

## Global Health Residency Description

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

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## Introduction

The training of physicians who will go work in a low resource setting has a long tradition in the Netherlands. Since many years, these trained physicians have worked in places with an absolute or relative shortage of doctors, providing medical care to a local population that would otherwise be lacking care. Since January 2014, the 'Physician Global Health and Tropical Medicine' (Physician GH&TM) is an official training programme that is accredited by the Royal Dutch Medical Association (KNMG), the legal body for medical registrations in the Netherlands. The training programme is being coordinated, organized and further developed by the training institute Global Health and Tropical Medicine, in Dutch: Opleidingsinstituut Internationale Gezondheidszorg en Tropeneeskunde' (OIGT). Altogether, the OIGT has more than fifty years of knowledge and experience in the field and continuously anticipates the fast-changing reality of international and global health.

The Global Health Residency (GHR) is an important component of the training GH&TM. The residency takes place after 2 years of clinical training components in Dutch hospitals in general surgery or pediatrics and gynaeco-obstetrics and the Netherlands Course on Global Health and Tropical Medicine (NTC). In this last part of the training, the resident achieves the completion of the learning goals to become an all-round physician GH&TM. The character of the GHR is unique and the collaboration between the resident and training hospital is of mutual benefit. It offers an opportunity for the resident to flourish in the working field of GH&TM and the local medical team is strengthened with a sustainable flow of skilled physicians for a wide scope of work activities. Moreover, it provides all involved stakeholders with the opportunity to interact and learn across settings in our strongly globalized world.

The basis of the collaboration between OIGT and the training hospital is a **Memorandum of Understanding (MoU)**, that is signed by both parties. At the training institute an International Liaison officer is responsible for the organization of the GHR.

This document is an addition to the **Training Curriculum Physician GH&TM** and describes in detail all facets of the GHR. In the training curriculum a more extensive description of the profile of the GH&TM physician can be consulted.

## 1. Structure of the Global Health Residency

### Placement of the residents

Between 4 to 6 months before the start of the GHR, the resident and training hospital are informed about the placement of the resident. Then the resident starts to organize his or her departure; including insurances, visa and medical registration, and registration at the Dutch embassy of the specific countries. In this process the resident is guided by the training hospital. The training institute takes care of the medical liability insurance for the resident during the GHR via the Dutch insurance company VvVA. Always the International Liaison officer of OIGT needs to be informed (CC in all correspondence between resident and training institute). The International Liaison officer is 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 a **local training plan** to the resident. During the first month in 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 facilitates the achievement of the individual learning goals in the facility. If needed the IDP is improved to better describe the learning needs of the resident, in order to achieve the required EPA levels. Subsequently, the IDP must then be approved by the training institute OIGT.

It is important that the resident rotates between different clinical departments, and that he/she participates in outreach programmes in the communities and public health related activities. Besides, the resident reserves 40 hours of working time for 2 **Public Health Exercises**. The exercises are meant to contribute to the organization of the local health care and need to be realized in collaboration with the training hospital. It is of utmost importance that the topic and the implementation of the PHE considers a contextualized and mutually identified need of the training hospital.

#### Communication between training institute, residents and training hospital

The supervisor plans an introductory meeting with the resident after arrival at the hospital. In this meeting the local training plan is explained and the resident is introduced to the hospital. Periodic reviews of performance will take place after 3 and 6 months and are described in chapter 4.

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

The training institute maintains regular contact with the resident to discuss general issues, to receive updates on developments and discuss problems and challenges. The training institute also coaches the resident in order to ensure that 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 supervisor of the resident in the training hospital, needs to meet specific characteristics. These are the following:

1. The supervisor has an official medical registration in the national register.
2. The supervisor has been working in the training hospital for at least 6 months
3. The minimum of working hours and presence of the supervisor in the training hospital is 16 hours per week
4. The supervisor is informed and acts in accordance with the agreements stated in the Memorandum of Understanding between the training hospital and the training institute
5. The training hospital implements and actualizes a local training plan for the OIGT residents that is in accordance with the Training Curriculum of the physician GH&TM (See Format Local Training Plan)
6. The supervisor takes professional responsibility for the content of the medical care that is provided by the resident

#### 3. Training, testing and evaluation

For the assessment of the progress of the resident, various tools are used during the GHR. The assessments are registered in a digital portfolio, to which the resident and supervisor have access. Also, the training institute has access to the portfolio of the resident, in order to follow the resident's progress, evaluate the IDP and PublicHealth Exercises, and realize 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 be uploaded by the resident afterwards.

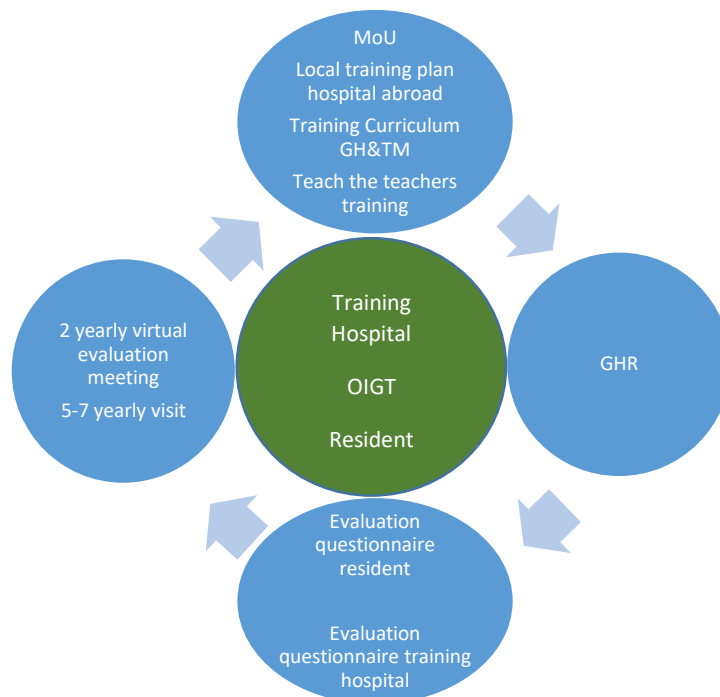
In the **GHR Assessment Guide** the assessment tools are explained in detail, in order for the resident and supervisor to have all information needed to evaluate the progress of the resident. The GHR Assessment Guide may also be found on the OIGT website:  
<https://www.oigt.nl/?opleidersbuitenland&p=toetsingbuitenland>

#### 4. Quality of the training

The quality of the GHR is assured through a continuous quality improvement system, Therefore, the resident evaluates the GHR and the training hospital at the end of the GHR.. Every 2 years the training institute organizes a virtual meeting with the training hospital in order to evaluate the programme in the training hospital. This is done through use of the written evaluations. Challenges, successes and ideas for improvement are discussed. Every 5 to 7 years the training institute visits the training hospitals.

In a near future, training opportunities for supervisor professionalization will be offered to the supervisor of the training hospital.

The quality control cycle is visualized in the following figure:



#### 5. Guidelines

The following guidelines have been developed to guide the resident 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, [www.OIGT.nl](http://www.OIGT.nl), see the international page:  
<https://www.oigt.nl/?opleidersbuitenland>