

# A Global Academic Partnership

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

Yvens G. Laborde MD

Medical Director Global Health

Ochsner Health

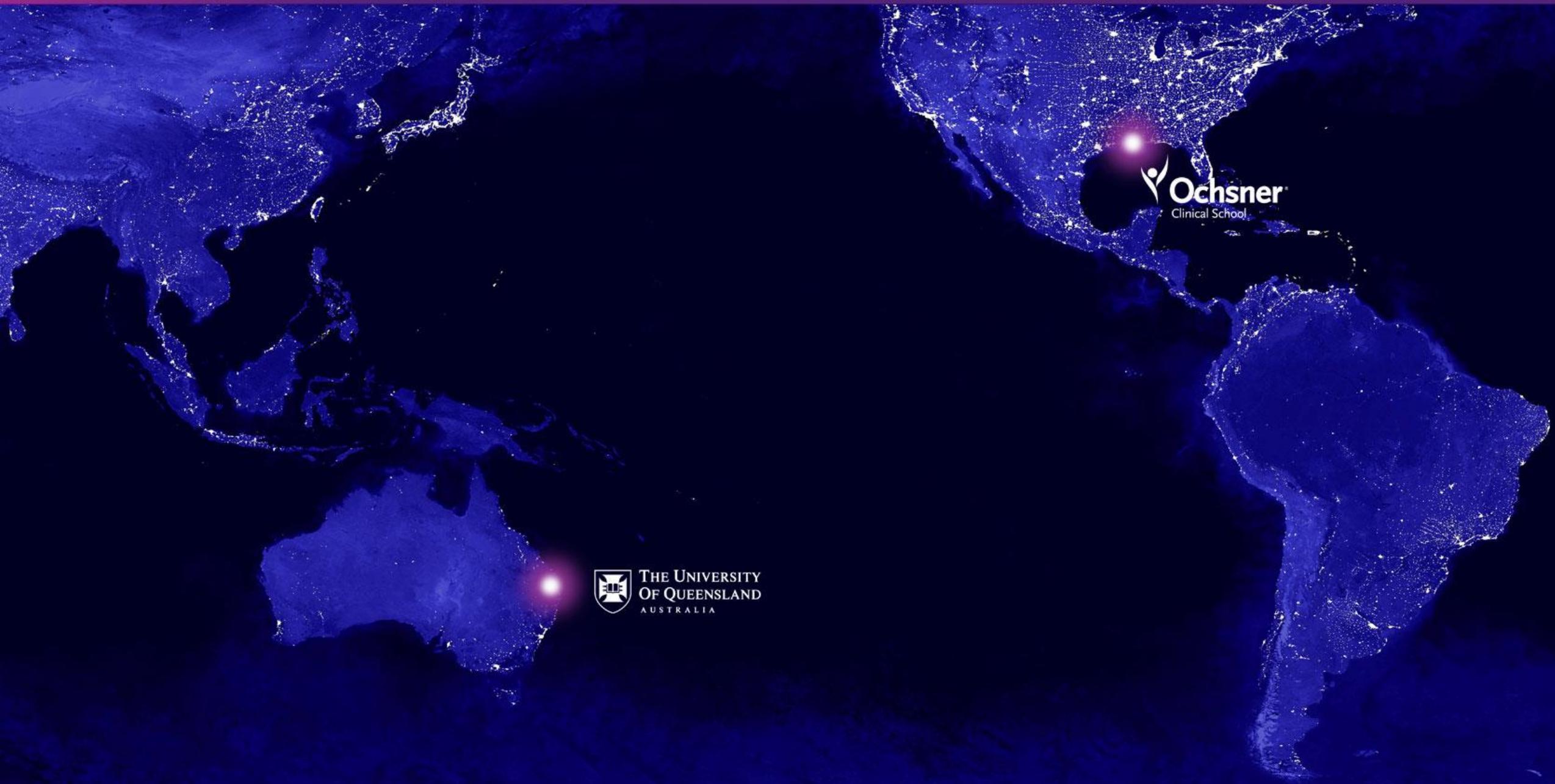
05/05/2022



# Global Health is Local Health

“Todos somos uno a los ojos de  
Dios”



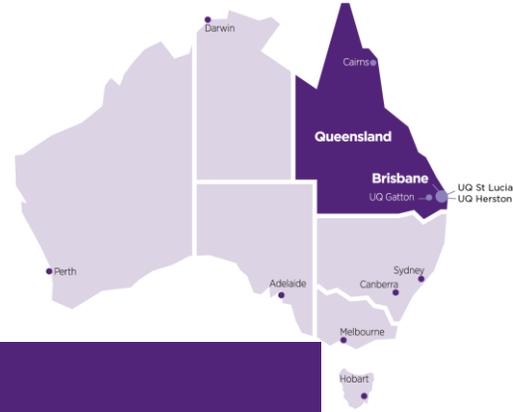


Ochsner  
Clinical School



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

# 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 10<sup>th</sup> 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

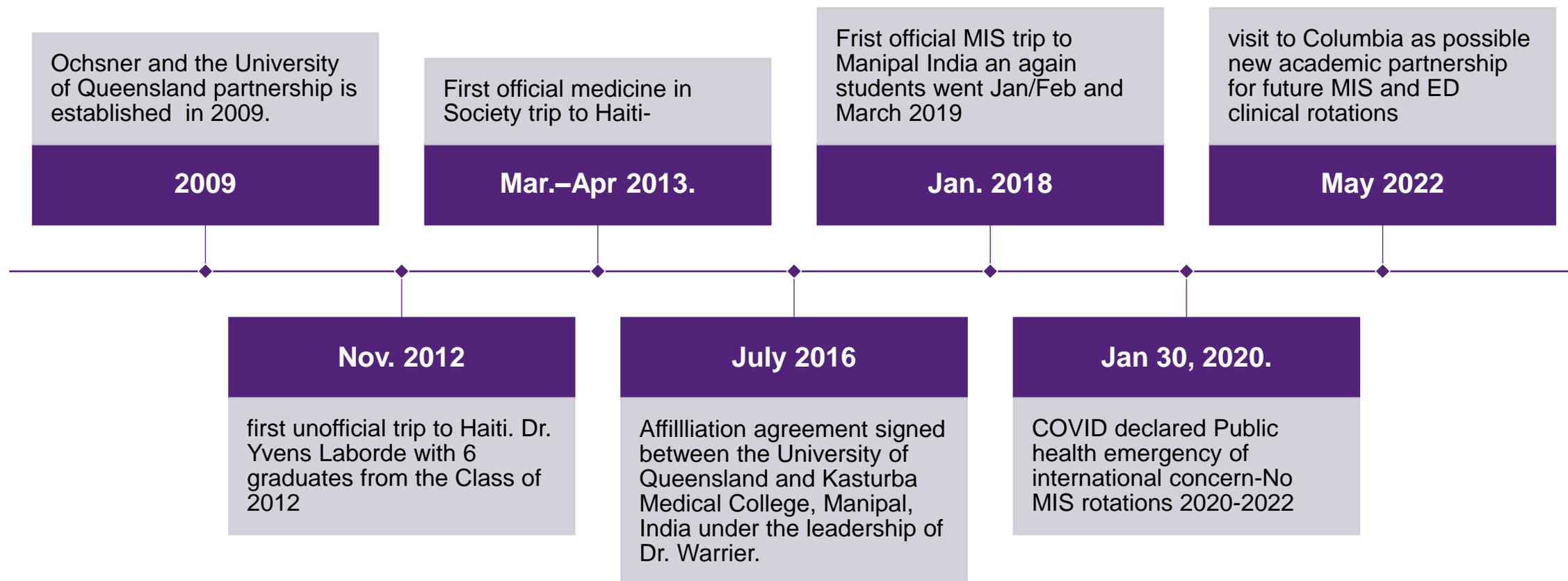
**Transition to practice semester**

# 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



# Timeline of MIS/Global Health Rotation





# Teaching Medicine in Context: Developing a Global Health Rotation in Haiti

Amanda Theppote M.D, Yvens Laborde M.D., Richard Vinroot M.D., Leise Knoepp M.D., Obinna Nnedu M.D., Shontell Thomas M.D., and Leonardo Seoane M.D. ; University of Queensland Ochsner Clinical School and Ochsner Health System

## 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 Mayaya 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.



...erance, humanity, ... limited

## 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 Virtues 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 Mayaya La Victoire
  - one week for debrief, summative clinical case presentation, and short answer/multiple choice exam.
- Learning materials are provided through an eLearning 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 ISTAT 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, URI, and GERD
- Peculiar diseases have included:
  - cholera, cutaneous myiasis, tuberculosis, helminths, and large goiters.
- Student's evaluated the course on a 1 poor to 5 excellent Likert scale:
  - Variety of clinical experiences = 4.8
  - Student involvement as part of the clinical team = 4.8
  - Teaching Staff = 4.8
  - Clinical Instruction = 4.4
  - Overall educational experience = 5
  - Comments:
    - "I honestly cannot 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."
    - "Faculties' extensive 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.
- Student's 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 work flow 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



<https://www.youtube.com/watch?v=A2qKK5FGTt8>

<https://www.youtube.com/watch?v=A2qKK5FGTt8>



# 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.”**



# OCHSNER JOURNAL



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## In this issue:

Medicine in Society: Five Students' Journey to a Clinic in the Haitian Countryside

Effects of Tobacco on Health and Disease: Three Decades of the Alton Ochsner Award

Comparison of In-Hospital Maternal Mortality Between Hospital Systems in Australia and America

Improving Patient Safety Communication in Residency Programs

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 3<sup>rd</sup> world country, we are still working with people who deserve 1<sup>st</sup> 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?

