

GLOBAL & URBAN HEALTH & EQUITY

GLUE Program Overview

“The GLUE that connects us”

**Wayne State University Global Health Alliance
(WSUGHA)**

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I. Background

Global Health refers to the field of study, research, and practice that places a priority on improving and achieving equity in health for all people worldwide. It is a synthesis of population-based prevention and individual-level clinical care and emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences; and promotes interdisciplinary collaboration.¹

Geopolitical, technologic, and economic interdependent factors continue to drive travel and global migration patterns and increase the diversity of migrant populations.² This has contributed to widening, deepening, and speeding up the globalization of both communicable and noncommunicable diseases.^{3,4} As the mobile U.S. population grows, emerging global trends in pandemics, increasingly virulent and antibiotic resistant pathogens, worsening health disparities, climate change, urbanization, and geopolitical instability presents greater health threats without and within our borders.

Consequently, today's physicians and health providers must understand the global burden and epidemiology of diseases, the disparities and inequities in global health systems, and the importance of cross-cultural sensitivity in order to assure a health domestic population. It is crucial that that they are skilled in their ability to work in a multidisciplinary team and utilize resources, knowledge, and experience of diverse societies to address health challenges throughout the world.

To this end, the interdisciplinary Wayne State University Global Health Alliance (WSUGHA) was formed to train leaders in global health who will set national and international standards of best practice in global & urban health education, service, research, policy, and advocacy. We aim to develop leaders who will lead transformational and innovative solutions to international and domestic problems and inspire the national and global imagination to attain the dream of a truly better world.

WSUGHA is a multidisciplinary consortium of Wayne State University faculty who are passionate about global health and committed to practicing ethical, strategic evidence-based, compassionate, culturally competent service, research, and education. As it is no longer effective for global health professionals to operate within silos of specialties,⁵ WSUGHA serves to unify the various global health silos throughout the university to more efficiently and strategically leverage our collective resources to collaborate on innovative interdisciplinary approaches that will drive transformative solutions to better impact health outcomes⁶ and reduce global mortality and morbidity.

Our mission is aligned with Wayne State University (WSU) which is to "...create and advance knowledge, prepare a diverse student body to thrive, and positively impact local and global communities."⁷ We recognize that WSU's mission, urban location, and diverse student composition places us in a unique position to exert innovative and visionary leadership in both international-global and local-global health and equity arenas.

The WSUGHA developed the Global & Urban Health & Equity (GLUE) curriculum to meet the growing need of medical students, residents, and fellows across all specialties to acquire global health experiences,^{8,9} and provide a comprehensive multidisciplinary competency-based program to structure, guide, and support their educational experiences. It is well recognized that more students and residents appreciate the benefits of global health training which include a broader medical knowledge base, improved physical examination, technical, diagnostic and clinical skills, and strengthened commitment to practice medicine among underserved and multicultural populations.¹⁰ The global health literature shows that medical students and residents who participate in global health educational programs are more likely to pursue primary care medicine, obtain a public health degree, and practice medicine that addressed issues of social justice such as health disparities and equity.¹¹⁻¹³ They have improved self-perceived clinical skills, cultural competency, and a greater understanding of the social determinants of health and health systems.¹⁴ They have a greater awareness of cultural and socioeconomic factors, and greater recognition of the importance of communication skills. The competences they achieve through a global health education also expands their career options by preparing to work in clinical medicine, research, medical education, population and public health.¹⁵

As a leader in “world class education”⁷, Wayne State University aims to train scholars who will be world class leaders in world health and are able to apply real-world solutions to complex local and international problems in a comprehensive context.

II. WSUGHA

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Directors

Kristiana Kaufmann MD, MPH

Ijeoma Nnodim MD, FAAP

Board Members

Lisa Allenspach

Amy Cortis

Arun Kumar

Jamey Snell

Jeffrey VanLaere

Committees

Advocacy: Jamey Snell

Conference: Lisa Allenspach

Curriculum: Kristiana Kaufmann

Global/Local: Amy Cortis

III. Values

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WSUGHA GLUE competency-based curriculum is designed to uphold the values of contemporary global health education best practices including:

1. Evolving beyond the charity model of global health and its colonial/racist roots,¹¹ instead focusing on equitable sustainable community-led and institutional bidirectional partnerships.
2. Focusing on capacity building and disrupting the “help” or deficit-based paradigm of transnational and domestic community engagement and collaboration.
3. Emphasizing health, education, and social equity and justice.¹¹
4. Emphasizing equitable interdisciplinary team-based approaches that include non-health professions.
5. Focusing on population health and socioeconomic/environmental health determinants versus individual health and disease-oriented approaches.
6. Moving beyond traditional focus on infectious disease and tropical medicine and highlighting emerging trends of non-communicable disease, planetary health, and geopolitical forces that threaten global health study, practice, and education.
7. Expanding “global” in “global health” to refer to scope of issues as opposed to being limited to geographical boundaries so that local/domestic problems are equally emphasized as those that are international.¹
8. Providing experiential learning opportunities that is commensurate to the learners’ level of training and focuses on education and awareness of sociocultural determinants of health.¹⁶
9. Deconstructing historically ethnocentric terminology in the global health lexicon and promoting lingo that is culturally relative sans derogatory implications (ex: “third world”, “developing”, “under-developed”).

IV. Goals & Outcomes

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The WSUGHA GLUE curriculum is a robust, innovative, longitudinal program consisting of the following components: seminar series, research/service capstone project, symposiums, and local and international experiential learning programs.

The two-year seminar series is designed to offer learners the opportunity to gain comprehensive knowledge and skills surrounding global health by providing local and international educational opportunities that focus on the care of underserved and vulnerable populations. We will also provide career and research mentorship in global and community health; promote scholarly activity in global health education, public health, research methods, and innovative service delivery; and competency-based education around health disparities and inequity.

Overall, at the completion of the WSUGHA GLUE program, scholars will be able to fully engage in global health experiences with a well-rounded and proven foundation in global health and be equipped to solve complex global and local problems using interdisciplinary evidencebased, high value, compassionate, and culturally competent strategies.

Upon meeting all requirements of the program by which they would have demonstrated the Basic Operational-Practitioner competencies, they will be able to receive a WSUGHA certificate of recognition. They are also able to obtain certificate through their respective departmental global health pathways.

Anticipated Outcomes:

- I. A unified community of global health scholars, practitioners, and professionals committed to global health best practices.
- II. Increased number of multidisciplinary learners of all levels who are better prepared for Global and Urban health education, research, and services.
- III. Incorporation of a longitudinal GLUE curriculum in WSUSOM curriculum
- IV. Improved measurable local health outcomes as a result of improved comprehensive culturally competent care
- V. Increased recruitment of learners and faculty committed to Global & Urban health education, research, and service.
- VI. Increased interdisciplinary collaboration of global health projects and programming
- VII. Increased recognition of Wayne State University as a center of transformative excellence in global and urban health regionally, nationally, and internationally.

V. Eligibility and Enrollment

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- i. MD students
- ii. Graduate Students
- iii. Residents
- iv. Fellows
- v. Faculty/ Practicing Physicians

WSUGH GLUE content will be open access and available to any learner interested in gaining knowledge and skills in global health. Interested scholars will be required to complete an online application that includes essay questions and Curriculum Vitae submission. Applicants are required to include program director information for approval if applicable. Application is available at www.wsugha.org.

In order to receive certification, GLUE scholars are responsible for all (100%) of course content. This includes submitting all online assignments and discussions, submitting all Time Out reflections, submitting all four capstone assignments, and maintaining attendance to all classes. Attendance is required in person for minimum 70% of classes and all missed classes require students to review the video recorded class seminars and write a participatory assignment that reflects the in-class group work assignment.

VI. Competencies

The GLUE curriculum utilizes the Consortium of Universities for Global Health (CUGH) Global Health Education Competencies Toolkit to guide our core content.¹⁷ The CUGH is a coalition of universities who are committed to the education, research, and practice of global health and builds interdisciplinary collaborations to facilitate the sharing of knowledge to address global health challenges.¹⁸ In 2013, CUGH published broad global health core competencies applicable across disciplines in order to provide standardization and structure to global health educational and professional development programs.¹⁹ The competencies are comprehensively explained in the CUGH Toolkit (appendix A & B) which provides learning objects and curricular content to support the competency level Basic Operational – Practitioner Oriented (11 domains).¹⁷

The GLUE curriculum is mapped to include the 11 domains that encompass the Basic Operational – Program Oriented competency levels and include the below eleven domains, competencies, as well as additional Practitioner Oriented competencies that are mapped to corresponding Accreditation Council for Graduate Medical Education (ACGME) competencies. The ACGME is a private, non-profit council that evaluates and accredits more than 9,000 residency programs across 135 specialties and subspecialties in the United States. The ACGME establishes educational standards and common program requirements for training programs.²⁰

CUGH Global Health Domains and Competencies:

1. Global Burden of Disease (MK, SBP)

- Describe and validate the major causes of morbidity and mortality and their variations between high-, middle-, and low- income regions, as well as major public health efforts to reduce health disparities globally

2. Globalization of Health and Health Care (PC,PBL, SBP)

- Describe how globalization affects health, health systems, and the delivery of health care.

3. Social and Environmental Determinants of Health (PC, ICS, P, SBP)

- List and describe social, economic, and environmental determinants of health and their impacts on access to and quality of health services and overall health outcomes.

4. Capacity Strengthening (PC, PBL, SBP)

- Demonstrate application of capacity-strengthening through trusting collaboration with partner organizations to address current and future global public needs by assessing, building, and integrating community capabilities

and assets to improve health of individuals and populations through enhancement of global public health programs, infrastructure, and workforce.

5. Collaboration, Partnering, and Communication (ICS, P, SBP)

- Demonstrate the ability to collaborate and partner with a diverse range of global health stakeholders to advance research, policy, and practice goals, and to foster open dialogue and effective communication with partners and within a team. They will be able to display inter-professional values and communication skills that demonstrate respect for, and awareness of the unique cultures, values, roles/responsibilities and expertise represented by other professions and groups that work in global health.

6. Ethical Reasoning (PC, ICS, P)

- Apply basic principles of ethics, social justice and human rights principles in addressing global health problems and demonstrate basic understanding of the relationship between health, human rights, and global inequities.

7. Professional Practice (PBL, ICS, P, SBP)

- Demonstrate and articulate activities related to the specific profession or discipline of the global health practitioner.

8. Health Equity and Social Justice (ICS, P, SBP)

- Apply social justice and human rights principles, which analyze strategies to address health disparities across socially, demographically, or geographically defined populations, to global health problems and implement strategies to engage marginalized and vulnerable populations in making decisions that affect their health and well-being.

9. Program Management (PC, PBL, ICS, P, SBP)

- Design, plan, implement and evaluate global health programs to maximize contributions to effective policy, enhanced practice, and improved and sustainable health outcomes.

10. Social-Cultural and Political Awareness (PC, ICS, P, SBP)

- Describe the roles and relationships of sociocultural and political entities influencing global health and development, which enables one work effectively within diverse cultural settings and across local, regional, national, and international political landscapes.

11. Strategic Analysis (MK, PBL, SBP)

- Demonstrate the ability to use systems thinking to analyze a diverse range of complex and interrelated factors shaping health trends to formulate programs at the local, national and international levels by conducting community health needs assessment and identifying how demographic

factors can influence patterns of morbidity, mortality, and disability in a defined population.

The CUGH Toolkit has a minimum level for Basic Operational – Program Oriented learners but does not have criteria for Practitioner Oriented learners. For GLUE scholars who may be involved in clinical work, WSUGHA core faculty designed 7 domains for practitioner-based competencies which correspond to the appropriate ACGME competencies.

Global Health Alliance Practitioner Oriented Domains:

1. Travel Skills and Safety (PC, MK, PBL)

- Demonstrate understanding of food safety, vaccine readiness, basic first aid and hygiene, and travel basics.

2. Infectious Disease/Neglected Tropical Infections (PC, MK, SBP)

- Demonstrate understanding of tropical medicine topics (HIV/AIDS/TB/Malaria) and neglected diseases in a global context.

3. Global/Local Detroit (ICS,P, SBP)

- Demonstrate understanding and working knowledge of public and community health and how they can be applicable in our local Detroit environment as well as globally.

4. Special Populations (PC,MK,ICS,SBP)

- Identify additional considerations in special, vulnerable, and underserved populations including children, pregnant females, elderly, homeless, poor, un/underinsured.

5. Disaster and Humanitarian Response (MK, PBL, ICS, SBP)

- Demonstrate an understanding of the types of complex emergencies and have a working knowledge of the factors to consider including water, sanitation, and hygiene (WASH), shelter, food security, and medical care.

6. Capstone Review/National Public Health Week (MK, PBL, P)

- Demonstrate understanding on how to critically analyze publications. They will also become familiar with the working body of global health literature and current issues.

ACGME Core Competencies:

1. PC – Patient Care - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- 2. MK** – Medical Knowledge - Residents must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
 - 3. PBL** – Practice-Based Learning - Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
 - 4. ICS** – Interpersonal and Communication skills - Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families, and professional associates.
 - 5. P** – Professionalism - Residents must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
 - 6. SBP** – System-Based Practice - Residents must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- ACGME Core Competencies:

VII. Program Requirements

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- I. Seminar Series**
 - a. Longitudinal GLUE Curriculum Table
- II. Capstone Project**
 - a. Field Expectations
 - b. Experiential Learning Sites
 - i. International
 - ii. Local
- III. Time Out**

Seminar Series

GLUE Seminars are designed using innovative andragogical strategies to promote longitudinal self-directed learning. They will be offered over the course of 2 years. Each two and one-half hour class will comprise WSU GHA and/or guest faculty-led presentations and small-group interactive discussion. Presentations will take the form of a variety of information delivery models such as debate and argumentation, case studies and problem-solving, journal club, reverse-classroom, cross-over learning, simulation, and use of technology (e-learning) such as global massive open online tools as well as transnational educational partnerships.

GLUE scholars will be expected to participate in every class offered in the two-year curriculum either in person or as a make-up session described below. Readings and an accompanying assignment will be due the Sunday one week prior to each class and scholars will be expected to participate in an online discussion by the Sunday prior to each class. All materials will be available on the Canvas platform and will require a WSU Access ID or equivalent. Scholars will be expected to sign in at each class and participate actively in the small group interactive discussions. Any absences will require scholars to review online materials, view the online recording of lecture, and complete the regular assignments in addition to a “makeup” assignment which reflects the in-class small group interactive discussion portion. Seminar topics are as follows for the two-year curriculum.

Longitudinal GLUE Curriculum

Year 1 – Month	Topic	Year 2 – Month	Topic
August	Introduction, Global/Local, Social-cultural and Political Awareness	August	Introduction, Global/Local, Social-cultural and Political Awareness
September	Global Burden of Disease/Infectious Disease	September	Globalization of Health and Healthcare

October	Social and Environmental Determinants of Health	October	Strategic Analysis
November	Travel Skills and Safety	November	Travel Skills and Safety
December	Program Management	December	Health Equity and Social Justice
January	Infectious Disease/ Neglected Tropical Infections	January	Infectious Disease/ Neglected Tropical Infections
February	Ethical Reasoning	February	Collaboration, Partnerships, & Communication
March	Capacity Strengthening	March	Professional Practice
April	Capstone/NPH Week	April	Capstone/NPH Week
May	Disaster and Humanitarian Response	May	Special Populations

Capstone Project

In addition to the class assignments, discussion questions, and participation; scholars will also be required to complete a capstone project. Capstone projects should be aimed at addressing relevant global health issues and solving real-world problems. This project will require approval and mentoring with one of the core faculty members or fellows. The capstone will be compiled through a series of four assignments. Capstone assignment 1 will be due November of the first year and includes writing a background of the project/location chosen by the scholar. Capstone assignment 2 will be due March of the first year and entails writing proposed methods of their project. Capstone assignment 3 is due November of the second year and will include the results section of their project. Capstone assignment 4 will be due March of the second year and includes the final writeup of the project for submission.

This Global health capstone may be completed in an international site or in a local Detroit site but the same format of four assignments will remain. Project presentations will be at local, regional, and national Global health conferences –Henry Ford Hospital Global Health Initiative Symposium, Consortium of Universities for Global Health, and during National Public Health Week at WSU. Additionally, students are strongly encouraged, and will be mentored, to submit their work for publication.

Field Expectations:

There is an increasing awareness of the need for safe and ethical international field experience by U.S. medical learners that are grounded in respect of host communities and are appropriate for the level of training of medical learners.²¹ Therefore, our international experience are designed in compliance with the **Working Group on Ethics Guidelines for Global Health Training (WEIGHT)** which were developed for institutions, trainees, and sponsors of field-based global health training on ethics and best practices.²¹ Thus, our international and local programs are well-structured with equal input from our partners to assure mutual and reciprocal benefit; promote long-term sustainable partnerships; match trainees to experiences that are commensurate with their level of training; provide adequate trainee preparation, mentorship, and supervision; provide cultural competency training to address issues trainee attitudes, behavior, and safety; and include a comprehensive accounting for associated costs. In so doing, we aim to mitigate the potential harms to institutions, personnel, trainees, patients, and the community in host countries of global health training programs while providing a balanced and well-rounded learning experience for our scholars.

Metropolitan Detroit is a rich tapestry of racial, ethnic, national, socio-economic, sexual, neurologic and able diversity and a long history of grassroots community. Home to significant health disparities and inequities, the region offers global health scholars and practitioners the unique opportunity for bi-directional service, learning, and research that provide benefit for local and international citizens. To effectively serve the local community, it is important to be aware of and understand local realities. Thus, global-local site experiences are immersion opportunities to increase exposure to and awareness of local issues of health and socioeconomic disparities and inequities as it relates to vulnerable populations in our immediate community.

Experiential Learning – International & Local Sites:

Approved capstone sites and coordinators include but are not limited to:

International:

1. *Lao PDR*- Emergency Medicine Development with Health Frontiers. Program coordinator Kristiana Kaufmann MD, MPH
2. *India* - Rural Health and community assessment with Pardada Pardadi. Program coordinator V. Arun Kumar MD, MPH
3. *India* – Tropical Medicine with CMC Vellore. Program coordinator Pranatharthi Chandrasekar MD
4. *Guatemala* – Emergency Medicine Development with USAC: Program coordinator Daniel Ridelman MD, FACEP
5. *Haiti* – WHSO collaboration with Universite of Quisqueya Medical School. Program coordinator Lisa Allenspach MD

6. *Nicaragua* – WHSO community assessment with Bridges to Community: Program Amy Cortis MD

Local:

7. *First Aid First*– WSU first aid initiative. Program Coordinator Kristiana Kaufmann MD, MPH
8. *Project H* – Homeless initiative, Program coordinator Amy Cortis MD.
9. *Teddybear clinic* – Pediatric clinic, Program coordinator Amrit Misra MD
10. *DLIVE* – Violence prevention, Program coordinator Tolu Sonuyi MD
11. *Immigrant Health* – Immigrant Health issues. Program Coordinator Ijeoma Nnodim MD

TIME OUT:

Each month, all scholars will engage in one event in the Metro-Detroit area. This may include a visit to a community & health centers caring for a variety of vulnerable populations including, but not limited to, the homeless, refugee and immigrants, commercial sex workers, HIV/AIDS, LGBTQIA. They will also be able to participate in cultural activities such as festivities, town hall meetings, and social events. The purpose of this ‘Time Out’ is to get our GLUE scholars out into the community to engage in different populations and issues that they otherwise may not dedicate time to.

Glue Scholars will need submit a reflection of their experience and submit this to the Canvas Classroom each October, December, January, and March. This reflection can be a short video or short essay. Scholars are also encouraged to share their experience on the WSU GHA Facebook page.

VIII. Assessments

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1. Assignments will be posted to the canvas classroom and available throughout the term.
 2. **Grading:** Grading will be standardized through grading rubrics available on Canvas (appendix C). There is a NO LATE policy for all assignments and discussions: work turned in after the due date get a zero grade.
 3. **Monthly Assignments:** Assignments are due by midnight the Sunday one week before class. Assignments are worth 20 points per class for ten classes. Total points 200.
 4. **Discussion:** Students will be required to respond to two other student responses for each assignment. This will be due the Sunday before class for a total of 5 points per assignment. Total points 50.
 5. **Capstone:** There are four capstone assignments and a capstone presentation for scholars. Assignments will be due Nov and March each year for 50 points each and a

final presentation of 100 points. Mentor/Program evaluation will be required with the March assignment. Total points 300.

6. **Time Out:** – Students must attend an enhancement event and a written or video reflection by October, December, February and April. 25 points each for a total of 200 points. We also encourage but do not require sharing events on our Facebook page.
7. **Attendance:** – Scholars must email wsugha@wayne.edu by the Sunday BEFORE class if you will be absent. Sign in is required and in class attendance 70 %. For absence, scholars must complete the full assignment, watch the in-class video recording AND complete the make-up assignment of a 500 word write up OR a 5-minute video recording responding to the in class small group assignment by the Sunday after class.
8. **Minimum for Certification:** 70% total attendance AND 700 points
9. **CME** credit is available if you sign in. Optional CME evaluation monthly.
10. Global Health survey will be part of the Intro assignment and the NPH week assignments. Additional course evaluation will be incorporated in the NPH week.

Year I	Points	number	total
Assignments	20 points each	10	200
Discussions	5 points each	10	50
Capstone Nov	50 points	1	50
Capstone March	50 points	1	50
Time Outs	25 pts	4	100
Total Year I			450
Year II			
Assignments	20 points each	10	200
Discussions	5 points each	10	50
Capstone Nov	50 points	1	50
Capstone March	50 points	1	50
Capstone Presentation	100 points	1	100
Time Outs	25 pts	4	100
Total Year II			550
Total possible score			1000

IX. Additional Training Opportunities

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WSUGHA GLUE scholars will have the optional opportunity to participate in sub-tracks, at no additional cost, to further their training and increase their expertise by obtaining an/a:

i. Online MPH degree - Dr. Erica Frank, MD, MPH, President of NextGenU, and Professor and Canada Research Chair in Preventive Medicine and Population Health at the University of British Columbia's Faculty of Medicine; NextGenU.org - Apply on website and can utilize seminars and service-learning opportunities towards meeting degree requirements. - Program is self-paced.

ii. Community Health Fellowship - Dr. Joneigh Khaldun, MD MPH FACEP, Executive Director of Detroit Health Department - Fellowship experience is personalized to schedule. - Curriculum is designed by scholar, mentor, and Dr. Khaldun and is reviewed by WSUGHA curriculum committee. - Generally, fellows work on ongoing health department projects. - 1 year duration.

iii. HIV Primary Care Certification - Dr. Jennifer Veltman, MD Infectious Disease, Department of Internal Medicine, WSUSOM - Requirements: Monthly HIV in the primary didactic series, attendance at national HIV conference, obtain at least 20 HIV patient encounters (rotate through Dr. Veltman's clinic), and pass HIV as primary care certification exam.

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