A Global Academic Partnership

“Serve, Lead, Educate and Innovate on a local and global scale”

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Medical Director Global Health
Ochsner Health
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Global Health is Local Health

“Todos somos uno a los ojos de Dios”
The University of Queensland

Top 50
global university

6
faculties

30+
teaching and
research sites

8
research institutes

Ochsner Health

40
hospitals and
100 health centres

1,330+
physicians

90+
medical specialties

#1
hospital in
Louisiana
Doctor of Medicine program

2022, marks our 10th graduating class

Our vision is to nurture and educate future medical graduates who are clinically excellent, team players, kind and compassionate, serve responsibly and are dedicated to the continual improvement of the health of people and communities across the globe.

Four years postgraduate
Full time study

94%
Overall match rate

Eligible for ECFMG certification

Practice in all 50 US states
and qualify for practice in Australia
Years 1 and 2

Clinical preparation is completed in Brisbane, Australia in years 1 and 2 of the program.

Year 1 begins with the foundations of medicine. Year 2 will concentrate on developing the knowledge and skills required for medical practice, with a focus on the pathophysiology of common conditions.

Students will join a 'learning family' during first year.

Almost half of learning opportunities in year 2 will be in clinical settings.

Build your own unique medical degree through a range of student choice and enrichment opportunities.

Incorporate research into your medical degree.
Year 3 and 4

Hands-on clinical practice at the Ochsner Clinical School in New Orleans in years 3 and 4.

The learning is grounded in the clinical 'workplace' setting, supported by structured teaching and learning activities.

Hospital practice:
- Medicine, Surgery

Women’s, Children & Mental Health:
- Mental Health, OBGYN, Pediatrics

Advanced hospital practice:
- Anaesthetics, ICU, Ophthalmology,
- Emergency Medicine, Orthopaedics,
- Medical Specialties

Primary care plus:
- General Practice, Medicine in Society
  or Rural & Remote Medicine

Transition to practice semester
Genesis of MIS
Global Rotation

• Jan 12, 2010, Earthquake
• Establishment of UQ Clinical School in 2008
• Global impact on health is stated mission of UQ Clinical School and Ochsner Health System

https://m.youtube.com/watch?v=H89rVGEgrko
Timeline of MIS/Global Health Rotation

- **2009**: Ochsner and the University of Queensland partnership is established in 2009.
- **Nov. 2012**: First unofficial trip to Haiti. Dr. Yvens Laborde with 6 graduates from the Class of 2012.
- **Mar.–Apr 2013**: First official medicine in Society trip to Haiti.
- **July 2016**: Affiliation agreement signed between the University of Queensland and Kasturba Medical College, Manipal, India under the leadership of Dr. Warrier.
- **May 2022**: Visit to Columbia as possible new academic partnership for future MIS and ED clinical rotations.
Teaching Medicine in Context: Developing a Global Health Rotation in Haiti

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Introduction

Many global health experiences for medical students lie outside of structured medical school curriculum and are usually arranged as volunteers for charity based medical missions. These experiences may provide poor learning environments or place students at risk. Meaningful global experiences have been associated with greater understanding of the cost burden of disease and more interest in primary care medicine. We describe our experience and lessons learned in developing a global health curriculum in Mayasa La Victoire, Haiti with the goal of contextualizing how poverty, socio-economic status, geographic isolation and politics influence the health of individuals and populations. Our objective is to track the students longitudinally to see if their experiences lead to practicing in underserved areas in the U.S. and/or continued involvement in global medicine.

Description of Innovation

The global health rotation is offered as part of a 4th year community health rotation at University of Queensland Ochsner Clinical School. The 8 week rotation includes:

* One week of orientation with embedded Virtus in Medicine Course
* 4 weeks training with Global Health faculty in New Orleans tropical medicine and primary care clinics as well as ER to build bonds and enhance the “in country” clinical experience.
* 2 weeks in Haiti in remote village Mayasa La Victoire
* One week for debrief, summary clinical case presentation, and short answer/multiple choice exam.

Learning materials are provided through an e-learning tool during orientation.

Materials include Mountains beyond Mountains by Tracy Kidder and Aids and Accusations: Haiti and the Geography of Blame by Paul Farmer. In addition, students are taught how to use an STAT machine for point of care testing, basic medical creole, tropical medicine, and Haitian culture prior to their “in country” experience.

In Haiti, students work alongside local physicians and nurses who cover the clinic year round as well as global health faculty from University of Queensland/Ochsner Clinical School. Students are required to keep a journal throughout their time in country to promote reflective practice and is the basis of the debrief. Students also participate in a community project. Past students created an electronic medical record to track patients in Haiti and developed laminated cards with common Haitian-Creole to English medical translations which were placed in the clinic. Students have a specific role each day and rotate through the stations daily. Stations include working in the pharmacy, laboratory, triage, women’s health and infectious disease consultations. After each day, students and faculty debrief and work together to seek sustainable solutions.

Results

- To date, there have been 2 formal student rotations consisting of 5 students per rotation. Students have cared for over 300 patients during each “in country experience”.
- Common medical problems encountered include:
  - Hypertension, urinary tract infections, URL and GERD
- Peculiar diseases have included:
  - Cholera, amebic dysentery, tuberculosis, helminths, and large goiters.
- Student’s evaluated the course on a 1 to 5 scale using a Likert scale:
  - Variety of clinical experiences: 4.5
  - Student involvement as part of the clinical team: 4.5
  - Teaching Staff: 4.5
  - Clinical instruction: 4.4
  - Overall educational experience: 5
- Comments:
  - “Honestly contractors put into words how much I got out of this rotation. The time spent in Haiti was eye opening. Clinical and diagnostic skills vastly improved.”
  - “Virtually no international experience and insight into Haiti were a crucial part of the experience”
  - “Although there was a language barrier between the physician/medical students and the patients, empathy and compassion did not require a translator – through which I learned from the power of a smile”

Discussion

- Creating a student rotation in a developing country is challenging but not impossible. Partnering with a local organization that has a year round presence in the community of the developing country is important as well as having dedicated faculty with expertise in global medicine.
- We feel strongly global health experiences for medical students should be part of a formal curriculum and delivered by trained faculty in global health.
- Students report a greater understanding of ethical and cultural sensitivities that arise in medically underserved populations, public health in developing countries, social determinants of health, and a better knowledge of disease presentations and clinical skills.
- Financing a global health rotation is challenging. The first 2 student rotations were supported by an “Excellence Grant” provided by the Ochsner Health System. Current funding is provided by the medical school and year round student led fundraising efforts.
- Future studies are aimed at tracking participating students by online surveys and social media to assess if participating in a robust global health experience leads to choosing primary care as a profession and/or practicing medicine in an underserved communities in the US or globally.
Introduction to Critical Global Health Concepts and Challenges

- Overview of Global and Local Burden of Disease
- Populations, resources and the environment
- Social and economic determinants of health
- Health care disparities between countries
- Health care in low resource settings
- Relationship between health and human rights
- Health implications of travel, migration and displacement
- Climate change and health
The Benefits of the MIS Global Health Rotation

Enhanced medical knowledge and clinical skills

Learn to practice medicine with limited access to laboratory tests and expensive diagnostic procedures

Resiliency and resourcefulness

Exposure to medical and surgical challenges uncommon in the US

Personal growth

Insight into the negative effects of “volunteerism” and short term missions on communities

The need for sustainable local community partnerships

Opportunity to understand the fragile socioeconomic relationship among local government, hospital and local medical clinics

Medical students with international clinical experience are more likely to practice general primary care medicine. Also more likely to obtain public health degree and engage in community service

2 year follow up survey found that 23% of medical students planned to work in resource poor setting vs 6% of those without an
Medicine in Society Global Health Rotation - a course focusing on whole person care and multi-dimensional, transdisciplinary care in medicine from a local and global perspective

Common Goals of rotation
• Practice independence and medical decision making skills
• Incorporate knowledge of social determinants of health and patient’s environment and community structure into their evaluation and treatment
• Learn how to think creatively and “outside the box” in treating patients depending on available resources

Clinical exposure: 6 week rotation, 24 days minimum *
• 1 on 1 with clinic Dr.: Perform history and physical and assessment and plan and go over with attending physician. Students should have appreciation for how social determinants of health influence the patient’s overall medical care.
• Encouraging scheduling time with other disciplines like nurse, social worker, administrative staff so student can get a full picture of what it takes to care for patients.
• Encourage help with other procedures like immunizations, point of care testing
• Virtual visits: Can student call patient night before and get much of the history and pre chart to make the visit more efficient when seen by the attending physician? May be helpful for workflow and also student feels more involved

CPA (Clinical Participation Assessment) Online link submitted through chalk and wire (student submits link to preceptor who can click on and complete (final evaluation)) **
• A mid-rotation CPA is not required, but preceptors are encouraged to review in week 3 or 4 the student’s performance in various domains such as professionalism, communication, clinical skills, and any specific issues or challenges encountered.

Clinical case presentation and discussion: Presentation that student will give typically to their attending physician at their respective sites. Typically a 15-20 minute presentation. **
• Involves a discussion of the history and physical and medical decision making of a patient seen in clinic but also extra discussion about the various social determinants of health and psychosocial factors influencing health, often incorporates a small discussion session on a general topic relevant to that patient’s care which involves some outside reading.

*Note there are some rotation tasks for which students may need to be excused from their site (lectures, group discussions for all students). If you have any questions about an assignment or lecture the student has informed that they must be excused, please let the Ochsner Medicine in Society administrative team know.

**case presentation marking sheet and sample CPA marking sheet can be found at the end of the attached preceptor handbook
The UQ Clinical School Mission

“works to enable our students and staff to become leaders with their communities by creating an environment for learning and discovery for which they can develop and fulfill their aspirations, that rewards excellence, openness and innovation and encourages widespread engagement with our local and global communities”
Goals of the Rotation

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A Clinical Participation Assessment CPA
Clinical Case Presentation and Discussion
An approach to providing UQ Students a unique global health experience

• The Medicine in Society in Haiti rotation is an elective rotation of the UQ curriculum which allows students with an interest in global health to have an international health experience which introduces them to the principles and challenges of global health under safe and carefully supervised conditions.
The human experience

“Words can not describe my gratitude for the Haiti rotation. I experienced the beauty of compassion and the hospitality of the Haitian People.”
Yesterday was our first day of clinic – such an amazing experience. We had the Minister of Health and his companion give a speech in the morning. Later Dr. Laborde said that the minister was very pleased with his clinic and efforts to keep a sense of dignity to the Haitian people. I think Dr. Laborde said – to preserve the dignity – was especially poignant because it preserved the humanity of serving and healing. I think people tend to lose sight of that – just because we’re going to a 3rd world country, we are still working with people who deserve 1st world care… and I’m so glad and grateful that Dr. Laborde was able to provide this community the standard of care that all people should have access to despite what they can pay. Although standards are limited by resources, this clinic (and what it provides for the community) is able to give a standard of care they deserve.
Compassion

The practice of medicine affirms our common humanity and should transcend race, ethnicity, gender, religion, class, gender and all other social categorizations that are constructed to advantage one group over another.
Keys to a successful rotation

1. Dedicated Attendings to supervise students while in country
2. Safety and security of the students and staff
3. Affiliation agreement and MOU between the institutions
4. AAMC Affiliation Agreement
5. Sustainability of collaboration long term
6. Faculty support for MIS project at end of rotation
7. Telemedicine opportunities
8. Fulfilment of course objectives and requirements
El Final
Muchas Gracias

¿Preguntas?