Title:

Global Health Needs Assessment at the Medical College of Georgia

Authors:

Tipler, P., DO,

Department of Internal Medicine, Medical College of Georgia

&

Wyatt, T. R., PhD,

Educational Innovation Institute, Medical College of Georgia

Corresponding Author:

Pam Tipler, DO

19 Whitney Ct

Augusta, GA 30904

484-213-5121

ptipler@augusta.edu

Introduction

According to the U.S. Census Bureau, over 40 million people or 13% of the United States population were born in a foreign country[1]. Between 2000 and 2010, around 40 million immigrants entered the United States, with the majority of them coming from China, India, and Mexico[2,3]. Furthermore, according to the National Travel and Tourism Office, over 73 million U.S. citizens traveled outside the country in 2015[4]. These statistics, along with the natural disasters occurring internationally, have spurred a growing interest in global health education as medical students and residents feel inadequately prepared to deal with the globalization of diseases. Additionally, based on the Association of American Medical Colleges' Matriculating Student Questionnaire in 2010, over 60% of students were interested in global health outreach work[5].

A major issue with global health education is that there is no standardized curriculum for training medical students or residents[7]. Despite the increase in global health experiences, over 40% of students say global health was inadequately covered during their training[8]. Students and residents who have participated in international rotations feel more confident in their clinical skills, have a greater understanding of the cost of burden of diseases, and rely less on technology[9]. Additionally, they feel they communicate better with patients because they have a greater appreciation of cultural barriers.

One of the challenges to creating a standardized needs assessment for global health is that the term "global health" has not been formally defined. In the literature, global health efforts often encompass any domestic or international effort that aims to improve the health of a population. Typically, global health includes the integration of public health, social sciences, and ethics to improve health in the most vulnerable communities.

However, with a growing interest in global health and lack of standardized curricula, it is imperative to develop a global health curriculum that can give an advantage to students during their formative years of medical training. A global health educational experience can expose students to a wider range of diseases, provide better understanding of socioeconomic barriers that may affect patient care, incorporate cultural sensitivity to patient encounters, and possibly influence medical students to pursue a career in underserved areas[8,9].

The purpose of this study is to assess faculty and student interest in developing a global health curriculum at the Medical College of Georgia. Furthermore, this study seeks to identify what preferences students have for the training program, including how they prefer the content to be delivered. Additionally, the needs assessment evaluates what type of content areas faculty and students hope to be included in the curriculum.

Methods

Setting and Participants

Student participants were recruited from the Medical College of Georgia (MCG) in addition to residents in the Internal Medicine Residency at Augusta University Health. All year groups were invited to participate.

Study design and participants

A total of 930 medical students and 74 Internal Medicine residents were approached to complete the needs assessment through MCG's one45 evaluation system in August 2017. The survey was open for 30 days, and participation was voluntary. In total, 421 students (mean age 24 years, 52% female) and 38 residents (mean age 29 years, 37% female) completed the needs assessment corresponding to a response rate of 45.7%. Augusta University's Institutional Review Board (IRB) deemed the study exempt.

Data Collection

The needs assessment was developed in collaboration by the authors and consisted of 27 questions. De-identified demographic data was gathered before participants answered questions on their preferred means of participating in a global health curriculum. Survey items asked participants to rate the items on a scale from strongly disagree to strongly agree, identify the any barriers they may have to participating in a global health program, and identify the topics participants would be interested in should a global health curriculum be developed.

Data Analysis

Statistical analyses were performed using SAS 9.4. Descriptive statistics were determined for all variables by student or resident status and included the frequency and percent, mean, and standard deviation, or median and interquartile range, where appropriate.

Results

Table 1 gives the descriptive statistics for all variables by student (n=421) or internal medicine resident status (n=38). Briefly, students had a mean age of 24yrs (SD=2.4) and were

52% female, 85% single, and 97% had no children. The majority of the students were Caucasian (58%). Nearly 39% had worked overseas. The internal medicine residents had a mean age of 29yrs (SD=2.9), 37% were female, 53% were married, and 82% had no children. The majority of the residents were Caucasian/white (78%) and 46% had worked overseas.

Rotations

Students: Nearly 79% indicated they were interested (agree to strongly agree) in a GH rotation and 67% indicated they were likely to participate (agree to strongly agree). 72% indicated they were interested in a rotation during residency (agree to strongly agree) and 66% indicated they would likely participate (agree to strongly agree). A one-month immersion experience was the preferred content method with a ranking of 5.

Residents: Nearly 68% indicated they were interested (agree to strongly agree) in a GH rotation and 67% indicated they were likely to participate (agree to strongly agree). 72% indicated they were interested in a rotation during residency (agree to strongly agree) and 71% indicated they would likely participate (agree to strongly agree). A one-month immersion experience was the preferred content method with a ranking of 5.

Certificate Program

Students: Nearly 56% indicated they were interested (agree to strongly agree) in a GH certificate program and 44% indicated they were likely to participate (agree to strongly agree). A one-month immersion experience was the preferred content method with a ranking of 5. 49% were willing to take an additional 12 credit hours for the certificate.

Residents: Nearly 47% indicated they were interested (agree to strongly agree) in a GH certificate program and 45% indicated they were likely to participate (agree to strongly agree). A one-month immersion experience was the preferred content method with a ranking of 4.5. 54% were willing to take an additional 12 credit hours for the certificate.

Global Health Track

Students: Nearly 52% indicated they were interested (agree to strongly agree) in a GH track and 41% indicated they were likely to participate (agree to strongly agree). A one-month

immersion experience was the preferred content method with a ranking of 5. 40% were willing to participate in an MPH program.

Residents: Nearly 41% indicated they were interested (agree to strongly agree) in a GH track and 31% indicated they were likely to participate (agree to strongly agree). A one-month immersion experience was the preferred content method with a ranking of 5. 30% were willing to participate in an MPH program.

Table 1: Descriptive Statistics on All Variables			
Variable	**Level**	**Augusta/Athens Campus Student N=421**	**Internal Medicine Resident N=38**
Demographics			
Age – mean (SD)		24.1 (2.4)	28.9 (2.9)
Gender – n (%)	Female	215 (51.6)	14 (36.8)
	Male	202 (48.4)	24 (63.2)
Marital Status – n (%)	Divorced	1 (0.2)	0 (0.0)
	Engaged	23 (5.5)	5 (13.2)
	Married	39 (9.3)	20 (52.6)
	Single	355 (84.9)	13 (34.2)
Number of Children – n (%)	0	407 (96.7)	31 (81.6)
	1	9 (2.1)	4 (10.5)
	2	5 (1.2)	2 (5.3)
	3	0 (0.0)	1 (2.6)
Ethnicity – n (%)	American Indian / Alaska Native	1 (0.2)	0 (0.0)
	Asian	94 (22.7)	6 (16.2)
	Black/African American	51 (12.3)	1 (2.7)
	Caucasian/White	240 (57.8)	29 (78.4)
	Hispanic/Latino	28 (6.8)	1 (2.7)
	Native Hawaiian/Pacific Islander	1 (0.2)	0 (0.0)
Religious Preference – n (%)	Buddhism	4 (1.0)	0 (0.0)
	Christian/Catholic	82 (20.4)	7 (18.4)
	Christian/LDS	3 (0.8)	1 (2.6)
	Christian/Protestant	110 (27.4)	5 (13.2)
	Christian/Other	51 (12.7)	6 (15.8)
	Hinduism	28 (7.0)	2 (5.3)
	Islam	17 (4.2)	1 (2.6)
	Judaism	12 (3.0)	1 (2.6)
	Other	95 (23.6)	15 (39.5)
Worked Overseas – n (%)	No	257 (61.3)	20 (54.1)
	Yes	162 (38.7)	17 (46.0)
Prepared if Worked Overseas – n (%)	Not at All Prepared	28 (14.7)	3 (13.6)
	A Little Prepared	44 (23.0)	2 (9.1)
	Somewhat Prepared	83 (43.5)	16 (72.7)
	Very Well Prepared	33 (17.3)	1 (4.6)
	Extremely Well Prepared	3 (1.6)	0 (0.0)
Rotation			
Interested – n (%)	Strongly Disagree	4 (1)	2 (5.4)
	Disagree	14 (3.4)	3 (8.1)
	Neutral	71 (17.3)	7 (18.9)
	Agree	149 (36.3)	11 (29.7)
	Strongly Agree	173 (42.1)	14 (37.8)

Table 1: Descriptive Statistics on All Variables		Augusta/Athens Campus Student N=421	Internal Medicine Resident N=38
Variable	**Level**		
Likely to Participate – n (%)	Strongly Disagree	4 (1.0)	2 (5.4)
	Disagree	30 (7.3)	3 (8.1)
	Neutral	102 (24.9)	7 (18.9)
	Agree	151 (36.9)	13 (35.1)
	Strongly Agree	122 (29.8)	12 (32.4)
Interested during Residency – n (%)	Strongly Disagree	5 (1.2)	2 (5.3)
	Disagree	20 (4.9)	2 (5.3)
	Neutral	86 (21.1)	7 (18.4)
	Agree	156 (38.2)	12 (31.6)
	Strongly Agree	141 (34.6)	15 (39.5)
Likely to Participate during Residencey – n (%)	Strongly Disagree	6 (1.5)	2 (5.3)
	Disagree	25 (6.2)	2 (5.3)
	Neutral	107 (26.4)	7 (18.4)
	Agree	146 (36.1)	14 (36.8)
	Strongly Agree	121 (29.9)	13 (34.2)
Content Deliver Method Rankings			
Online Module – median (IQR)		2.0 (2.0)	3.0 (2.0)
Face-to-Face Lectures – median (IQR)		3.0 (2.0)	3.0 (2.0)
Small Group Activities – median (IQR)		3.0 (2.0)	3.0 (2.0)
1month Immersion Experience – median (IQR)		5.0 (2.0)	5.0 (4.0)
Other – median (IQR)		1.0 (2.0)	1.0 (1.0)
Certificate Program			
Interested – n (%)	Strongly Disagree	12 (3.0)	2 (5.6)
	Disagree	43 (10.6)	3 (8.3)
	Neutral	123 (30.4)	14 (38.9)
	Agree	145 (35.8)	9 (25.0)
	Strongly Agree	82 (20.3)	8 (22.2)
Likely to Participate – n (%)	Strongly Disagree	13 (3.2)	2 (5.6)
	Disagree	48 (12.0)	3 (8.3)
	Neutral	162 (40.4)	15 (41.7)
	Agree	104 (25.9)	10 (27.8)
	Strongly Agree	74 (18.5)	6 (16.7)
Content Deliver Method Rankings			
Online Module – median (IQR)		2.0 (3.0)	30 (3.0)
Face-to-Face Lectures – median (IQR)		3.0 (2.0)	3.0 (1.0)
Small Group Activities – median (IQR)		3.0 (2.0)	2.5 (2.0)
1month Immersion Experience – median (IQR)		5.0 (2.0)	4.5 (4.0)
Other – median (IQR)		1.0 (2.0)	1.0 (1.0)
Wiling to Take 12 Credit Hours for a	Strongly Disagree	23 (5.7)	4 (11.4)
	Disagree	60 (15.0)	3 (8.6)

Table 1: Descriptive Statistics on All Variables			
Variable	**Level**	**Augusta/Athens Campus Student N=421**	**Internal Medicine Resident N=38**
Certificate – n (%)	Neutral	122 (30.4)	9 (25.7)
	Agree	140 (34.9)	15 (42.9)
	Strongly Agree	56 (14.0)	4 (11.4)
Global Health Track			
Interested – n (%)	Strongly Disagree	17 (4.2)	2 (5.6)
	Disagree	61 (15.1)	6 (16.7)
	Neutral	117 (29.0)	13 (36.1)
	Agree	149 (36.9)	12 (33.3)
	Strongly Agree	60 (14.9)	3 (8.3)
Likely to Participate – n (%)	Strongly Disagree	17 (4.2)	1 (2.9)
	Disagree	65 (16.2)	7 (20.0)
	Neutral	154 (38.4)	16 (45.7)
	Agree	110 (27.4)	7 (20.0)
	Strongly Agree	55 (13.7)	4 (11.4)
Content Deliver Method Rankings			
Online Module – median (IQR)		2.0 (3.0)	3.0 (3.0)
Face-to-Face Lectures – median (IQR)		3.0 (2.0)	3.0 (2.0)
Small Group Activities – median (IQR)		3.0 (2.0)	2.0 (2.0)
1month Immersion Experience – median (IQR)		5.0 (2.0)	5.0 (2.0)
Other – median (IQR)		1.0 (2.0)	1.0 (1.0)
MPH in GH Willing to Participate – n (%)	Strongly Disagree	37 (9.2)	4 (11.1)
	Disagree	83 (20.7)	6 (16.7)
	Neutral	119 (29.7)	15 (41.7)
	Agree	109 (27.2)	8 (22.2)
	Strongly Agree	53 (13.2)	3 (8.3)

Discussion

This study is the first to explore students' and residents' interest in a global health curriculum at the MCG and Augusta University Health. The main findings demonstrate a large interest in a global health curriculum both at the medical school and within the residency program. Overall, learners preferred to have the content delivered in a one-month immersion experience in a global health rotation. However, the results show there was also participant interest (over half) were also interested in a certificate program and global health residency track.

We consider the results reliable since we had a large sample size with sufficient response rate for students and residents included from all year groups. Consequently, we believe that our

results are generalizable to the medical school and residency programs. However, there is a need for future studies to examine student and resident preparedness for a global health experience after a curriculum is developed. Such a study could aim to identify how they used the information they learned to be able to care for patients and themselves in the global health arena. It would also be interesting to examine how satisfied they are with the curriculum offered once delivered. Finally, we could query learners on what content should be added or deleted from the program.

Conclusions

In conclusion, by surveying learners about their interest in global health, the current study offers directions for further development of a global health curriculum. The preferred method of delivery is through a one-month immersion experience in a global health rotation, a certificate program, or residency track. Further studies should include assessing learners on preparedness to work in a global health setting after curriculum has been developed and how to further develop the program based on participants' desires.

Conflict of Interest

The authors declare that they have no conflict of interests.

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Appendix A

Needs Assessment for a Global Health Curriculum

Purpose Statement: This study is being conducted to evaluate student and faculty engagement in Global Health education at The Medical College of Georgia. For the purposes of this study, we have defined terms in the following manner.

- A **Rotation** is 2-4 weeks of hands-on training in a low or middle-income country during either the 3rd/4th year undergraduate clerkships or during residency training.
- A **Certificate Program** is an organized series of courses providing in-depth study to get the most up-to-date skills and information needed to excel in global health.   Certificate programs involve may be administered separately or in conjunction with a current MD or residency program and require substantial time commitment.
- A **Track** is specialized training in global health that is done in conjunction with the requirements of a residency program.
- A **Fellowship** is a targeted one year educational experience after completion of residency to further the professional development of the physician in global health.

Participants: Augusta University's Internal Medicine residents and MCG's medical students

Questions:

1. Demographic Data
    a. Age
    b. Gender
    c. Undergraduate Major and Minor
    d. Marital status
    e. Number of Children
    f. Ethnicity
    g. Religious Preference
    h. Country of Birth

2. Which best describes your current status within the Medical College of Georgia?
    a. Medical Student
    b. Resident

3. Have you worked overseas in a medical capacity as either a volunteer or a professional?
    a. Yes
    b. No

4. If you have worked oversees in a medical capacity, how prepared did you feel to serve in this position?
    a. Not at all prepared
    b. A little prepared
    c. Somewhat prepared
    d. Very well prepared

e. Extremely well prepared

The following set of questions asks your interest and likely participation in a clerkship or residency global health **Rotation**. Global health **Rotations** are 2-4 week hands-on immersion training offered in an international setting. These are typically offered as summer experiences, clinical electives, etc.

5. While completing my clerkship(s), I would be **interested** in participating in a global health **Rotation**.

    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

6. While completing my clerkship(s), I am **likely to participate** in a global health **Rotation,** if offered.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

7. While completing residency, I am **interested** in participating in a global health **Rotation**.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

8. While completing residency, I am **likely to participate** in a global health **Rotation,** if offered.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

9. If you were to participate in a global health **Rotation**, which content delivery method would you prefer? Please rank these in order from 1 being your least preferred method to 5 being your most preferred method.
    a. Online modules
    b. Face-to-face lectures
    c. Small group activities
    d. 1 month Immersion experience
    e. Other: please write in preference

The following set of questions asks your interest and likely participation in a global health **Certificate Program**. Global health **Certificate Programs** are a series of courses that you take, to gain more in-depth training gain the skills needed to work in global health.

10. I am **interested** in participating in a global health **Certificate Program**.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

11. I am **likely to participate** in a global health **Certificate program,** if offered.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

12. If you were to participate in a global health **Certificate program**, which content delivery method would you prefer? Please rank these in order from 1 being your least preferred method to 5 being your most preferred method.
    a. Online modules
    b. Face-to-face lectures
    c. Small group activities
    d. 1 month Immersion experience
    e. Other: please write in preference

13. To earn a **Certificate** in Global Health, I would be willing to take 12 additional credit hours of Global Health training throughout my four years of medical school/residency.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

The following set of questions asks your interest and likely participation in a residency global health **Track**. Global Health **Tracks** are designed to provide educational and experiential opportunities for residents interested in international health care, in which content is interspersed across residency training.

14. I am **interested** in participating in a **Global Health Track**.
    a. Strongly disagree
    b. Disagree

    c. Neutral

    d. Agree

    e. Strongly agree

15. I am **likely to participate** in a **Global Health Track,** if offered.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

16. If you were to participate in a **Global Health Track**, which content delivery method would you prefer? Please rank these in order from 1 being your least preferred method to 5 being your most preferred method.
    a. Online modules
    b. Face-to-face lectures
    c. Small group activities
    d. 1 month immersion experience
    e. Other: please write in preference

17. If a Master's in Public Health (MPH) was included as part of the **Global Health Track** I would be willing to participate in an additional year of residency training would be incurred.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

The following set of questions asks your interest and likely participation in a global health **Fellowship.** Global Health **Fellowships** include 1 year of intense training in global health which includes academic seminars, in-depth research and analysis on a global health issue, and participation in a broad curriculum to develop the skills needed to work in a global health setting**.** Global Health **Fellowships** are completed after residency.

18. I am **interested** in participating in a Global Health **Fellowship**.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

19. I am **likely to participate** in a Global Health **Fellowship,** if offered.
    a. Strongly disagree
    b. Disagree
    c. Neutral

    d. Agree

    e. Strongly agree

20. If you were to participate in a Global Health **Fellowship**, which content delivery method would you prefer? Please rank these in order from 1 being your least preferred method to 5 being your most preferred method.
    a. Online modules
    b. Face-to-face lectures
    c. Small group activities
    d. 1 month Immersion experience
    e. Other: please write in preference

The following set of questions ask you to think about other aspects that may be important for the designers of the Global Health curriculum to consider as they work to develop a Global Health curriculum.

21. It may be possible to offer a **Dual Degree (MD/MPH)** as part of a Global Health Curriculum. If a dual degree was offered, I would be willing to add an additional year onto my medical school training.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

22. If Augusta University had an ongoing partnership with a specific hospital/university abroad, I would be more interested in Global Health work.
    a. Strongly disagree
    b. Disagree
    c. Neutral
    d. Agree
    e. Strongly agree

23. Even though trainees may be interested in participating in a Global Health curriculum, they may face challenges to participation. To what extent do each of these serve as a barrier to your participation in a global health program?

    a. Break in training resulting in graduating off cycle/fear of delaying graduation
        i. Not at all a factor
        ii. A little bit of a factor
        iii. Somewhat of a factor
        iv. Significant factor
        v. Extremely significant factor

    b. Increased debt/cost of travel

  i. Not at all a factor
  ii. A little bit of a factor
  iii. Somewhat of a factor
  iv. Significant factor
  v. Extremely significant factor

c. Lack of funding/finances
  i. Not at all a factor
  ii. A little bit of a factor
  iii. Somewhat of a factor
  iv. Significant factor
  v. Extremely significant factor

d. Possibility of contracting communicable diseases
  i. Not at all a factor
  ii. A little bit of a factor
  iii. Somewhat of a factor
  iv. Significant factor
  v. Extremely significant factor

e. Fear for safety
  i. Not at all a factor
  ii. A little bit of a factor
  iii. Somewhat of a factor
  iv. Significant factor
  v. Extremely significant factor

f. Separation from child/spouse/significant other/family/friends
  i. Not at all a factor
  ii. A little bit of a factor
  iii. Somewhat of a factor
  iv. Significant factor
  v. Extremely significant factor

g. Political unrest
  i. Not at all a factor
  ii. A little bit of a factor
  iii. Somewhat of a factor
  iv. Significant factor
  v. Extremely significant factor

h. Language barriers
  i. Not at all a factor
  ii. A little bit of a factor

        iii.   Somewhat of a factor
        iv.   Significant factor
        v.   Extremely significant factor

    i.   Lack of awareness/unknown opportunities
        i.   Not at all a factor
        ii.   A little bit of a factor
        iii.   Somewhat of a factor
        iv.   Significant factor
        v.   Extremely significant factor

    j.   Fear of racism
        i.   Not at all a factor
        ii.   A little bit of a factor
        iii.   Somewhat of a factor
        iv.   Significant factor
        v.   Extremely significant factor

    k.   Other barriers: please specify

24. If you were to participate in a global health experience, in which region would you prefer to work? Please choose your top five regional choices where 1 signifies where you least preferred region and 5 signifies your most preferred region.
    a. North America
    b. Central America
    c. South America
    d. North Africa
    e. Sub-Saharan Africa
    f. North Asia (i.e. Belarus, Russia)
    g. East Asia (i.e. China, Hong Kong, Korea)
    h. Middle East
    i. South and Southeast Asia (i.e. India, Vietnam, Nepal, Thailand)
    j. Eastern Europe
    k. Western Europe
    l. Pacific Islands
    m. Caribbean
    n. Australia/New Zealand

25. Please choose the top 5 topics you feel you would be interested in personally learning about if you were participating in a global health curriculum **(STUDENTS)**
    a. Political unrest
    b. Social inequities/injustices
    c. Types of Infectious diseases
    d. Non-communicable diseases

e. Travel medicine
f. Cultural differences
g. Navigating Religious differences
h. Inmate Health
i. Rural Health
j. Urban Health
k. Refugee Health
l. Nutrition and malnutrition
m. Injury and Violence
n. Global burden of disease
o. Ethical issues when working with marginalized populations
p. International health systems
q. Understanding personal motivations in pursuing international development and global health
r. Health education and community outreach
s. Barriers to medical care
t. Epidemiology
u. Vaccine preventable diseases
v. Health funding sources globally
w. WHO/Systems thinking
x. Integrating technology into medicine
y. Other: please specify

26. Please choose the top 5 topics you feel you would be interested in personally learning about if you were participating in a global health curriculum **(RESIDENTS)**
    a. Political unrest
    b. Social inequities/injustices
    c. Types of Infectious diseases
    d. Non-communicable diseases
    e. Travel medicine
    f. Cultural differences
    g. Navigating Religious differences
    h. Inmate Health
    i. Rural Health
    j. Urban Health
    k. Refugee Health
    l. Nutrition and malnutrition
    m. Injury and Violence
    n. Global burden of disease
    o. Ethical issues when working with marginalized populations
    p. International health systems
    q. Understanding personal motivations in pursuing international development and global health
    r. Health education and community outreach

      s.   Barriers to medical care

      t.   Epidemiology

      u.   Vaccine preventable diseases

      v.   Health funding sources globally

      w. WHO/Systems thinking

      x.   Integrating technology into medicine

      y.   Other: please specify

27. Any additional comments or suggestions for curriculum?