JOHNS HOPKINS UNIVERSITY GLOBAL HEALTH LEADERSHIP PROGRAM

Mission, Objectives, and Curriculum Overview





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Global Health Leadership Program Committee

This committee is comprised of students, residents, fellows and faculty with clinical, research and educational global health experience. Importantly, the members of the committee are dedicated to providing the highest caliber global health experience for trainees.

Committee Chairs

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Mission Statement

The mission of the Johns Hopkins Global Health Leadership Program (GHLP) is to train future global healthcare leaders through an exchange of cultural, clinical, and educational knowledge and skills. The GHLP provides transformational, interprofessional learning experiences for participants and tangible benefits to host institutions and organizations. Program participants will be prepared to leverage their skills as leaders in global health in clinical practice and in programmatic and research activities.

Our program is unique in its emphasis on interprofessional competencies and on a structured, rigorous pre-departure training and debriefing following return to the U.S. Overall, the curriculum focuses on leadership and preparedness for both clinical and programmatic and/ or research efforts in a low-resource setting. Our program incorporates expertise from physicians, nurses, and public health experts from both the Johns Hopkins community and partnering institutions abroad.

General Description

Dramatic inequities in the global burden of disease call for innovative solutions and transformational leadership. Nowhere was the imperative for The Johns Hopkins University community to respond to these issues more clear than in the 2013 "Ten by Twenty" call to action issued by University President Ron Daniels. The Global Health Leadership Program (GHLP) specifically addresses these priorities by providing opportunities for health professional students to engage in and contribute to global health initiatives.

Responding to "the imperative of collaboration", the Johns Hopkins University School of Medicine, School of Nursing, and Bloomberg School of Public Health will partner with international partners to provide a transformative educational experience that will contribute to the development of leaders in global health. In recognition of the complex ethical implications of global health educational experiences, the GHLP integrates ongoing examination of these issues throughout the program.

The long-term goal for the program is to promote international collaboration with our partnering institutions through two-way exchanges with health professional students. Participants from our partners will be eligible to participate in clinical rotations and community programs as well as research electives at Johns Hopkins. This exchange of students, along with the exchange of culture, knowledge, and experiences, will not only serve to benefit students and faculty here and at the international institution, but will also help to further cement long-term, mutually-beneficial relationships between institutions.

Program outcomes:

- 1. Participants will develop and demonstrate leadership skills.
- 2. Participants will effectively contribute in an international clinical care, research or programmatic setting.
- 3. Participants will be able to articulate and recognize key drivers and challenges to global health issues.
- 4. Participants will develop and demonstrate interprofessional competencies.

The curriculum consists of the following: rigorous pre-departure training; programmatic experience with internship at governmental and non-governmental international health service agencies; well-supervised international site with clinical, public health, and research opportunities; post-departure debriefing session.

Program Specifics

Pre-departure Training: 2 - 12 weeks prior to departure for international site. The pre-departure training aims to prepare program participants to optimize their international elective experience and to effectively prepare them for clinical and research scenarios that may result in psychological, cultural, and ethical consequences. Most of the training involves online didactic modules that can be completed independently. Additional in-person discussion sessions will focus on case studies in global health, scholarly project ideas, pre-departure concerns, and simulation exercises. Students, residents, and faculty with global health experience will be invited to share their stories and insights at these sessions. Although the didactic aspect is geared towards medical students, the in-person discussion groups will include medical students, nursing students, and public health students.

The topics covered during the pre-departure training are described in detail in Appendix 6 but include the following:

- 1. Online didactic global health topic content and research preparation modules
- 2. Online ethics modules and in-person discussion of ethical considerations
- 3. Clinical simulations sessions (adult and pediatric resuscitation, vaginal delivery (if applicable))
- 4. Leadership training and case discussion regarding global health management skills
- 5. In-person discussions with nursing and public health students of project ideas, didactic material, pre-departure concerns including personal care and safety

Students will also be encouraged to attend case conferences organized by Dr. Robert Bollinger of Johns Hopkins Center for Clinical Global Health Education. These live teleconferences discuss interesting infectious disease case presentations and often include participants from faculty and trainees at international sites. These conferences occur approximately once per month throughout the year. The schedule of conferences and archived presentations can be found online: http://main.ccghe.net/CCG/distance.

Field Experience

Programmatic and/or Research Component: varying length.

Each student will have the opportunity to work with a governmental or non-governmental organization providing international healthcare services (Appendix 8). This may consist of an internship at the given organization's home or international office. The nature of the internship may range from programmatic and service activities to research field work. While abroad, the student will also visit other relevant local organizations and individuals, such as NGOs, government officials and hospital administrators. These experiences will promote a

better understanding of the important roles of these organizations in global health as well as further foster skills including leadership and management.

Clinical Component: 4-6 weeks.

Once at the host site, students will work with their international counterparts and rotate with the host institution's faculty as well as Johns Hopkins faculty at the international site. The students are expected to comply with Johns Hopkins University School of Medicine (JHUSOM) Student Honor Code, the JHUSOM Guidelines for Conduct in Teacher-learner Relationships, and the international site analog. Specific rotation expectations and requirements will be set forth by local faculty. In addition, students will write up at least one essay on a memorable, clinically or research related experience while abroad. This will be shared at the post-departure debriefing.

When and where appropriate, Johns Hopkins medical students will work alongside nursing students and public health students. It is expected that students will also meet with local officials from UNFPA, USAID, or similar organizations to better understand the health care needs and health system infrastructure of the host country. This will provide a first-hand view of the workings of international health care agencies and the specific roles of these agencies in the host country. It will also allow students to interact with global health leaders. Very clear guidelines will be established in advance with the host and Johns Hopkins faculty regarding the students' level of clinical training and the expected responsibilities and duties of the student.

Students are expected to formulate and complete a scholarly project while at the international site. This project may focus on quality assurance, development of a clinical and/or educational program, or a human subjects research project. The project may also originate from collaborations with NGOs.

Medical, nursing, and public health students are expected to meet with each other and with the GHLP committee before departure to identify possible projects or areas of interest. This will enable faculty members on the GHLP Committee to identify potential mentors with relevant expertise. Additionally, students can identify other participants with similar interests and foster collaboration. It is expected that the project will be a collaborative effort between the medical students (Johns Hopkins and international), nursing students, and public health students. Along with an interprofessional pre-departure training, this type of collaboration across disciplines will help to further interdisciplinary education and help foster long-term partnerships in global health medical education.

These meetings will facilitate communication and project planning between students and faculty mentors prior to departure. All projects must be vetted by members of the Global

Health Leadership Program Committee and the on-site faculty. If the project requires IRB approval, the student is expected to obtain approval of the Johns Hopkins IRB and IRB equivalent at the host country prior to departure. This will require advanced planning and coordination with the international mentor/faculty advisor. The project completion date may extend past the student's time abroad, but the student should have a realistic plan for completion in the near future. At the completion of their projects, the students are required to submit a written report of their project and findings, which may be submitted for publication if appropriate.

Post-departure Debriefing: Consists of a half-day session following return from international site. Students will meet with GHLP committee faculty member(s) and their peer mentors to discuss their experiences at the international site and overall. Program strengths and areas for improvement will be identified and addressed as appropriate. Students are also expected to present a progress report on their projects, discuss their essay(s), and share any personally and/or professionally notable experience(s) encountered during this program. We will also discuss future goals and careers and specifically the potential role of global health into said career aspirations.

Global Health Certificate Program (Optional):

The certificate program requires the completion of 18 term credits, offered online by Bloomberg School of Public Health. This certificate can also be completed in conjunction with a master's degree in the School of Public Health.

Competencies and Objectives (Objectives Table)

As an interprofessional global health program, the GHLP objectives were designed to meet both school of medicine (Accreditation Council for Graduate Medical Education) and school of nursing (Essentials of Baccalaureate Education for Professional Nursing Practice) competencies as well as core competency domains for interprofessional collaborative practice and global health. Although there are currently no standardized global health competency domains, we have used the competencies established by the Consortium of Universities for Global Health.



Johns Hopkins University, School of Medicine and School of Nursing Global Health Leadership Program - Objectives

		Toophing	Assessment		SOM Objectives	SON	00	01.1.111.141
	Educational Objective	Teaching Method	Method	Formative/ Summative	SOM Objectives ACGME Competencies	Objectives	Core Competencies for Interprofessional Practice	Global Health Competencies
Lead	ership	l	ı	1			1	
1.	Identify popular leadership theories in more developed countries and explore how they may vary in low-resource setting of interest.	• CBL, DS, R	• DO, MCQ	Formative	CS, P, LL Interpersonal communication, PBL, professionalism	• OSL	• N/A	Collaboration, partnering, comm.
2.	Demonstrate leadership skills within and across health disciplines.	• C, RP,	• DO, S, PA	Formative	CS, P, LL Interpersonal communication, PBL, professionalism	• ICC	Values/ethics Interprofessional communication Teams and teamwork	Collaboration, partnering, comm.
Global Health								
3.	Recognize how health care delivery systems affect access to care, patient care, and patient participation and empowerment	• DS, R,	• DO, MCQ, PA	Formative	SCM, LL Patent care, systems based practice	• OSL	• N/A	Globalization of health; Strategic analysis





		Teaching	Assessment		SOM Objectives	SON	Core Competencies for	Global Health
	Educational Objective	Method	Method	Formative/ Summative	ACGME Competencies	Objectives	Interprofessional Practice	Competencies
4.	Identify cultural practices, values and professional dynamics unique to host country setting that influence communication, care practices and care decision making	• R, C	• DO, PA	Formative	 SCM, CS Interpersonal communication, systems based practice 	• LE	Values/ethics	Social determinants of health; Social and political awareness
5.	Recognize ethical dilemmas frequently experienced during global health work in low-resource settings and when working with vulnerable populations	• R, DS, C, RP/S	• S, PA, DO	Formative	SCM Professionalism	• PV	Values/ethics	Ethical reasoning; Health equity and social justice
6.	Describe the clinical presentation and management of common diseases in the host country.	• CBL, C, DS, R	• DO, MCQ	• Formative • Summativ e	CC, SPM Patient care, medical knowledge	• GNP	• N/A	Global burden of disease
7.	Competently perform discipline- specific medical, diagnostic, and surgical procedures and/or associated evidence-based interventions appropriate to the setting and level of clinical training, as determined by the on-site mentor	• CBL, C, DS	• DO	Formative Summativ e	 CP, P, SPM Patient care, medical knowledge, professionalism, PBL 	• GNP	Roles/responsibilities	Global burden of disease; Professional practice





_		Teaching	Assessment		SOM Objectives	SON	Core Competencies for	Global Health
	Educational Objective	Method	Method	Formative/ Summative	ACGME Competencies	Objectives	Interprofessional Practice	Competencies
8.	Understand differences between practicing medicine/nursing in the U.S. and in low-resource, "technology-poor" settings	• CBL, C, DS, R	• DO, MCQ	Formative Summativ e	SPM, CC, LL, SCM Patient care, medical knowledge, systems-based practice	• PFR	• N/A	Professional practice
9.	Be familiar with and access appropriate and locally available resources (medical, nursing, surgical, etc) and apply them to the care of patients in low resource settings	• C	• DO, PA	Formative	CC, P, LL PBL, systems based practice	• PPH	Roles/responsibilities Teams and teamwork	Professional practice
Interp	rofessional Education							
10.	Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of other health professionals and patients	• RP/S, C	• DO, S, PA	Formative	CS, P Professionalism, interpersonal and communication skills	• LE, ICC	Values/ethics	Collaboration, partnering, comm; Social- cultural awareness; Professional practice
11.	Describe the process of team development and the roles and practices of effective teams.	• DS, R,	• DO, MCQ, PA	Formative	CS, P Systems based practice	• ICC	Teams and teamwork	Collaboration, partnering, comm.







		Teaching	Assessment		SOM Objectives	SON	Core Competencies for	Global Health
	Educational Objective	Method	Method	Formative/ Summative	ACGME Competencies	Objectives	Interprofessional Practice	Competencies
12.	Compare and contrast the roles, and responsibilities of host country professional colleagues to your own, including individuals' roles on the care team.	• C	• MCQ, DO, PA	Formative	CS, P, SCMSystems-based practice	• PPH	Roles/ResponsibilitiesTeams and Teamwork	Collaboration, partnering, comm; Social- cultural awareness
13.	Communicate with team members confidently, clearly, and respectfully ensure common understanding of treatment plans and each team member's role in executing components of that plan	• DS, R, RP, C	• DO, PA	Formative	 CS, P Interpersonal and communication skills, professionalism, systems-based practice 	• PPH	Teams and teamworkInterprofessional communication	Collaboration, partnering, comm.
14.	Work in an interdisciplinary team that includes health professionals from the host country, to develop a collaborative research or service project designed to address local needs.	• C	• DO, PA	Formative	 CS, P, SCM Interpersonal communication skills, professionalism, systems-based practice 	• OSL, ICC	Teams and teamwork; Roles, responsibilities; interprofessional communication	Capacity strengthening; Collaboration, partnering, comm.







		Teaching	Assessment		SOM Objectives ACGME Competencies	SON Objectives	Core Competencies for Interprofessional Practice	Global Health Competencies
	Educational Objective Metho		Method	Formative/ Summative				
15.	Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team contributes to effective communication, conflict resolution, and positive interprofessional working relationships.	• C	• DO	Formative	SCM, CS, P, LL PBL, interpersonal and communication skills, professionalism	• LE, ICC, PPH	Interprofessional communication	Collaboration, partnering, comm.





Teaching Methods	Methods of Evaluation/ACGME Toolbox of	John Hopkins University School of Medicine Objectives
Case Based Learning (CBL)	Assessment Methods [©]	Science and Practice of Medicine (SPM)
Clinical Setting (C)	Chart Review (CR)	Clinical Competence (CC)
Didactic Session (DS)	Checklist (CK)	Social Context of Medicine (SCM)
Readings (R)	Direct Observation (DO)	Communication Skills (CS)
Role Play (RP)	Multiple-Choice Examination (MCQ)	Professionalism (P)
Simulation (S)	Simulation (S)	Lifelong Learning (LL)
	Standardized Patient (SP)	
	Peer Assessment (PA)	
Core competency domains for inter-professional	Global Health Competency Domains ²	Essentials of Baccalaureate Education for Professional Nursing
collaborative practice1	Global burden of disease	Practice ³
Values/ethics (VE)	Globalization of health and healthcare	I: Liberal Education for Baccalaureate Generalist Nursing Practice (LE)
Roles/Responsibilities (RR)	Social and environmental determinants of	II: Basic Organizational and Systems Leadership for Quality Care and
Teams and teamwork (TT)	health	Patient Safety (OSL)
Interprofessional Communication (IC)	Capacity strengthening	III: Scholarship for Evidence Based Practice (EBP)
	Collaboration and communication	IV: Information Management and Application of Patient Care Technology
	Ethical Reasoning	critical in the delivery of quality patient care (IM)
	Professional practice	V: Health Care Policy, Finance, and Regulatory Environments (PFR)
	Health equity and social justice	VI: Interprofessional Communication and Collaboration for Improving
	Program management	Patient Health Outcomes (ICC)
	Social, cultural, and political awareness	VII: Clinical Prevention and Population Health (PPH)
	Strategic analysis – systems thinking	VIII: Professionalism and Professional Values (PV)
		IX: Baccalaureate Generalist Nursing Practice (GNP)

¹ Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.

³ American Association of Colleges of Nursing (October 20, 2008)





² Global Health Competency Subcommittee of the Consortium of Universities for Global Health. (2014, May 10). Interprofessional Perspectives on Global Health Competencies – Summary of Preliminary Ratings of Global Health Competencies. *Fifth Annual Global Health Conference*. Lecture conducted from Consortium of Universities for Global Health.