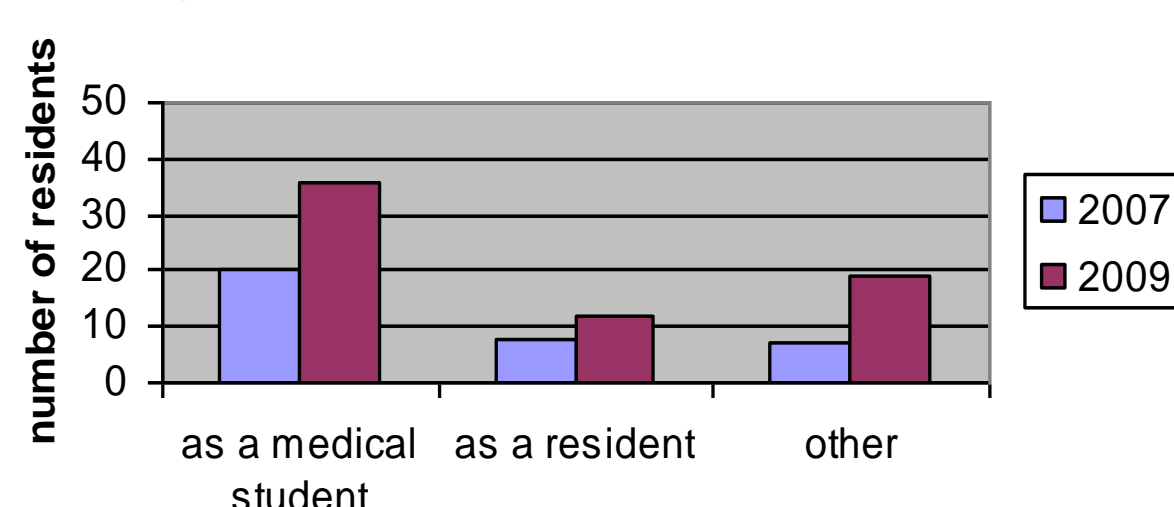
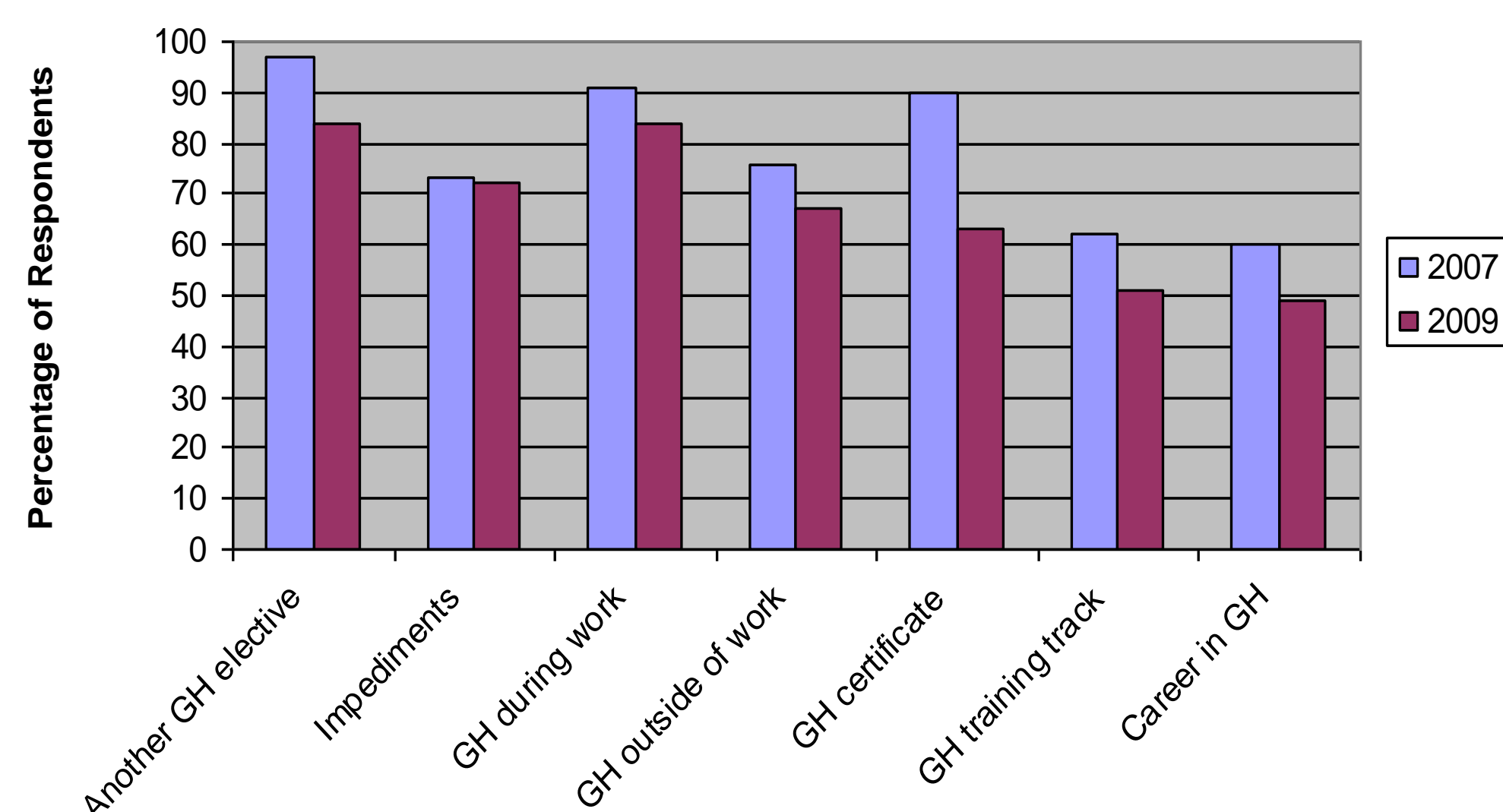


Figure 3. Resident Interest in Global Health



Development of the pathway

Resident working group

Work on this pathway started with conversations among interested residents. In 2007, an evening lecture series was initiated by a Pediatric ID fellow and interested residents. They formed a working group, which met frequently over the next 2 years to develop this pathway.

Faculty support

BRIGHT Faculty directors were selected from Pediatrics, Med/Peds and Internal Medicine in consultation with residency program directors and key global health faculty members. These faculty directors joined our working group in the further development of the BRIGHT pathway. We then invited faculty known for work in global health and who represented different fields/programs to join our executive committee (EC). In order to establish more hospital and university wide support, we approached members of our academic community with interest in global health and informed them of the development of this pathway and asked for willingness to help by providing lectures and potentially advising and mentoring future resident participants.

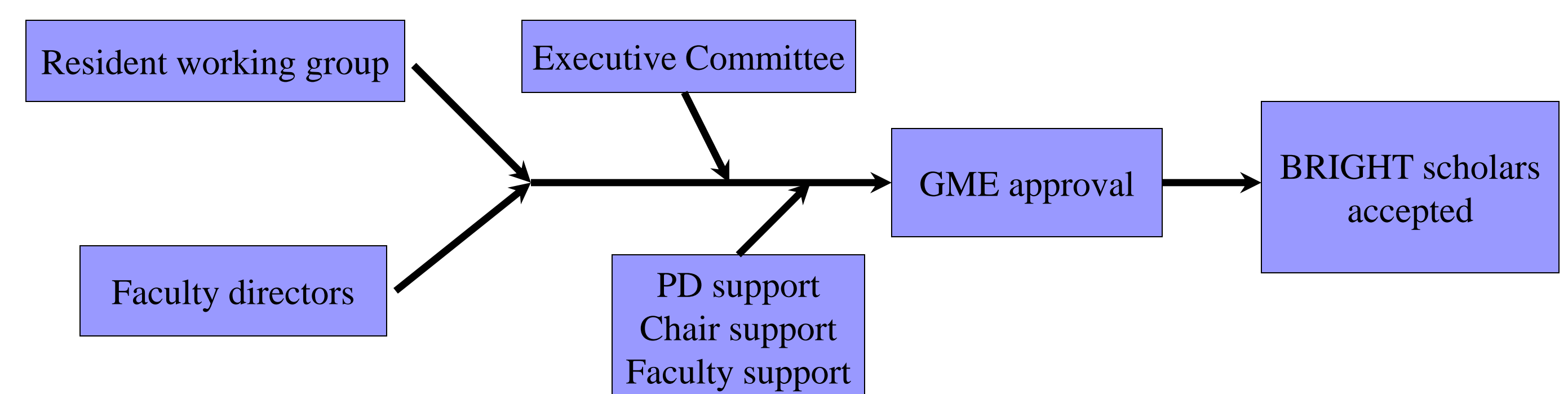
Program design

The goal of the program is to combine formal education with a "hands-on" academic project of significance within the field of global health. The program consists of a 2 year curriculum and a faculty mentored academic project to be presented formally upon completion. Details on attendance, lecture topics, appropriate projects, mentors, evaluations of all aspects of the pathway and oversight by the EC were established and approved by the GME.

The content of the didactic component of our program was established by reviewing the guidelines provided by the AAP Section on International Child Health (SOICH)² and the Global Health Education Consortium (GHEC)³, in addition to other programs, especially the University of Minnesota⁴. Faculty members were asked to contribute lectures based on their areas of expertise. This curriculum was then integrated into the official Pediatric and Internal Medicine noon conference curriculum.

Implementation of Pathway

After GME approval of the BRIGHT pathway, we began our recruitment of resident scholars at noon conferences, evening informational sessions, and via email. Of the 66 number of eligible residents, 13 applied and were accepted as the first class of BRIGHT Scholars.



Discussion

The surveys of resident interest in global health in 2007 and 2009 show substantial interest in formal global health education among residents participating in the Pediatric, Med/Peds, and Internal Medicine residency programs at Brown, with at least 84% interested in a global health elective or formal structured education within the residency. Recently published data from resident surveys at other academic medical centers, show a similarly robust interest in global health electives, ranging from 55-98%.⁵ While the numbers of residents interested in global health education, and particularly a certificate-granting program, did decrease between 2007 and 2009, these 2 sets of data are from different populations (the 2007 survey did not include internal medicine residents) and thus may not reflect a true decline in interest. There is clearly a selection bias for completing this survey, the strength of resident responses demonstrates the demand for establishing more formal global health education at Brown.

The creation of the BRIGHT Pathway occurred simultaneously with the growing University-wide international interest, as evidence by recent developments such as the Brown International Initiative and the Framework for Global Health. This institution-wide support for increasing Brown's international programming helped to create an environment conducive to the development of the BRIGHT pathway, and its approval. Over the course of years, the input of the residents, working group members, faculty directors, residency program directors, department chairs, and executive committee members led to the creation of a program that reflected the needs of residents and built on the strengths and resources of existing faculty and institutional expertise.

Clearly, there will be issues to address as the program moves forward. Of greatest concern is the sustainability of the BRIGHT pathway, which we have attempted to ensure through several methods. These include designating specific faculty directors representing each participating residency program, drafting support from all residency program directors and department chairs, and creating an executive committee that includes faculty members and residents. We have also designed evaluations of all aspects of the program, and an annual review by the EC to encourage feedback and improvement of the program, and to address the needs of the scholars. Continued assessment of outcomes will be ongoing to ensure the success of the program and its usefulness to the participants.

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