



Ten Tools for Building Continuity in Short Term Global Health Experiences

Christy O'Dea, MD
Rachel Kishton, MD
Doug Collins, MD



- Founded in January 1, 2007 on the day Wuqu' Kawoq
- Works in Guatemala's indigenous communities
- Core Values:
 - You should not have to choose between your culture and your health
 - You should be able to talk to your doctor in your own language
 - Where you were born should not determine whether you live or die
 - You should not feel locked out of your own health care system
 - Everyone should have the highest quality health care



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Objectives

- Describe the Ethics and Best Practices for Training Experiences in Global Health (The "WEIGHT" guidelines). (Crump et al, 2000)
- Illustrate our top ten practical strategies to improve continuity in Short Term Experiences in Global Health (STEGH).
- Define the benefits to resident/medical student education and quality of care from improving continuity in STEGH.

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- Provide primary care in indigenous communities across the Western Highlands
- Focus on childhood nutrition, women's health
- Active in research
- Advocacy within the health care system
- Specializes in complex care for adults and children
- Clean Water



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History of TCH/UC program

- 1990 Shoulder to Shoulder founded
- Shoulder to Shoulder model founded on the following ideas:
 - Empower communities through partnership
 - Address social determinants of health utilizing the principles of COPC (Community Oriented Primary Care)
 - Pursue sustainability
 - Leverage resources from partner institutions
 - Realize economies of scale through intra-institutional coalitions
- 2011 Last trip to Honduras
- 2012-2015 GH dating game
- 2015 First trip to Guatemala with Wuqu' Kawoq
- Since 2016, four trips per year to Guatemala

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Why Continuity?

- Improved patient care
 - Discovery of patterns / epidemiology
 - Decreased gaps in care
- Strengthened partnership for more sustainable change
 - Longitudinal presence
 - Research opportunities
- Improved Trainee experience
 - Right-sized group for need
 - Continuity patient numbers (ACGME RRC IV.a.5)
 - Strengthened relationships with patients and staff

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ACGME Program Requirements: Continuity (IV.a.5)

- 1650 pts / 150 per year minimum
- Additional sites to primary FMC allowed, if continuity:
"The number of patient visits from resident participation at a second FMC and/or from other longitudinal clinics may be counted toward the total number of patient visits if these visits are supervised by family physician faculty and if it can be documented that these patients are seen in continuity by the residents."
- Must meet all requirements including 1:4 dedicated-preceptor (faculty):resident or higher ratio
- Because we are the clinical providers for our partner sites and use an EMR, our program counts WK Guatemala pts toward continuity if the resident has been 3+ visits, stayed available and in connection between visits, and followed up at least once with the patient.

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Benefits of increased continuity for residents and patients

- Annual R1 project- goal is to create stand alone project= more of a QI project focus for next year
- Annual meeting with partner org for vision casting
- Train their staff (CHWs, physicians)
- Residents able to count in country visits towards 1650 continuity visits ⇒ clarify what ACGME/ABFM/RRC have to say about this

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WEIGHT Guidelines

- WEIGHT = *Working Group on Ethics Guidelines for Global Health Training*
- 15 members with "experience and expertise in GH training and ethics" → literature review → moderated workshop format → consensus
- Aim: "To facilitate the structuring of an ethically responsible global health training program and to discourage the implementation and perpetuation of imbalanced and inequitable global health training experiences and programs"
- Intended for <1y GH service (STEGHs)
- Bidirectional, but predominantly for "wealthier to less wealthy"

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WEIGHT Guidelines

- Sending & Host Institutions (10 recommendations)
 - Well-structured programs with sustained communication is key
 - Ensure mutual benefit to host and sending institute and other stakeholders
 - Short-term experiences nested in long-term partnership
 - Implement training regarding professionalism, standards of practice, and cultural competence for all Trainees (ie Students, Residents)
- Trainees (14 recommendations)
 - Recognize learning as primary purpose
 - Appropriate training and supervision
 - Adherence to international standards for research/publication
- Sponsors (9 recommendations)
 - Sponsors of GH programs should ensure adherence to guidelines
 - Consider local needs, reciprocity, and sustainability

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Develop local partnership

Wuqu Kawoq:

- Core staffing is local Guatemalan CHW and RNs, working in their home community
- Only two non-local long term staff who have >20 years of experience in Guatemala

TCH/UC Team:

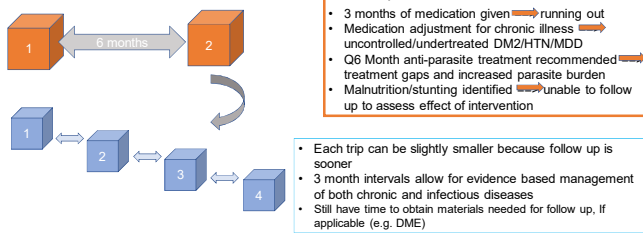
- Returns to same clinical sites each trip
- Adapts to meet goals of the WK team



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Increased frequency of visits



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Maintain an accessible EMR

- All charting done in a web-accessible, password-protected EMR
 - Allows for access from anywhere with an internet connection (Guatemala, US...)
 - Charting can be done away from point-of-care if remote location does not have sufficient connectivity/home visits
- Charting is done in Spanish
 - documentation can be utilized by in-country providers and CHWs
- TCH/UC has single provider ID
 - patients seen by the team can be easily identified and tracked over time
 - partners know to reach out to TCH/UC with questions



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Establishing relationships with local interpreters and cultural guides

We have used the same group of interpreters since starting of partnership

- Gain familiarity with the "types" of questions our providers ask
- Clarify questions and responses based on their past experience working with our group
- Provide insights into the cultural understanding of health and disease
- Act as an additional source of continuity for patients
- Identify potential social and cultural barriers (and solutions) to therapeutic interventions
 - Diuresis of patient without scale in home ==> using faja (the traditional belt worn by women) to assess changes in abdominal girth and then adjust medication doses



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Participant preparation

- In person meetings
 - o Orientation
 - o Packing party
- In country orientation
 - o Guatemalan health system
 - o Overview of Wuqu' Kawoq
 - o Clinical station orientation



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Communication between visits

- Social media with in-country partners (Whatsapp texts, FB messages)
- Orientations include previous trip team leaders
- Real-time changes based on trip feedback



Has been involved with every TCH/UC trip thus far

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Online modules

- Orientation to Guatemala
- Effective and ethical short term trips
- Working with Interpreters
- Nutrition
- Living on One Dollar Movie
- Mental Health
- Family Planning
- Pharmacy
- Infectious disease
- Orientation to Wuqu' Kawoq



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WHO Antibiotic Stewardship: "AWaRe" Classification

- **Access** – Preferred agents, less resistance concerns
- **Watch** – Agents to be cautious in use given higher resistance development concerns
- **Reserve** – "Last resort" agents to be used only in MDR cases

6.2.2 Watch group antibiotics		
azithromycin*	Capsule: 250 mg; 500 mg (anhydrous). Oral liquid: 200 mg/5 mL. * also listed for single-dose treatment of trachoma and yaws.	
	FIRST CHOICE	SECOND CHOICE
	- sexually transmitted infection due to <i>Chlamydia trachomatis</i> - chlamidia [d] - gonorrhoea	- acute invasive bacterial diarrhoea / dysentery - gonorrhoea

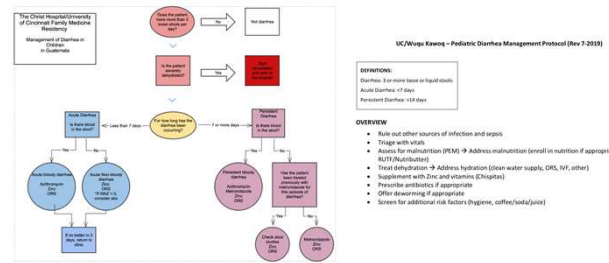
21st WHO Model List of Essential Medicines (2019)

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Example 2: Diarrhea



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Standardized Management Protocols

- Developed by Host Organization:
 - NCDs: HTN, DM (includes qualification for assistance and follow-up plan)
 - Common Acutes: OA/DJD, GERD, Vaginal Discharge
 - Preventive Health: PEM/Undernutrition, Contraception, Cervical Ca,
 - Special Medications: MTX for RA
 - How to order tests/labs
- Developed by Partner as Requested by Host Organization:
 - Anticipatory Guidance for children
 - Diarrhea

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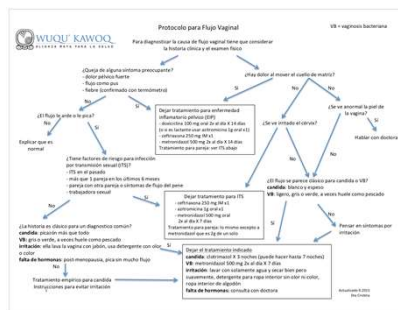
Tip #10: Utilize a Global Health Fellow

- Background:
 - 1-2 year non-accredited fellowship
 - Local underserved work funds overseas time
 - Overseas time involves scholarship with host organization
 - Launched 2018-19
- Advantages:
 - Increases long-term presence/continuity
 - Reduces faculty precepting costs
 - Builds relationship with host organization
 - Enhances partnership capacity building



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Example 1: Vaginal Discharge



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Challenges and future directions

- How do we increase our presence sustainable way?
 - Preceptors
 - Cost
- How do we track our patient data in a meaningful way?



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Join Us!

Contact us if you are interested in partnering with us and joining a trip.

Christy O'Dea, MD
Christine.odea@uc.edu

Doug Collins, MD
Douglas.Collins@uc.edu



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