

# Population Health Pathway

Focus in Global Health

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[Overview](#)

[PGY1-2 Global Health opportunities: Coursework, Longitudinal Electives](#)

[Funding and Application Process](#)

[Safety and Security](#)

[During Elective: Thought topics](#)

[POST Elective Reflection and Debrief](#)

[Evaluation and Mentorship](#)

[Milestones and Timeline](#)

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## Overview

The Population Health Pathway supports a robust [Area of Focus in Global Health](#) with educational and elective components, launched in AY13-14. Even before the birth of our Department, and before the initiation of the Section of Population Health, our UW EM community has maintained a strong dedication to integration of global health training and opportunity for our residents.

The Emergency Medicine Population Health Pathway (PHP) provides selected UW emergency medicine residents a comprehensive, longitudinal, and structured training program in Global Health. The PHP

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harnesses the unique strengths of the University of Washington's extensive network of global health programs, the large presence of global health organizations in the Seattle area, and offers the opportunity to work closely with accomplished faculty in global health and emergency medicine. This pathway offers an opportunity to gain longitudinal mentorship, training and experience in the area of global health during residency.

The following represents an overview of our overall educational goals for resident physicians dedicated to learning emergency care systems strengthening, humanitarian studies and population health in global arenas. Similar to other areas of focus, the overall structure of the pathway will include educational supplementation and mentorship meetings in the first two years of residency, a dedicated longitudinal month in the 3rd year to broaden the educational background of the resident and allow for coursework, and a dedicated elective at an international site usually in the 3rd or 4th year. The goal of the pathway is to best prepare resident physicians for global health practice or practice within Indian Health Services after graduation.

When appropriate, we encourage educational, research, and Qi activities that are performed under the direction of local physician leaders that are designed to meet local needs.

## PGY1-2 Global Health opportunities: Coursework, Longitudinal Electives

The UW Community is rich with opportunities for learning and mentorship within and outside our Department, the Department of Global Health and the Department of Health Metrics Sciences (Institute of Health Metrics and Evaluation). Given that Seattle is home to several large non-profit organizations related to Global Health ([Bill & Melinda Gates Foundation](#), [PATH](#), [I-TECH](#) etc), and Advocacy opportunities for working with local underserved populations (eg. [WA Physicians for Social Responsibility](#)) there are several opportunities for residents to visit and learn from local events, conferences, and presentations as well as network in the larger community.

### Coursework

During the first two years, residents will choose Global Health related [coursework](#) most often from the UW DGH or School of Public Health. Prior residents have worked with their UW Population Health Faculty to choose:

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- [GH 575](#) Global Health Leadership for the Clinician: A Month-long survey course of clinical topics in global health taught by interdisciplinary UW faculty and visiting experts usually taken in PGY3 fall.
- [GH 576](#) Health in Complex Humanitarian Emergencies: This is a week-long intensive taught with UW and CDC faculty to teach the principles of planning, implementing, and evaluating health programs for refugees and internally displaced persons during complex humanitarian emergencies in resource poor countries. Topics include rapid assessment; surveys; surveillance; nutrition; camp management; epidemiology of infectious diseases; water and sanitation; and vaccination campaigns during international relief operations for complex humanitarian emergencies.
- [Policy Development and Advocacy for Global Health](#) : This course explores why and how health policy decisions are made and how you can engage in the public policy process to improve health equity around the world; presents frameworks to help define public health problems, analyze and prioritize policy solutions, map stakeholder interests, anticipate policy implementation barriers, engage in global health diplomacy and policy negotiations, and develop policy advocacy strategies.
- Additional Coursework: UW Courses may be supplemented with outside learning. Here are some options to consider:  
[Humanitarian Response to Conflict and Disaster](#): This 5 -week go-at-your-own-pace online course explores guiding humanitarian response to modern emergencies, and the challenges faced in the field today through a series of case-based learning from real-world historical humanitarian crises.

### **PGY 3-4 Global Health Elective**

For residents on the Population Health Pathway with a focus in Global Health, after coursework and other curricula have been taken to prepare residents for an international elective, this is usually done in the PGY4 year. International elective time will be spent at a mutually agreed upon site of the resident/director's choosing and is 4 weeks long. We highly encourage our residents to engage with our Kenyan partner site(s) unless another organization or site would better serve the unique needs of the resident, and the final elective plan will be chosen by the resident and the UW mentorship team within Population Health. This elective time will involve engagement in an ongoing research collaboration, or

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clinical medicine practiced in a limited resource setting as well as opportunities to both learn global emergency medicine and often teach within the host site.

[Resident Career Development Time](#) (CDT), including international electives, includes time for the development of advanced skills and expertise in an area of focus beyond the core Emergency Medicine training. Focused areas of study are determined by the resident, and the time can be used to build clinical skills and explore niche areas for future career focus.

We have several practice agreements with various clinical sites for residents to choose from, however the final site of practice will be a joint decision between the resident and their faculty mentors. Our partnership with colleagues developing emergency medicine in Kenya has led to the development of an international elective site available to our residents for rotation.

- **Emergency Medicine in the Urban Public and Private Sector in Nairobi, KENYA:** Partnered with Kenyatta University Teaching Research and Referral Hospital and Aga Khan University in the heart of Nairobi, resident physicians will obtain their medical license to practice in partnership with medical officers and graduates from Kenya's first diploma program /post-graduate training in Emergency Medicine. The on-site mentor Dr. Benjamin Wachira is immediate past president of the AFEM (African Federation of Emergency Medicine) and world-renowned in the global health community. Residents will have the opportunity to engage in learning, teaching and clinical care in a large public hospital system as well as a large private hospital system in Nairobi, and as security allows, with a district hospital outside Nairobi in the public sector (Naivasha District hospital).

In addition to the flagship elective offering described above, some residents have had unique interests that were better supported by outside electives. See below for a description of recent electives by our residents with an area of focus in Global Health.

- **Participation in NIH-funded Research engagement with UW Faculty in Southern Uganda:** Under the mentorship of UW EM's physician scientist [Dr. Kelli O'Laughlin](#), a resident physician with a career focus in global health research participated in evaluating an intervention to improve engagement in HIV care among refugees living in Nakivale Refugee settlement in Uganda. Several of our faculty have actively funded global health research, and would be glad to engage a dedicated resident with focus in global health research.
- [Community-based participatory research among the Maori tribe in New Zealand](#)
- [Residency and EM as a speciality development in Guatemala City](#)

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- Month-long rotation with Partners In Health Haiti ([Zanmi Lasante](#)) within the Hospital Mirebalais Emergency Medicine Residency Training Program
- [Global Emergency Care \(Uganda\)](#) Month-long rotation in southern Uganda teaching and providing clinical care in the training program for Emergency Care Providers (ECPs)

## Ongoing Resources for Curriculum Support

- [Global Emergency Medicine and Rural Health Fellowship Program Lecture Series](#)
- **Decolonization Video Series:** Drawing from the broader Global health community outside UW, this youtube video series from academic scholars hosted by multiple academic partners in the decolonization of global health is applicable to tribal and indigenous health within the continental US as well. Please listen to this series and plan to discuss with your mentor
  - [Beyond Tokenism \(Dr. Ngozi Erondu\): How do we stop global health institutions from perpetuating global health inequities](#)
  - [Decolonizing the Mind \(Dr. Anouska Bhattacharyya\)](#)
  - ["Decolonizing Global Health Education"](#)
- **Global Emergency Medicine Literature Review Series:** This annual publication reviews the top EM articles in Global health using a systematic approach, and provides a great resource for highlighting valuable contributions to the field.
  - [Global emergency medicine: A scoping review of the literature from 2020 - PubMed \(nih.gov\)](#),
  - [Home | GEMLR](#)
  - [International Federation for Emergency Medicine \(ifem.cc\)](#)
  - African Federation of Emergency Medicine [home - AFEM](#)

## Funding and Application Process

The GH elective is a residency funded experience, and in addition, \$2500 USD is provided to residents on the population health pathway with focus in global health to defray costs of medical licensure, airfare and housing while abroad. Prior residents have also been successful in accessing the [GO Scholarship through UW Global Opportunities Grant](#).

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As selection for this pathway occurs in the R2 year, interested residents are encouraged to send their CV and a paragraph of interest to [Dr. Shah](#) for dissemination to our Population Health faculty and the residency leadership for consideration of this area of focus within the Population Health pathway.

## Safety and Security

All participants in the global health area of focus must meet with the Pathway Director Dr. Shah to review the [Pre-departure checklist](#) which includes safety and security information, evacuation insurance coverage through UW, media policies, and link to the UN security course.

## During Elective: Thought topics

As you go through your international elective time, please consider these questions below and consider jotting down notes for yourself about patient stories that were impactful for you, how care in your rural site was different than urban health care delivery experiences, and what you learned. For more info on story-banking, please see [here](#) for a link to a thoughtful lecture on how this can help you in your global health advocacy endeavors throughout your career and meaningfully impact your patients.

**PSYCHOSOCIAL & SOCIAL DETERMINANTS OF HEALTH:** What are the burdens of disease for these problems compared with your home institution, and what local programming has been instituted to address these issues if any? Be sensitive around recognizing your role in primarily being there to listen, learn, support local solutions to local issues. [Recording: Amanda Stewart, 'Storytelling, social math and oral testimony in advocacy'](#)

- Mental health - acute decompensations, chronic problems
- Intimate partner violence
- sexual assault
- substance use/abuse
- Homelessness / unstable housing
- food insecurity
- Teen pregnancy / Birth control / abortion
- Racial/socioeconomic disparities in health care administration

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- How do you coordinate with/tie into other existing resources? (often done by or with the help of social workers in academic centers - who does this in this ED? How do you learn what resources are available?)

## **SYSTEMS:**

- Understanding of the need, implications, and risks/benefits of transfers from a critical access facility to a higher level of care including considerations of options of higher levels of care
- What options for EMS transfer exist? Patient transports (unique barriers?) Does this affect scene capacity (i.e. are transports delayed b/c you wouldn't have enough ambulances to cover scene calls?) If so, how do you deal with this / determine what to do? Are there other resources you can utilize?
- Limitations of the ED:
  - During "routine" care [how much if any blood product uncrossmatched is available? How quickly can you obtain emergency medications ?]
  - What situations (#. types of patients) would define a "mass casualty" for this ED?
  - Financial barriers: many facilities are in-advance fee-for-service, how does this impact emergency care that is time-sensitive?
- Broader "capacity" issues - what official vs. unofficial resources do you have (What consult services and what is their true availability ? What does the hub and spoke model look like for referring to larger centers)
- Are there patients in the community with advanced ongoing medical needs? (MDR-TB?non-communicable diseases like CHF). If so, what resources are available to help manage them?
- Primary care
  - Who /what level of provider performs most primary care in this community? Availability of appointments, What is the access? Prenatal care?
  - Cost / availability of medications (and being able to come up with alternatives when cost is too high) - what resources are available to help patients who cannot afford their medications?
- Other "standard" referrals - ortho, general surgery, cardiology
  - Timeframe? Availability?
  - Problems getting in to see specialists? (what is available in-country?)

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- Utilization of telehealth / telespecialists: What low and high-tech resources are available and for what specialties?
- What does Critical care look like in this facility? Opportunities for low-cost, available, low-hanging fruit interventions (Eg. oral rehydration in settings with limited IV access)?
- Differences in health beliefs around surgery, medication, death and dying, the role of family in a patient's care....

During your Elective, remember we are here for you if you experience stressors or any emergencies, or if you want to bounce ideas/cases off us in the ED!

## POST Elective Reflection and Debrief

Population Health Pathway residents will prepare a post-elective reflection piece and debrief with their faculty mentor to integrate their experiences. Upon your return, we will contact you to schedule some time to learn from you about your experiences, and encourage you to consider the below opportunities to share your reflections and your knowledge.

### Post Elective Opportunities to Share Reflections:

- Presentation to the program : 15-30 min during Thursday conference will be dedicated to you sharing your learnings, or can be integrated into your Grand Rounds presentation as an R4
- Case report: If you see a visually interesting case or a standard case made more challenging for diagnosis or treatment given the rural setting, please plan to write up/present this to our department upon your return. Consider Images in Emerg Med type publication and obtain needed permissions from patient and local supervisory community.
- Example post elective reflection summaries: [Emily Bartlett](#), MD, MS, MSc, Class of 2020; Guatemala | [Callan Fockele](#), MD, MS, Class of 2020; New Zealand | [David Murphy](#), MD, Class of 2019; Dominican Republic

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## Evaluation and Mentorship

Residents will be evaluated based on meeting their self-identified Population Health and career milestones and goals, meeting quarterly with the Director of Education for the Population Health Section and with their mentors as their projects and educational pathway takes shape.

## Milestones and Timeline

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### PGY 1-2

Establish interest in areas of Population Health and meet with potential mentors

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### PGY 2 Mid Year

Meet with the Director of Education for Population Health, and residency leadership, as well as potential other faculty mentors in the residents area of focus and apply for the pathway. Establish individualized curriculum and long term goals for away or longitudinal elective. Choose when away electives will be by mid-year.

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### PGY 3/4

Complete away elective in global health, initiate longitudinal elective if chosen.

Join curriculum for Population Health Fellows and Residents, SAEM Global Emergency Medicine Academy and ACEP/EMRA Global EM curriculum or other national organizations of interest.

Attend focused journal clubs on global EM topics.

Initiate Research or Educational Project related to area of Interest

**We hope you enjoy your rotation and please be in touch for further resources!**

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