

Global Health Residency Description

Complementary document to the “Training Curriculum Physician GH&TM” 2020

Content

Introduction	2
1. Structure of the Global Health Residency	2
Placement of the residents	2
Programme	2
Communication between training institute, residents and the training hospital	3
3. Training, testing and evaluation	3
5. Guidelines	5
1. Introduction	9
2. Formative assessment	10
Clinical Evaluation Exercise (CEX)	10
Objective Structured Assessment of a Technical Skill (OSATS)	11
360 Degrees Feedback	11
Critical Appraisal Topic (CAT)	12
Global Health Exercise	12
3. Summative assessments	12
Self-reflection report and Individual Development Plan (IDP)	12
Introductory meeting	13
Review of performance	13
Selective and final assessment	13

Appendices

1. Local training plan
2. Global Health Exercise
3. GHR Assessment Guide

Introduction

The training of physicians who will go on to work in low- and middle-income countries has a long tradition in the Netherlands. For many years, trained physicians have been working in settings where there is an absolute or relative shortage of doctors providing medical care to the local population, who would otherwise have limited access to healthcare. Since January 2014, the 'Physician Global Health and Tropical Medicine' (Physician GH&TM) has been an official training programme that is recognised by the Royal Dutch Medical Association (KNMG), the Dutch medical council. The training programme is being coordinated, organised and further developed by the training institute Global Health and Tropical Medicine, in Dutch: Opleidingsinstituut Internationale Gezondheidszorg en Tropengeneeskunde' (OIGT). The OIGT has more than fifty years of knowledge and experience within the field, and continuously adapts to the fast-changing reality of international and global health.

The Global Health Residency (GHR) is an important component of the GH&TM training. The residency takes place after the trainee physicians have completed the clinical training components within Dutch hospitals, together with the Netherlands course on Global Health and Tropical Medicine (NTC). For this section of their training, the resident completes learning objectives to become an all-round physician GH&TM. The experience of each individual GHR is unique. It offers the opportunity for the resident to flourish in the working field of GH&TM, whilst gaining experience within a training hospital overseas. This as a result provides mutual benefits, by strengthening the local medical teams with a skilled physician, who contributes to a wide scope of work activities.

Within the training institute the international liaison officer is responsible for the organisation of the GHR.

This is an additional document to the Training Curriculum Physician GH&TM, which comprehensively describes all facets of the GHR.

1. Structure of the Global Health Residency

Placement of the residents

For the placement of residents in the training hospitals within different countries, the training institute should follow a placement procedure. Based on the description document and available information from each training hospital, the resident makes a top-5 preference list, which is considered for their placement. The final decision on the placement is made by the head of the training institute. Approximately 4 to 6 months before the GHR commences, the resident and training hospital are informed about the placement. The resident is responsible for arranging insurances, visa and medical registration, as well as the registration with the Dutch embassy in the country in which the GHR will be carried out. As part of this process, the resident will be guided by the training hospital. Furthermore, the OIGT GHR coordinator should be informed and updated by being included in all correspondence between the resident and training hospital, whilst being available for assistance if needed.

Programme

The training hospital facilitates the achievement of the required levels of the 'Entrustable Professional Activities' (EPA's), as described in the Training Curriculum GH&TM, by offering the resident a local training plan (Appendix 1). During the first month at the training hospital, the resident formulates an Individual Development Plan (IDP), which encompasses SMART formulated personal learning goals to achieve the required GH&TM competences. The IDP is discussed with the supervisor, who oversees and evaluates the individual learning goals in the training hospital and assesses whether they have been achieved. If

required, the local training plan is adapted to the needs of the resident, in order to achieve the required EPA levels. Subsequently, the IDP is approved by the training institute.

It is important for the resident to rotate between different clinical departments. The GHR should also include participation in outreach programmes in the communities and public health related activities. To that end, the resident should reserve 40 hours of working time for a 'Global Health Exercise' (Appendix 2). The exercise is designed to contribute towards the organisation of the local healthcare and needs to be carried out in collaboration with the training hospital. It is of utmost importance that the topic and implementation of the exercise is aligned with the needs of the training hospital.

Communication between training institute, residents and the training hospital

The basis of the collaboration is the agreement signed by the supervisor, the training hospital and OIGT.

The supervisor plans an introductory meeting with the resident on arrival at the hospital. During this meeting the local training plan is explained, and the resident is introduced to the hospital, with the IDP agreed upon with the supervisor. Periodic evaluation meetings will take place after 3 and 6 months, also described in the GHR Assessment Guide.

The training institute contacts the training hospital at least once during the GHR or more frequently if needed, to provide support to the supervisor. The supervisor informs the training institute of any changes that significantly affect the role of the resident.

The training institute maintains regular contact with the resident to discuss general issues, as well as to receive updates on developments and discuss problems and challenges. The training institute also coaches the resident to ensure learning goals are being met.

2. Requirements for the training hospital

To assure the quality of the residency, the physician who fulfils the role of training hospital supervisor needs to meet the following specific criteria:

1. Within the training hospital an employed physician is assigned to the role of the OIGT resident supervisor.
2. An agreement will be signed by the supervisor and OIGT in accordance with article 1.2.
3. The supervisor is assigned to the role of supervisor by the training hospital.
4. The supervisor is registered at the official medical council in the country where the training hospital is situated.
5. The supervisor follows the rules and obligations as described in the OIGT training curriculum and supervises the resident according to a local training plan that is aligned with the OIGT training curriculum, as well as the training hospital's parameters.
6. The supervisor informs OIGT regularly on the learning progress of the resident.
7. The supervisor is legally responsible for the clinical care content delivered by the resident.
8. The supervisor participates in the training activities OIGT organizes for supervisors.

3. Training, testing and evaluation

For the assessment on the progress of the resident, various tools should be used throughout. The assessments are registered in a digital portfolio, which the resident and supervisor can access. In addition, the training institute can view the resident's portfolio, in order to monitor progress, evaluate the IDP and Global Health Exercise, and carry out the final assessment.

In case it is not possible to access the portfolio digitally due to lack of internet access, all forms can be completed manually and subsequently uploaded by the resident.

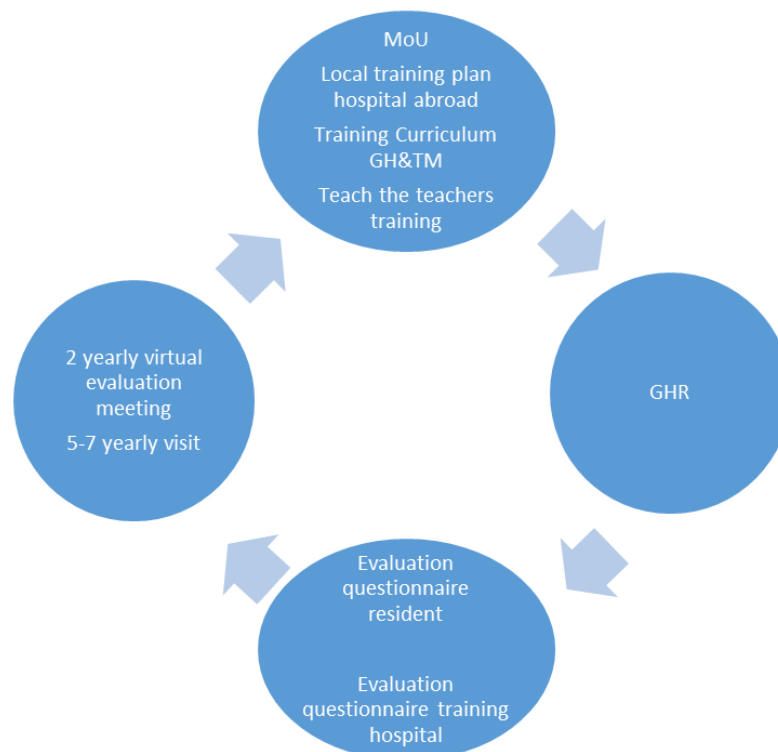
In the GHR assessment guide (Appendix 4) the assessment tools are explained in further detail, to help ensure the resident and supervisor have all information needed to evaluate progress.

4. Quality care

The quality of the GHR is measured through the quality programme. This is applied using cyclical assessments, in order to assure continuous quality improvement. As a result, the resident evaluates the GHR and the training hospital at the conclusion of the GHR. Additionally, the training hospital will evaluate the GHR every 2 years, with a virtual meeting taking place between the training institute and training hospital to evaluate the programme, using written evaluations. Approximately every 5 to 7 years, OIGT will visit the training hospitals.

In the near future, a 'train the trainer' session will be organised to leverage supervisor professionalisation. This training will be mandatory for the supervisors of the training hospital abroad.

The quality control cycle is illustrated in the diagram below:



5. Guidelines

The following guidelines have been developed to guide the residents during the GHR.

- OIGT Guideline Accidental Exposure to Blood or Body Fluids
- OIGT Guideline Personal Health and Wellbeing during the GHR
- OIGT Guideline Safety and Security during the GHR
- OIGT Guideline Working with Integrity during the GHR

These guidelines are available from the OIGT website.

Appendix 1: Local Training Plan

Local Training Plan GHR

Training Hospital: Supervisor: Date:
--

Introduction

This local training plan of the training hospital abroad summarizes the Global Health Residency of OIGT residents in the specific setting. The Global Health Residency is the last component of the training to become a physician Global Health and Tropical Medicine (GH&TM). During this component, achieved competencies of the resident are applied to the international work setting with its specific demographic and epidemiologic characteristics, health system and social determinants of health. Also, new competencies are developed in the field of care for patients with infectious diseases, NCD's and other chronic health conditions. Through 2 public health exercises the resident contributes to the development of local healthcare, according to the needs of the training hospital.

Summative Assessments

The following summative assessments are facilitated by the supervisor:

Month	Description	1	2	3	4	5	6
Introductory meeting	Introduction to the hospital, programme and IDP*, Public health exercise topics	xx					
Review of Performance	Evaluation of learning goals, EPA proficiency levels, CanMEDS competencies**			xx			
Public Health Exercise CAT evaluation**	The public health exercise realization and report are evaluated with a CAT form			xx			xx
Selective assessment	Final evaluation of learning goals, EPA proficiency levels, CanMEDS competencies**						xx

*Individual Development Plan

**As described in the Training Curriculum and GHR description

The resident is responsible to meet the formative assessment requirements and the Public Health Exercises and this is facilitated by the supervisor. This also applies for the completion of the portfolio of the resident.

Programme

In the following table the general program of the training hospital for the Global Health Residency is visualized:

Hospital department*	Duration months/weeks	Shifts to be attended AM/PM	Description of daily routine Meetings/ward rounds/educational activities etc.

*OPD, Gynaecology/obstetrics, general surgery, paediatrics, Community outreach, etc.

The above-described program is general and can be adapted to the Individual Development Plan of the resident, provided that the final competence requirements of the Training GH&TM can be met (see Training Curriculum physician GH&TM)

Name & Signature Supervisor

Appendix 2: Global Health Exercise

Global Health Exercise January 2022

As part of the Physician GH&TM Training Curriculum we aim to develop our residents not only into clinically competent and adept clinicians, but also into collaborators and leaders in the field of sustainable healthcare development. For this purpose, one of the mandatory training activities during the GHR is the realization of a global health exercise at your GHR setting and in the outreach communities.

Learning objective

The learning objective of the Global Health Exercise is to contribute to the medium-long term development and sustainability of comprehensive local health care in your GHR setting and its outreach region. The exercise provides you the opportunity to collaborate with the local team in improving health. You will gain a more profound knowledge of the local setting; cultural aspects, social determinants of health, the health system, and the regional burden of disease. Through this exercise you will demonstrate your skills to achieve EPA 15 and 18 of the Training Curriculum.

Description of the exercise

You will dedicate the exercise to a locally defined need to improve health(care) within the hospital and/or the outreach area. The exercise can take place at different levels of the health system; the community, a rural health clinic, the hospital or the health district. In order for the result of the exercise to be sustainable, it is of utmost importance to involve all necessary stakeholders in the realization of the exercise. Examples of approaches are an applied qualitative audit, a situational analysis, a project description, an educational activity, a quality improvement cycle, e.g. (see literature suggestions for methodology (Compass, 2022; *The Logical Framework approach (the Logframe)* - Welcome to Module Three: Evaluation in Public Health | Coursera, 2022; Shah, 2019) in Appendix 3)

Procedure

The procedure is as follows:

1. During the introductory meeting with your supervisor he or she will provide you the areas of interests for the GHE in the GHR setting (also available in the Institutional TEAMS folder) and together you will discuss possible approaches to realize the GHE.
2. Elaborate your proposal according to the GHE format (appendix 1), provided with a Gantt chart that outlines your planning. The minimum time investment for the GHE is 40 hours.
3. Agree the approach with your local supervisor and the local team. Discuss if the approach is ethically sound (CIOMS International Ethical Guideline for health related research) and if ethical approval from a local authority is needed.
4. Send the proposal to the OIGT International liaison officer for approval, before the end of the second month of your GHR. An external evaluator, a professional with affinity to GH&TM, will be assigned to the exercise and will also approve the proposal.

Appendix 3: GHR Assessment Guide

Content

Introduction	2
1. Structure of the Global Health Residency	2
Placement of the residents	2
Programme	2
Communication between training institute, residents and the training hospital	3
3. Training, testing and evaluation	3
5. Guidelines	5
1. Introduction	9
2. Formative assessment	10
Clinical Evaluation Exercise (CEX)	10
Objective Structured Assessment of a Technical Skill (OSATS)	11
360 Degrees Feedback	11
Critical Appraisal Topic (CAT)	12
Global Health Exercise	12
3. Summative assessments	12



Opleidingsinstituut
Internationale Gezondheidszorg en Tropengeneeskunde

Self-reflection report and Individual Development Plan (IDP)	12
Introductory meeting	13
Review of performance	13
Selective and final assessment	13

1. Introduction

This is a guide to the different assessment tools and the related forms used during the Global Health Residency (GHR).

The physician GH&TM training is competence-based and is a concept that can be defined as follows: To assess whether the resident is able to work competently and professionally within the relevant context; establish if the resident is able to reflect on this by making use ; further building upon the expertise available in the specific field of work, based on their knowledge, understanding, skills and attitudes. The concept of competence highlights a clear relationship between knowledge and application of knowledge in professional practice. Competence involves the ability to evaluate and review the quality of one's work. This also relates to personal qualities (cognitive and technical skills and personal characteristics). These qualities are conditional towards achieving a predetermined result (efficiency, product, service, or effect) in each organisation. The emphasis is on developing these personal qualities, in order to produce relevant revenue or profit within the current context. The essence of competence-based assessments is to establish the level of competence in an international, professional practice.

Testing forms are fundamental to the learning concept of competence-based learning. Learning is dependent on testing and is based on the performance of an entire assignment. In addition, continuous development of knowledge, skills and attitude is necessary to perform the tasks to the required level. The training programme opts to use both formative assessment and summative assessments. The formative and summative evaluations lead to the granting of EPA's, as described in the training curriculum.

Formative tests are development oriented. The resident receives feedback to support him or her in to steer their development, with support from the trainer. The formative tests use a uniform rating scale, which helps to formulate and standardise the feedback. Furthermore, formative tests have a diagnostic function. They provide the supervisor and the resident with an idea of the level at which the resident performs a certain competency, a partial skill or a certain theory. Based on the testing instrument, areas for improvement can be formulated and evaluated.

A summative evaluation is designed to collect data to determine whether the resident has developed competencies to the required level. Summative assessments ensure external stakeholders that the resident has managed to reach the targeted level. The reliability of assessment increases as the number of assessments, types of testing and number of assessors increases.

In the table below the timeline is outlined for the required application of the different formative and summative assessment tools.

Training Component	GHR			Total
	0	3	6	
CEX		2	2	4
OSATS		5	5	10
CAT		1		1
360-degree feedback			1	1
Self-reflection report	1			1
Assignment/Global health exercise			1	1
Review of performance		1	1	2
Selective and final Assessment			1	1

The minimal digital portfolio requirements for the completion of the GHR are listed in the table below:

DIGITAL PORTFOLIO REQUIREMENTS GHR

- Updated Curriculum Vitae
- in (self-) reflection report
- Updated Individual Development Plan (IDP)
- 1 x Residency development introduction form
- 1 x Residency development interim evaluation
- 1 x Residency development final review
- 1x 360 degrees feedback
- 2 Public Health Exercises/ CAT
- 4 x CEX
- 10 x OSATS
- 1 x CAT

2. Formative assessment

Clinical Evaluation Exercise (CEX)

The Clinical Evaluation Exercise is a test instrument that is easy to perform in daily practice.

It is intended as an observation assessment (approximately 10 minutes) of the resident in daily practice, which is based on the CanMEDS competencies that are illustrated in figure 1. The initiative for conducting a CEX can be taken by both the resident and the supervisor.

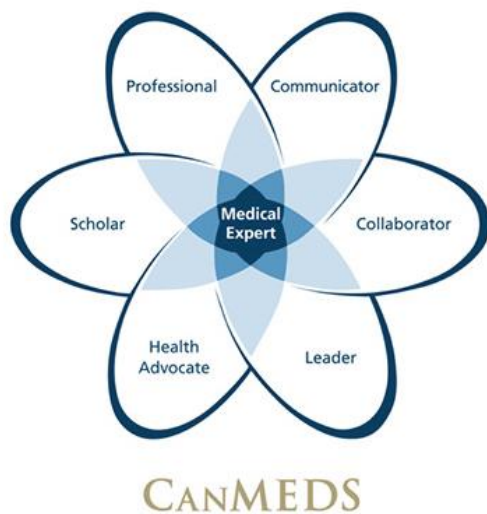


Figure 1: the CanMEDS competencies

Procedure:

- To be performed after a ward-round, out-patient consultation, delivery, resuscitation, etc.
- A minimum of 4 CEX are realised in the 6-month GHR period.
- The supervisor, other staff members or residents can act as an assessor.
- The resident describes the situation in the chosen format and selects the relevant EPA's.
- The CEX is discussed between the resident and assessor whilst applying the 'Pendleton' rules so that new individual learning goals can be formulated.
- CanMEDS competencies are evaluated.
- The CEX is signed by the resident and supervisor.
- The reliability increases if the CEX is done by several different staff members.
- In case the internet connection doesn't enable digital use of the portfolio, a signed paper CEX (available from the OIGT website), which can be uploaded by the resident in the portfolio.

Objective Structured Assessment of a Technical Skill (OSATS)

The assessment of technical (surgical) skills (OSATS) is a test instrument to assess the resident's technical skills. It is used to assess their functionality in the theatre or the delivery room i.e.

Procedure:

- A minimum of 10 OSATS are achieved in the 6-month period.
- The evaluation should take place immediately after the end of a procedure.
- The intervention and relevant EPA's are selected.
- The OSATS is discussed between resident and assessor whilst applying the 'Pendleton' rules.
- The supervisor assesses different aspects of the technical skills by utilising the format in the portfolio.
- The OSATS is signed by the resident and supervisor.
- In case the internet connection doesn't permit digital use of the portfolio, a signed paper OSATS (available from the OIGT website) can be uploaded by the resident in the portfolio.

360 Degrees Feedback

- The 360-degree assessment is a method in which 2 to 4 different stakeholders in the work setting will be asked to assess the functioning of the resident. Professional behaviour and cooperation will be assessed with this tool.

Procedure:

- One 360-degree evaluation report is produced in the last month of the GHR.
- 2 to 4 stakeholders; nurses, secretarial staff, facility employees, fellow residents, paramedics, and if desired patients, fill out the 360-degree questionnaire (available from OIGT website).

- The resident uploads the 360-degree feedback forms in the portfolio and elaborates the final 360-degree evaluation report in the digital portfolio, based on the questionnaires.

Critical Appraisal Topic (CAT)

A minimum of one CAT is realised during the GHR. A CAT is a critical review of an issue, related to a specific clinical or global health scenario. This then leads to standardised answers, based on recent literature, answers to a clinical or global health question, based on recent literature. This method responds to the ability to critically read, interpret and appreciate scientific literature in relation to daily practice.

Procedure:

- Formulation of a practical question followed by a focused literature search related to this question.
- A selection of relevant literature is analysed and an answer to the question formulated.
- The resident uploads the CAT in his portfolio and relevant EPA's are selected.
- The CAT is discussed between resident and assessor whilst applying the Pendleton rule, this enables new Individual learning goals to be formulated.
- The supervisor assesses the CAT by utilising the format in the digital portfolio.
- In case the internet connection doesn't permit digital use of the portfolio, a signed paper CAT evaluation (available from the OIGT website) can be uploaded by the resident in the portfolio.

Global Health Exercise

The Global Health Exercise (GHE) is a tool to assure that the resident focusses on public health, community health and/or hospital quality improvement. It is specifically related to the achievement of EPA 15 to 18 (see training curriculum). GHE topic examples include outreach PHC; health promotion and disease prevention (vaccination program); management - finance; HR; infection control; health system structure (catchment area, referral system); intercultural aspects (traditional practices and believes); health and safety; advocacy for the health of vulnerable population groups.

Procedure:

- The resident chooses a topic and approach together with the supervisor, based on the previously defined local needs.
- The resident writes the GHE proposal by using the structure of the FHE format (see GHE description available from OIGT website).
- The OIGT international liaison officer approves the topic and is available to the resident for additional guidance.
- The resident completes the PHE and fills in the report by making use of the GHE format.
- The exercise is uploaded to the 'Assessment of a Global Health Exercise' portfolio form as an attachment.
- The local supervisor assesses the PHE by making use of the CAT form or the digital portfolio form.
- An external evaluator assesses the PHE in a digital portfolio form.

3. Summative assessments

Self-reflection report and Individual Development Plan (IDP)

Before departure the resident writes a self-reflection report (minimum 2 pages) in the portfolio, to evaluate their learning progress, during the previous training components. The report is based on the CanMEDS competencies and is partly a reflection on the OIGT code of conduct with a view on the GHR.

The IDP consists of SMART formulated personal learning goals within the digital portfolio, which support the resident towards achieving the requirements of the GH&TM training. It is formulated in the first month of the GHR and based on previous IDP's and assessments, as well as the self-reflection report. The OIGT international liaison officer approves the IDP in the portfolio. In the summative assessments described below, the IDP evaluation is an important input. The achievement of the learning goals is evaluated after which new learning objectives can be formulated. To that end, the portfolio creates a dynamic space for continuous reflection and for the new learning goals to be defined.

Introductory meeting

In the first or second week

- The expectations of the supervisor, as laid out in the local training and Individual Development Plans (IDP) of the resident will be discussed.
- The resident and supervisor make agreements about the working schedule as well as the responsibilities, supervision, planning of summative assessments, topics for the public health exercise, etc.
- The use of the portfolio (VREST) is discussed. The 'Residency development introduction' form is filled out in the portfolio.

Review of performance

After three months

- The resident and supervisor discuss the performance of the resident during the previous period and more specifically the progress and level of the various competencies that the resident developed.
- Specific focus for the coming period is outlined.
- The suitability of the resident is reviewed.
- The 'Residency Development Interim Evaluation' form is filled out in the portfolio with competences and EPA's evaluated, according to the EPA proficiency levels. (See Training Curriculum).
- New individual learning goals can be formulated. In case the internet connection doesn't permit digital use of the portfolio, a signed 'Review of Performance' (available from the OIGT website) can be uploaded by the resident in the portfolio.

Selective and final assessment

After six months

At the end of the GHR the supervisor reviews the resident and determines whether they have successfully completed this training component. This is a formal assessment and is formulated to advise the head of the training institute. The head decides whether the training of the resident is completed after this component. To facilitate this assessment the portfolio 'Residency Development Final Review' is completed. Pendleton rules are applied and EPA's proficiency levels and CanMEDS competencies are assessed. In case the internet connection doesn't permit digital use of the portfolio, a signed 'Assessment of Competence' (available from the OIGT website) can be uploaded by the resident in the portfolio.