

MACGLOBAL

MCMASTER PGME GLOBAL HEALTH INNOVATION FORUM



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MacGlobal Advisory Committee

LEAD BY EXAMPLE.

MacGlobal Leads

Dr. Caitlin VanDeCappelle, MD, FRCPC (Anesthesiology)

Dr. VanDeCappelle took MacGlobal herself in the first iteration and graduated from the McMaster University Anesthesia residency program in 2019. Following residency, she completed the University of British Columbia's Certificate in Global Surgical Care and a clinical scholarship in Anesthesia at Hamilton Health Sciences. She is now a staff anesthesiologist with Hamilton Health Sciences and an Assistant Professor with McMaster University. She is an active member of the PGME Global Health and MacGIObAS committees, as well as acts as a Principal Investigator and Consultant for the University of British Columbia Global Surgery Lab.

Dr. Andrew Kapoor, MD, MSc, MPH, FRCPC (Infectious Diseases)

Dr. Kapoor is an Assistant Professor at McMaster University in the Department of Medicine and Division of Infectious Diseases. He completed his medical training at the University of Toronto and his Internal Medicine residency at McMaster. This was followed by an HIV and Infectious Disease Fellowship at Harvard University in Massachusetts. He has a master's degree in Medical Science from the University of Toronto and an MPH from the Harvard Chan School of Public Health. He is one of the founders of the initial MacGlobal course at McMaster.

With Thanks to the Original Advisory Committee

Dr. Shelia Harms, MD (Psychiatry)

Dr. Andrea Hunter, MD (Pediatrics)

Dr. Abubaker Khalifa, MD (Critical Care Medicine)

Dr. Nardeen Kodous, MD (Internal Medicine)

Dr. Christian Kraker, MD (Internal Medicine)

Dr. Tim O'Shea, MD (Infectious Diseases)

Dr. Lynda Redwood-Campbell, MD (Family Medicine)



Mission and Vision

BE A GLOBALLY MINDED RESIDENT.

MISSION:

Our mission is to facilitate transformative global health learning for McMaster residents grounded in an ethical competency-based framework.

VISION:

Our vision is to facilitate the development of a new generation of health sector leaders who have the knowledge required to develop innovative solutions to our world's most challenging health problems.

“As long as poverty, injustice, and gross inequality persist in our world, none of us can truly rest.”

– Nelson Mandela



Course Overview

WHAT YOU NEED TO KNOW.

The McMaster Global Health Innovation Forum "MacGlobal" draws on the expertise and resources of one of Canada's leading educational and research institutions to provide a forum for global health scholarship, innovation, and collaboration among medical residents across specialties. We embrace a competency-based approach focused on helping residents acquire meaningful global health skills that they can apply to making a difference in the lives of people within Canada and around the world.

The aim of the MacGlobal course is to provide interested postgraduate medical residents with knowledge and skills relevant to the practice of global health.

The course objectives are aligned with CanMEDS objectives and the Royal College core competency framework, emphasizing an understanding of global determinants of health, technical skills, advocacy, management and leadership, interdisciplinary collaboration, and public health medical expertise. The course is taught by leading McMaster faculty as well as local medical practitioners who have established international global health experience. It provides a crosscutting curriculum in Global Health for residents that will both deepen their understanding of global health issues and provide them with tangible skills that can be applied to future global health work.

Applications

APPLY TO LEARN FROM THE DIVERSITY OF YOUR COLLEAGUES.

Rarely do residents have the opportunity to come together from all areas of medicine and engage in discussion around a common interest. Take this opportunity to interact with your fellow residents and learn from their varied and unique perspectives.

APPLY TO MACGLOBAL

Our interdisciplinary curriculum integrates fundamental global health knowledge with practical skills, in-depth case-based learning, and networking. MacGlobal is specifically designed to suit the needs of postgraduate medical trainees and will span from September to June. It will be comprised of 16 modules, and a certificate will be given upon completion.

The MacGlobal course will accept 30 residents annually from across specialties at McMaster.

Application submitted by: Trainee

Selection Process: All submissions will be reviewed by the MacGlobal committee.

Submission Requirements:

- Applicant's letter of interest
- Program director support



Course Format

MODULES AND COURSE REQUIREMENTS.

FORMAT

The course is delivered as a series of 16 modules over 10 months. Participants must complete 13 of the 16 modules to complete the course. Each module is composed of one interactive session 2-3 hours in duration and pre-readings.

KEY COURSE ASPECTS

- 16 modules on key global health themes
- 7 core modules – in-person
- 6 elective modules from a selection of 9 – mix of virtual and in-person
- Participants will receive approximately 36 hours of global health education
- Capstone project – one-page reflection paper
- A certificate of completion will be given to residents who complete all 7 core and 6 elective modules of their choice



Course Details

THINGS TO KNOW.

Attendance – completion of 13 modules is required to complete the course. Residents are expected to attend sessions for which they have registered. In the event of scheduling conflicts or the need to change chosen electives, residents must communicate with the MacGlobal team to make arrangements to attend another session to maintain their eligibility to complete the course.

Surveys – residents complete a brief survey after each module to provide feedback on content, speakers, and areas for improvement. Surveys will be available immediately after each module.

Readings – pre-readings will be provided for each module. These are meant to supplement the course content.

Capstone project – participants must read [An Introduction to Global Health Delivery](#) (available through McMaster library) and write a one-page reflection piece. The reflection is due June 1.

Graduation event – a year-end gathering will be held in June to reflect on the course and distribute MacGlobal completion certificates.

Get to know your colleagues – take the opportunity provided by in-person sessions to meet and engage with like-minded residents and staff. This relaxed environment gives you the unique opportunity to network and learn from fellow residents across a multitude of specialties.

Contact information: For any issues, comments, or concerns regarding the course, please connect with us:

Email: paqueal@mcmaster.ca

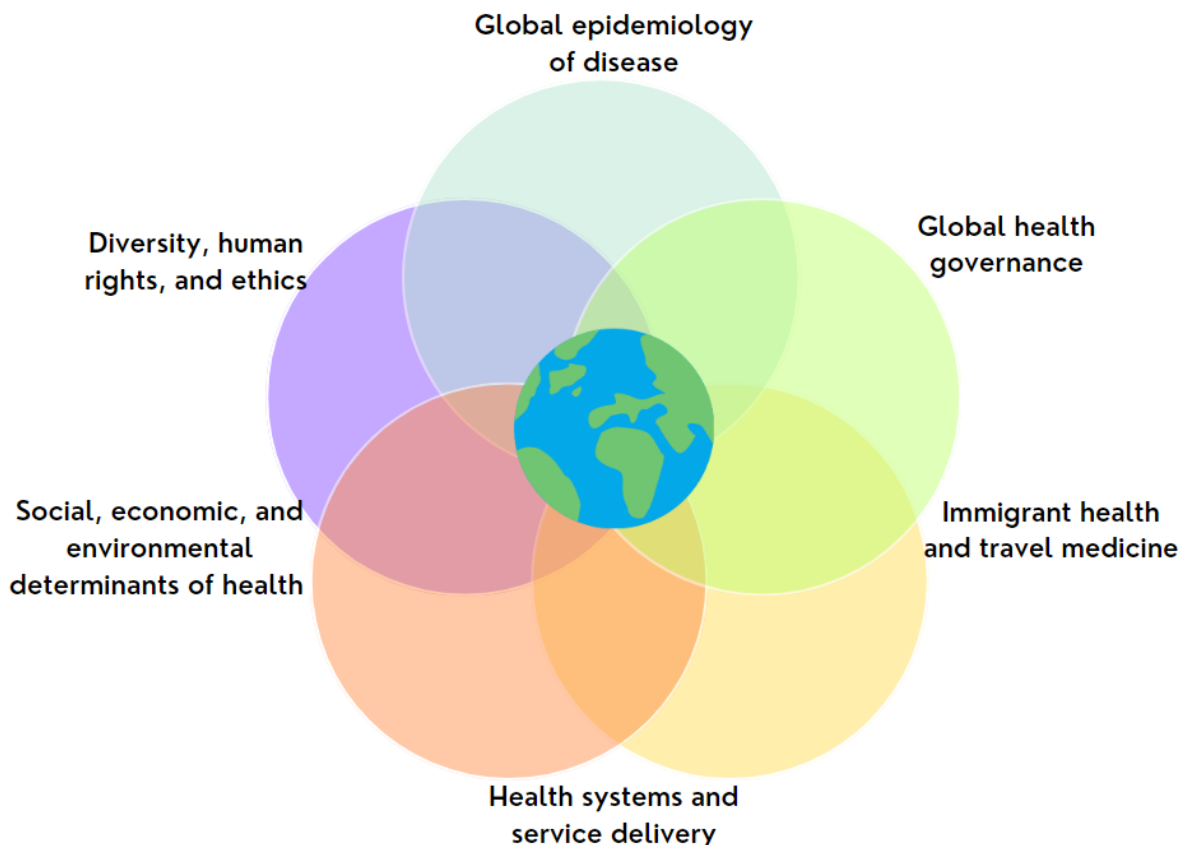
Website: <https://pgme.mcmaster.ca/macglobal/>

Competency Framework for Global Health

LEARNING GLOBAL HEALTH.

To formulate our curriculum, we looked to the literature. We wanted residents to gain both breadth and depth in what we believe are core areas of global health knowledge. While our offering is not exhaustive, it is comprehensive and will continue to grow over time. As all training programs move towards competency by design, it was also important for us to create an evidence-based course focused on a core set of global health competencies. Our review of the literature illuminated six key areas of competence that your MacGlobal modules will address collectively. We have combined this model with the Canadian national consensus on competencies in global health to form a comprehensive framework that faculty will use to enhance learning.

- 1) **Diversity, human rights, and ethics**
- 2) **Social, economic, and environmental determinants of health**
- 3) **Global epidemiology of disease**
- 4) **Health systems and service delivery**
- 5) **Global health governance**
- 6) **Immigrant health and travel medicine**





MCMaster PGME GLOBAL HEALTH INNOVATION FORUM

GLOBAL HEALTH COMPETENCY FRAMEWORK

A DETAILED LOOK AT GH COMPETENCY.

1) Diversity, human rights, and ethics

1. Participate in the practice of medicine with due regard that health is a fundamental human right as defined by the Universal Declaration of Human Rights (1948).
2. Discuss the unique ethical challenges of practicing medicine with vulnerable patients and communities.
3. Demonstrate an understanding of ethical principles of clinical and translational research in a low-resource setting.
4. Demonstrate respect for the critical role of non-physician health care providers in building a sustainable health care system in a resource-limited setting.
5. Describe how personal context and beliefs can impact the doctor-patient and doctor community relationship and demonstrate appropriate strategies to maintain effective communication and cooperation.
6. Engage patients, families, and communities in developing plans that reflect the patient's/community's health care needs and goals.
7. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe.
8. Recognize that sustainable development requires partnership at the community level, especially in low-resource settings.
9. Demonstrate the ability to assume an appropriate and effective role within diverse teams, cultural contexts, and low-resource settings.

2) Social, economic, and environmental determinants of health

1. Interact respectfully with others in relation to age, gender, ethnicity, place of origin, religious/spiritual beliefs, political beliefs, marital or family status, physical or mental disability, socioeconomic status, sexual orientation, or criminal convictions.

2. Demonstrate the ability to appropriately obtain information about professional, legal, and cultural expectations within a new setting.
3. Realistically assess the potential of the clinician's skills and societal position to have an impact in community health, both locally and globally.
4. Use a conceptual framework on the social determinants of health to describe how social, political and economic changes influence the global distribution of health and disease.
5. Explain the major determinants of health of vulnerable populations and the mechanisms with which they affect the health of individuals and populations, including issues of poverty, access to basic needs, environment, human rights, gender, conflict, economic, and political factors.
6. Identify vulnerable or marginalized populations and demonstrate an understanding of the different tools and strategies used to advocate for improved health care delivery and support to these communities (rural, aboriginal, refugee, immigrant, and/or low- and middle-income countries).
7. Discuss strategies to advocate for system level change with respect to the social determinants of health and how this impacts the concept of patient centered care and community centered care.
8. Participate in activities that advocate for the improved health of marginalized or vulnerable populations or communities in a low-resource setting (rural, aboriginal communities, refugee, immigrant, and/or low- and middle-income countries).
9. Locate services available to vulnerable populations in your community (e.g., services for immigrants, refugees, aboriginals, substance users, homeless individuals, and those suffering from mental health issues).

3) Global epidemiology of disease

1. Describe the global burden of disease, including the major causes of morbidity and mortality across regions.
2. Describe the pathophysiology, epidemiology, diagnosis, and treatment of diseases that have major implications both in Canada and internationally and understand how Canada is linked to other countries with respect to communicable diseases, non-communicable diseases, and chronic illness.
3. Describe the shift and causal factors towards increasing non-communicable diseases (NCDs) and chronic illness, and how this impacts vulnerable populations.

4) Health systems and service delivery

1. Identify and utilize population and disease surveillance databases and valid information resources that will assist with patient and population care, scholarly inquiry, and self-directed learning.
2. Discuss the potential for unintended consequences (both positive and negative) of working in a low-resource setting.
3. Propose culturally appropriate educational tools and resources for knowledge dissemination within populations experiencing health inequities (knowledge translation).
4. Critically evaluate global health research and recognize the impact of the imbalance in funding of research that addresses the burden of diseases in the poorest populations versus those of the wealthiest, and understand the strategies proposed to correct it.

5. Describe the advantages and challenges of different models of health care delivery (e.g., primary health care model, community-based care models, and public health models) and their relevance in various contexts.
6. Discuss the allocation of resources for a low-resource setting that is in balance and cooperation with the wishes of the community itself (i.e., appropriately identifying and prioritizing key health care expenditures such as access to clean water, sanitation, vaccination, and maternal and childcare).
7. Identify and describe evidence-based interventions which will have the most impact in a low-resource setting (e.g., immunizations, nutritional supplements, education, water and sanitation).
8. Recognize the role of primary health care, including disease prevention, health promotion, and health surveillance activities in Canada and abroad as an essential tool in maintaining and improving health, especially in underserved populations.
9. Explain how to develop appropriate multidisciplinary partnerships at the community level, including with non-health care disciplines (e.g., governments, engineers, economists, etc.).

5) Global health governance

1. Identify the forces of change that impact global health challenges and recognize that this requires a commitment to keeping up to date with health policies and knowledge of global burden of disease.
2. Describe the role of major Canadian and international health organizations such as the UN, WHO, DFATD, CDC, and governments.
3. Identify the key political and economic stakeholders, policies and programs that shape the social determinants of health in a given community.
4. Discuss the interconnectedness of health in the Canadian landscape with the health of the populations in other regions of the world.
5. Outline strategies for investment in health and health determinants as a resource for economic and human development in high and low-resource settings.

6) Immigrant health and travel medicine

1. Describe neglected tropical diseases in the global context.
2. Develop an approach to the management and assessment of health issues (including the ability to access information and support) that can be encountered in Canada and in international clinical settings such as travel medicine clinics, immigrant, and refugee health, and in clinical practice abroad.
3. Demonstrate cultural competency in patient care and community engagement, encompassing the concepts of cultural safety, humility, awareness, and sensitivity.
4. Provide patient-centered care that demonstrates an understanding of the cultural context of well-being, illness, and disease, and use this to strengthen the doctor-patient relationship.