

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

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**GHSP**  
GLOBAL HEALTH SERVICE  
PARTNERSHIP



## 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:

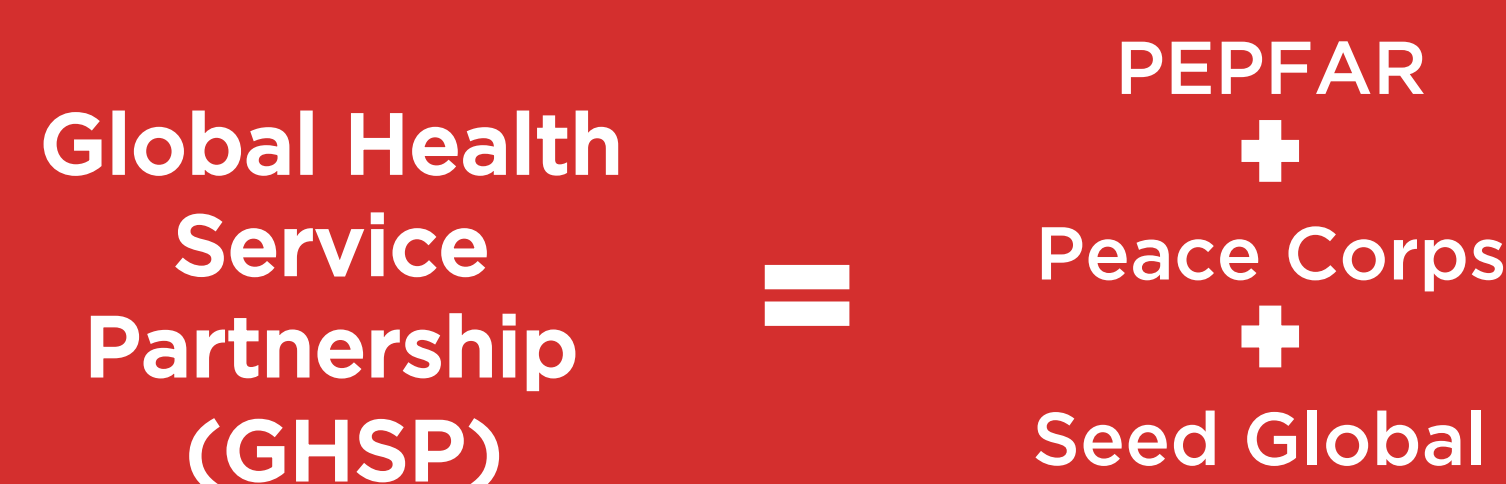
- Structured programs between partners;
- Comprehensive cost accounting;
- Mutual and reciprocal benefits;
- Long-term relationships;
- Suitable trainees (attitude and behavior);
- On-site mentorship and supervision; and
- Sufficient trainee preparation.

\*Crump JA, Sugarman J, Working Group on Ethics Guidelines for Global Health Training. Ethics and best practice guidelines for training experiences in global health. Am J Trop Med Hyg 2010;83:1178-82.

## 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.



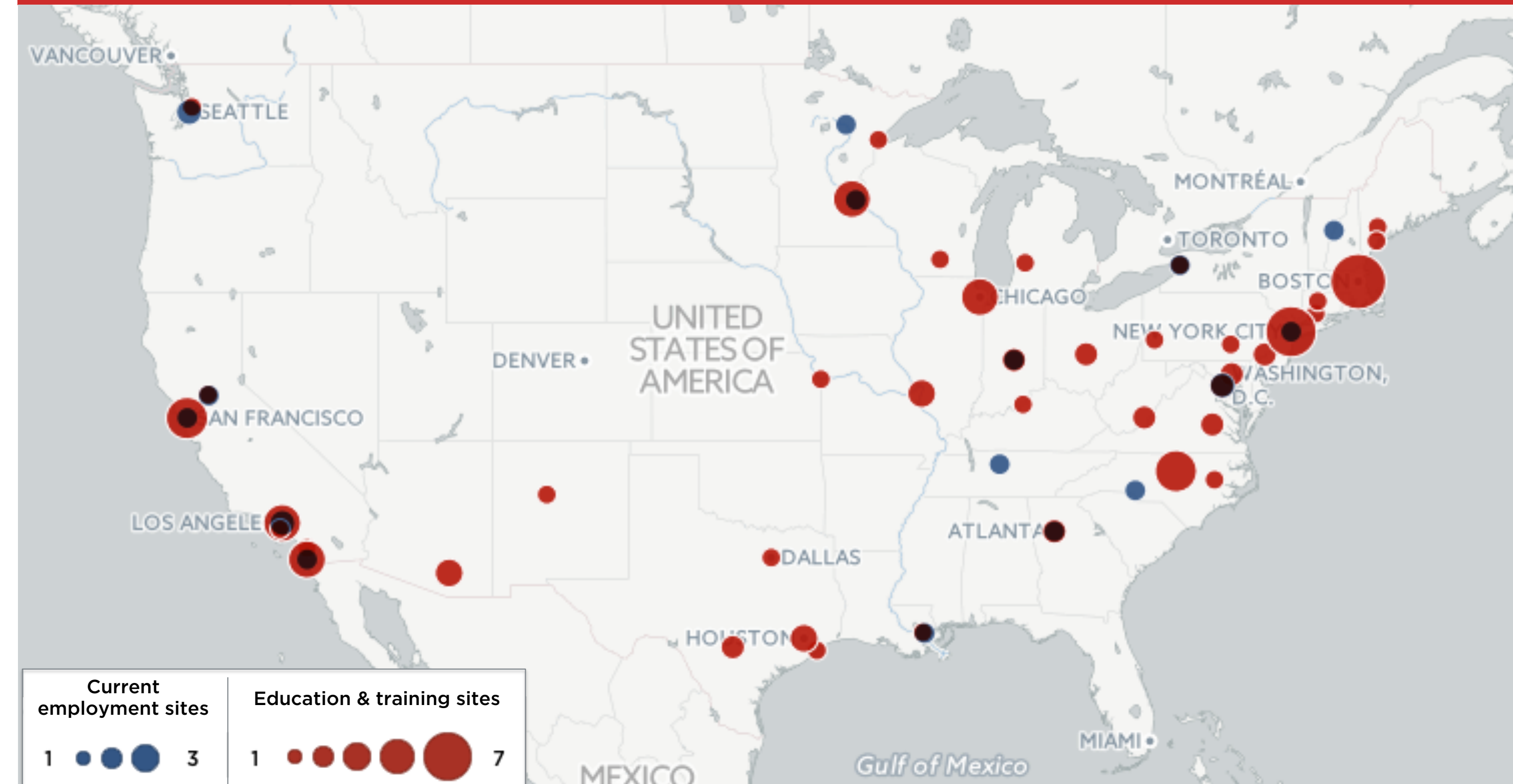
Building on GHSP, one strategy to improve US residents' global health experiences is to create partnerships between US academic institutions and GHSP partner sites.

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.*

GHSP Physician Volunteers: Years 1-3	
Physician volunteers	44
Specialties	
Anesthesiology Cardiology Family Medicine Infectious Disease Internal Medicine OB/GYN	Orthopedic Surgery Pediatrics Psychiatry Pulmonology Surgery
Service hours reported	65,103
Courses/workshops taught	187
Total trainees taught	4,008

## GHSP Physician Alumni – Training sites/institutions attended and current employment



GHSP Physician Alumni current employment	
Academic & clinical appointments	31%
Clinical practice	31%
Clinical Fellowships	6%
Other positions	13%
Retired	19%

Number of educational institutions & training sites attended by GHSP Physician Alumni	
Medical schools	26
Residency programs	31
Fellowship programs	11

## 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.

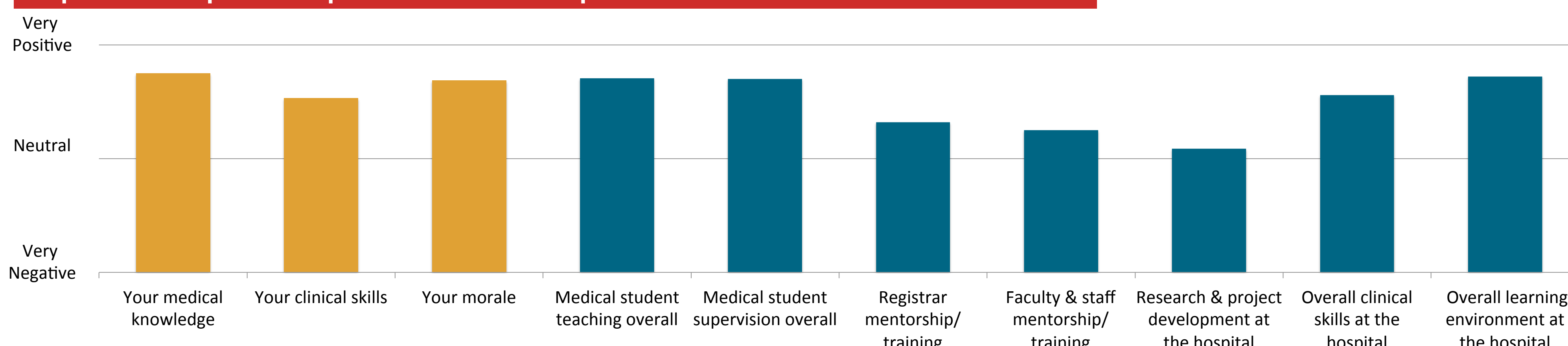


A surveys of UW residents, CoM faculty and trainees, and staff at the district hospital reported that this partnership resulted in:

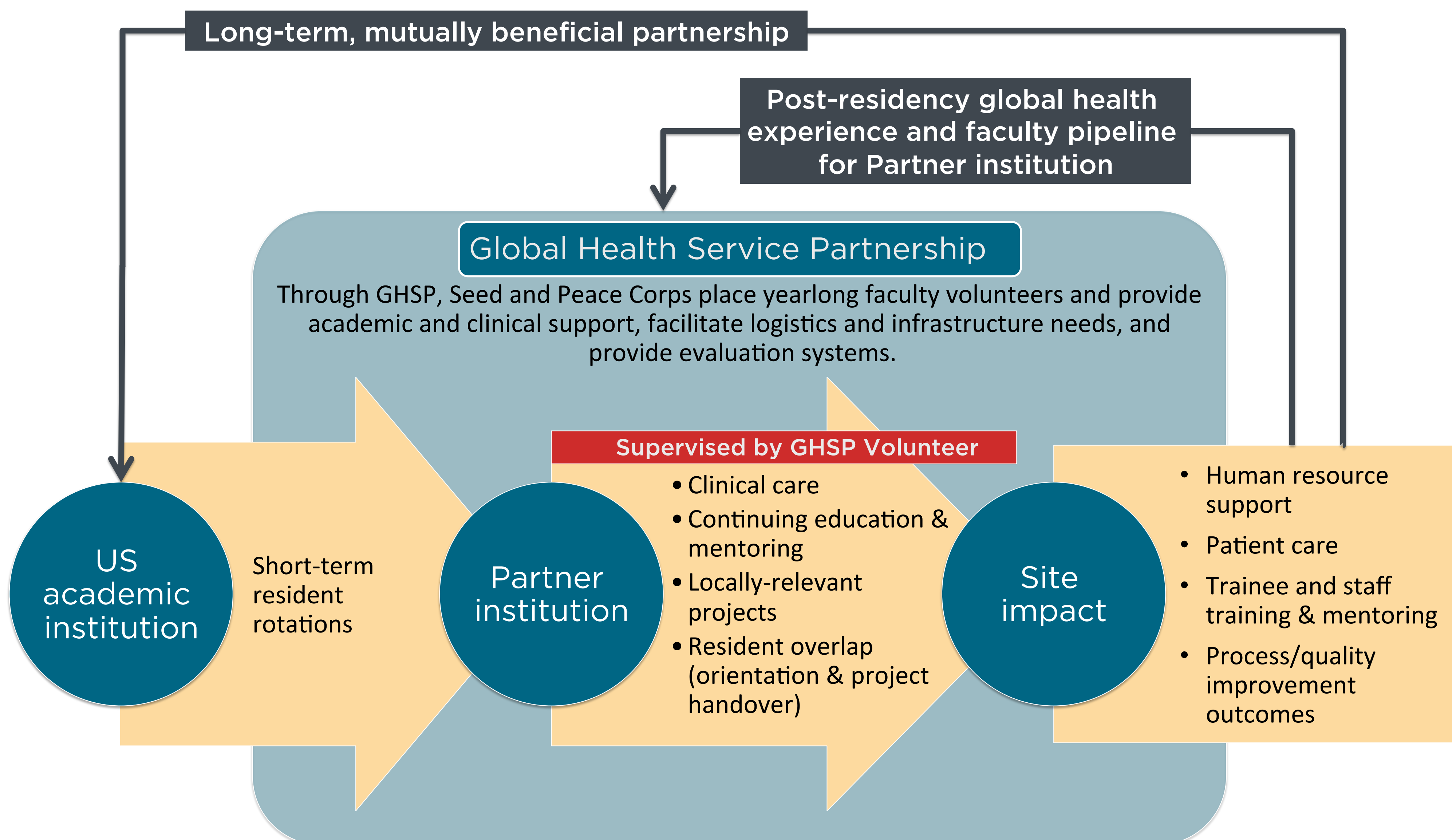
- Increased medical knowledge and clinical skill
- Increased provider satisfaction among the hosting institution
- Reduced patient referrals to the national hospital
- Development of long-term relationships between US and international institutions
- Provided post-residency global health opportunities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



## Reported impact on personal and hospital factors:



## Significance



Similar partnerships between US academic institutions, GHSP, and local institutions will create **meaningful and sustainable** ways of enabling residents and faculty across a **variety of specialties** to serve in resource-limited settings, gaining valuable global health experience and simultaneously helping reduce the critical faculty shortages in institutions in sub-Saharan Africa.

This model **builds off the pre-existing relationships** between Seed, GHSP and partner institutions, lowering the barrier to implementation for US institutions and increasing on-the-ground support.

Additionally, this partnership would create a **pipeline for residency graduates** to continue to work in global health as GHSP Volunteers, contributing to both the US and host institutions.