

Cover/Signature Page - Abbreviated Template/Abbreviated Template with Curriculum

Institution Submitting Request: University of Utah School of Medicine

Proposed Title: Graduate Certificate in Global Medicine

Currently Approved Title: N/A

School or Division or Location: University of Utah School of Medicine

Department(s) or Area(s) Location: Office of the Assistant Dean of Global Health Education

Recommended Classification of Instructional Programs (CIP) Code¹ (for new programs): 51.2210

Current Classification of Instructional Programs (CIP) Code (for existing programs): N/A

Proposed Beginning Date (for new programs): 8/17/2016

Institutional Board of Trustees' Approval Date: TBD

Proposal Type (check all that apply):

Regents' General Consent Calendar Items		
<i>R401-5 OCHE Review and Recommendation; Approval on General Consent Calendar</i>		
SECTION NO.		ITEM
5.1.1	<input type="checkbox"/>	Minor*
5.1.2	<input type="checkbox"/>	Emphasis*
5.2.1	<input type="checkbox"/>	(CER P) Certificate of Proficiency*
5.2.3	<input checked="" type="checkbox"/>	(GCR) Graduate Certificate*
5.4.1	<input type="checkbox"/>	New Administrative Unit
	<input type="checkbox"/>	Administrative Unit Transfer
	<input type="checkbox"/>	Administrative Unit Restructure
	<input type="checkbox"/>	Administrative Unit Consolidation
5.4.2	<input type="checkbox"/>	Conditional Three-Year Approval for New Centers, Institutes, or Bureaus
5.4.3	<input type="checkbox"/>	New Center
	<input type="checkbox"/>	New Institute
	<input type="checkbox"/>	New Bureau
5.5.1	<input type="checkbox"/>	Out-of-Service Area Delivery of Programs
5.5.2	<input type="checkbox"/>	Program Transfer
	<input type="checkbox"/>	Program Restructure
	<input type="checkbox"/>	Program Consolidation
5.5.3	<input type="checkbox"/>	Name Change of Existing Programs
5.5.4	<input type="checkbox"/>	Program Discontinuation
	<input type="checkbox"/>	Program Suspension
5.5.5	<input type="checkbox"/>	Reinstatement of Previously Suspended Program
	<input type="checkbox"/>	Reinstatement of Previously Suspended Administrative Unit

**Requires "Section V: Program Curriculum" of Abbreviated Template*

Chief Academic Officer (or Designee) Signature:

I certify that all required institutional approvals have been obtained prior to submitting this request to the Office of the Commissioner.

Signature:

Date: November 25, 2015

Printed Name: Ty Dickerson, MD, MPH

Program Request - Abbreviated Template
University of Utah School of Medicine
Graduate Certificate in Global Medicine
11/25/2015

Section I: Request

We request the creation of a *Graduate Certificate in Global Medicine* that will be offered specifically to University of Utah School of Medicine (UUSOM) medical students.

Section II: Need

U.S. medical students are increasingly participating in education activities related to global health. In 2014, 30% of students reported engaging in at least one “global health experience” during medical school [2014 AAMC Medical School Graduation Questionnaire]. This is important because medical students who engage in global health education are more likely to practice in underserved areas, primary care fields or both [Ramsey AH, Haq C, Gjerde C, Rothenberg D: *Career influence of an international health experience during medical school. Fam Med 2004, 36(6):412–416 and Haq C, Rothenberg D, Gjerde C, et al: *New world views: preparing physicians in training for global health work. Fam Med 2000, 32(8):566–572*]. Furthermore, a 2014 survey of University of Utah medical students revealed that 65% of student respondents “planned on incorporating global health into their future careers” and over 90% of respondents agreed or strongly agreed that “global health education and training opportunities should be widely available to medical students”.*

An internal review of global health education for UU Medical Students indicated that while we offer several education opportunities to students, these opportunities, such as courses and international electives, were often poorly structured and organized and learning outcomes and outcomes assessments were difficult for students to discern. Furthermore, the content of course and electives were not aligned to complement each other, were often redundant and did not adhere to a logical continuum of global health education. We sought to better define our expected learning outcomes, improve the coordination of courses’ content to present a coherent whole, better align class activities, quizzes and assignments with learning outcomes and better align learning outcomes with assessments. We wish to leverage these successes into a coherent whole to offer medical students a structured and cohesive pathway to develop additional expertise in global health and afford such students a record of coherent academic accomplishment in the field of global medicine.

The proposed Graduate Certificate has been reviewed by the relevant Deans at the UUSOM whose activities could be potentially impacted by the proposed Graduate Certificate, including; the Dean & Senior Vice President of Health Sciences (Vivian Lee), the Vice Dean of Education (Wayne Samuelson), the Associate Dean of Student Affairs (Adam Stevenson), the Associate Dean for Education & Curriculum (Sara Lamb), the Assistant Dean for Inclusion and Outreach (Evelyn Gopez), the Director of the Office for Global Public Health (L. Scott Benson) and the Assistant Dean of Global Health Education (Ty Dickerson). In addition, we have attached letters of endorsement from the Directors of relevant global health courses impacted by this proposed Graduate Certificate (Jeff Robison, Geoff Tabin and Bert Lopansri).

Section III: Institutional Impact

Because the number of enrollees at the UUSOM medical school is capped and there are far more applicants than become matriculated, this graduate certificate will neither increase nor decrease medical school enrollment. However, because completion of the certificate will require completion of several elective global health courses currently offered by the UUSOM, enrollment in these elective courses may increase. Course instructors have been consulted regarding the potential for increased enrollment and they actively endorse the proposed graduate certificate.

The administrative unit which will oversee the proposed Graduate Certificate is the Office of the Assistant Dean of Global Health Education within the UUSOM Dean's office. This office has been extant for over a decade and currently administers many of the elective courses proposed for certificate completion in addition to serving as the advisory unit for the UUSOM Student Global Health Initiative (SGHI). Since the elective courses required for the proposed Graduate Certificate are currently offered on an annual basis and since the online learning activities and participation in SGHI are already operational, the only changes to current administrative activities will be organization of the required capstone presentation for Graduate Certificate candidates. We propose to embed the capstone presentations within the annual SGHI Global Health Conference held in the spring of each academic year. The SGHI conference has been offered annually since 2009 and is designed to highlight global health scholarship by UUSOM medical students. The proposed Graduate Certificate will not require new facilities or modification of existing facilities.

The Graduate Certificate in Global Medicine is open only to matriculated medical students in the M.D., M.D./Ph.D., M.D. /M.S.P.H. or M.D. /M.P.H. programs at the University of Utah School of Medicine.

Of note, the UUSOM Division of Public Health offers a fully-approved Graduate Certificate in *Global Health* for public health and undergraduate students at the University of Utah. *Because current curricular requirements and scheduling issues preclude medical students from participating in this Graduate Certificate Program and because non-medical students cannot participate in the proposed Graduate Certificate in Global Medicine, we anticipate no disruption in the activities or enrollment of either program.* Additionally, to our knowledge no educational program or opportunities for a structured global health education for UU medical students is available at the University of Utah or other educational entities in the State of Utah. The University of Utah would become the fifth PAC 12 School to implement a Global Health pathway, track or certificate program for medical students. Our proposed Graduate Certificate requires a similar time commitment from students compared to other Pac 12 medical schools, but offers a wider range of education activities including coursework, experiential electives, on-line learning, scholarship/investigation and group/committee activities (see PDF: PAC 12 MD Global Health for Medical Students).

Section IV: Finances

No net cost savings are anticipated from instituting the proposed Graduate Certificate and no new funding will be required for its administration. The budget needs will be minimal as the administrative unit overseeing the Graduate Certificate already exists and currently has the staff and administrative resources to initiate and maintain the program. Currently, the Office of the Assistant Dean of Global Health Education is staffed by the Assistant Dean (0.5 FTE), a Program Manager (1.0 FTE) and an Executive Secretary (0.75

FTE). Students will be advised by the Assistant Dean of Global Health Education and the Program Manager and it is not anticipated that the need will exceed current capacity. All UUSOM medical students currently have access to these advisors. In the event that the proposed Graduate Certificate is so popular that the number of students requiring advisory services exceeds the capacity of the Office, faculty who direct global health courses for medical students will be solicited to fill this unmet advisory needs. All UUSOM medical students will receive an introduction to the proposed Graduate Certificate during routine orientation sessions and potential participants will meet with the Assistant Dean to review the requirements of the program. All participants will meet at least annually with the Assistant Dean to review their progress toward completion of the program and submit documentation of completion of required curricular activities. Students may withdraw from the program at any time without penalty but must meet the minimum requirements of the program to be awarded the Graduate Certificate in Global Medicine.

Section V: Program Curriculum

Expected Learning Outcomes

Medical Doctors who complete the Graduate Certificate in Global Medicine show competence in the following domains and are expected to be able to:

Global Burden & Determinants of Disease

Describe current global causes of mortality and morbidity for various age groups and genders as well as the metrics for measuring health outcomes; compare and contrast the burden of these outcomes between major regions of the world and describe the major determinants that influence health outcomes of individuals and populations in low- and middle-income countries, including regional and global social, political, environmental, and economic determinants

Global Health Governance & Health Systems

Describe the basic models for health systems in low- and middle-income countries, including payer systems and contributions from both the public and private sectors, and discuss how global health systems and governance structure impact health systems from the perspectives of individual nations, intergovernmental organizations (e.g., World Health Organization, World Bank), governmental organizations (e.g., USAID), non-governmental organizations (e.g., Save the Children), public-private partnerships (e.g., Global Fund to Fight AIDs, TB & Malaria) and non-state actors (e.g., Bill & Melinda Gates Foundation, Doctors Without Borders)

Clinical Medicine & Public Health

Identify and describe the risk factors, signs and symptoms for common causes of mortality or morbidity that facilitate diagnosis and therapy in low-resource settings and discuss how resource limitations impact care quality and health outcomes as well as interventions and integrated strategies that have been demonstrated to substantially improve individual and/or special population's (e.g., refugees) health in low-resource settings, especially in regards malnutrition, trauma, diarrhea, pneumonia, malaria, tuberculosis and HIV/AIDS

Travel Health & Best Practices of Global Health Engagement, Partnership & Research

Prepare for and complete a safe, secure and ethically-sound global health education experience in an international setting, demonstrate aptitude in locating and applying information related to travel health,

personal safety and security and apply ethical concepts to address common conundrums that occur during international education activities and cross cultural encounters, including clinical and research activities

Patient Care (Clinical Track)

Identify and integrate contextually-appropriate resources (e.g., manuals, guidelines and other resources) with one's existing knowledge and skills to demonstrate high standards of competency and professionalism while participating in clinical care during a global health elective in a low-resource setting and describe the impact of the experience on one's personal and professional development

Research (Scholarship Track)

Engage in mentored global health scholarship by participating in research in a global setting, define their intellectual contribution to the research activity, including their contribution to the study background/literature review, methods, analysis and the interpretation/conclusion(s) gleaned from the research and present their findings in a formal setting, including either an abstract or poster presented at a scientific conference or a scientific article submitted for publication.

Communication & Collaboration

Demonstrate strong communication and collaboration skills by working with a multi-disciplinary group of peers to accomplish a goal-directed activity over a sustained period of time.

Required Activities

Coursework

MDID 6500 Introduction to Global Health Principles (1 credit; 16 hours class time)

AND

MDID 6510 Preparation for Global Health Service & Learning (1 credit; 16 hours class time)

AND

MDID 6515 Maternal & Newborn Survival: Theory to Practice (3 credits; ~70 hour effort)

AND

MDID 6530 Global Medicine (1 credit; 20 hours class time)

Independent Learning

Student Global Health Initiative (SGHI) membership and participation for 2 semesters

OR

Submission of a project to the Bench-2-Bedside Competition in the Global Health category

International Elective

MDID 6520 Global Health Mentored Scholarly Elective (4 credits; 160 hours)

OR

MDID 6540 Global Health Clinical Elective (4 credits; 160 hours)

OR

FPMD 5028 Global Public Health Learning Abroad Elective (Peru, Ghana or Armenia; 4 credits; 120 hours of effort)

Capstone Project

Issues in Clinical Care – White Poster

Medical students enrolled in MDID 6540 Global Health Clinical Elective will prepare and present a poster related to an issue or problem in clinical care as their Graduate Certificate in Global Medicine Capstone Project.

Global Health Research – Scholarly Poster

Medical students enrolled in MDID 6520 Global Health Mentored Scholarly Elective or FPMD 5028 Global Public Health Learning Abroad will prepare and present a scientific poster related to their research as their Graduate Certificate in Global Medicine Capstone Project.

Course Prefix and Number	Title	Credit Hours
MDID 6500	Introduction to Global Health Principles	1
MDID 6510	Prep for Global Health Service & Learning	1
MDID 6515	Maternal & Newborn Survival: Theory to Practice	3
MDID 6530	Global Medicine	1
<u>AND</u>		
MDID 6520	Global Health Mentored Scholarly Elective	4
<u>OR</u>		
MDID 6540	Global Health Clinical Elective	4
<u>OR</u>		
FPMD 5028	Global Public Health Learning Abroad	4
Total Number of Course Credits Required		10
Note: Additional non-credit hour education activities are required for completion of the proposed Graduate Certificate (see above)		

Student Schedule (Example)

Year 1

Fall Semester

MDID 6500 Introduction to Global Health Principles

AND

SGHI Participation

Spring Semester

MDID 6510 Prep GH Service Learning

AND

SGHI Participation

MSI-MSII Break

MDID 6520 Global Health Mentored Scholarly Elective

OR

FPMD 5028 Global Public Health Learning Abroad

Year 2

Fall Semester

Spring Semester

MDID 6515 Maternal & Neonatal Health: Theory to Practice
AND
SGHI Participation (Fall & Spring Semesters)

Year 3

Fall Semester

Spring Semester

MDID 6540 Global Health Clinical Elective*
OR
MDID 6520 Mentored Scholarly Elective*

Year 4

Fall Semester

MDID 6530 Global Medicine

Spring Semester

MDID 6540 Global Health Clinical Elective*
OR
MDID 6520 Mentored Scholarly Elective*
AND
Capstone Project

*If student completed MDID 6520 or FPMD 5028 during the MSI-MSII break, an international elective during MSIII or IV year is optional but not required

*If student completed MDID 6520 or MDID 6540 during their MSIII year, an international elective during MSIV year is optional but not required

*MDID 6540 can only be taken during medical student clinical years (MSIII-IV)

Graduate Certificate in Global Medicine

Expected Learning Outcomes, Activities & Outcomes Assessment

ELOs: MDID 6500 – Introduction to Global Health Principles	Activities/Exercises	Outcomes Assessment
Students will be able to discuss the discipline of history & global health and describe the role and influence of governmental (i.e., Zambia, China), intergovernmental (e.g., WHO, World Bank) and non-governmental organizations (e.g., Doctors Without Borders, Gates Foundations) in developing healthcare policies and practices	Quiz questions will be based on the required readings for class and will focus on <u>public health issues in low resource settings</u> . Four (5) quizzes will be given during the course at random times but not during the first class.	<i>*Knowledge Assessment:</i> knowledge of course material will be assessed by five (5) MCQ. Quizzes will cover the required reading material available on the Course Canvas site. Each quiz will consist of five (5) questions and each question represents 2% toward the final course grade. The lowest quiz grade is dropped from the final grade (i.e., 4 MCQ x 5 questions/quiz x 2%/question = 40% of final grade)
Students will be able to describe the global burden of disease and metrics used to assess disease burden and compare, contrast mortality and morbidity rates for various age groups and genders and describe population level demographic trends of WHO regions.	<p>Students will work in small groups to prepare in-class group discussions regarding Global Health Case Studies. Each group will prepare for and present discussion topics to their peers for two (2) case studies during the course. Small Group Assignments include:</p> <ul style="list-style-type: none"> • Reviewing the Case Study and relevant supporting information and utilizing that information to address a series of questions provided by the Course Directors. • Since Case Studies will not have all the necessary information to address all of the questions, students will seek additional resources to complete the questions. • In class, Case Study teams use their assigned questions as a guide to lead their peers (who have read the Case Study) in group discussion. <p>Each small group must present their written responses to the Case Study questions as well as citations for their sources of information.</p> <p>Case Study topics include:</p> <ul style="list-style-type: none"> • Case Study: Improving The Health Of The Poor In Mexico • Case Study: Reducing Fertility In Bangladesh • Case Study: Preventing Iodine Deficiency Disease In China • Preventing HIV and sexually transmitted infections in Thailand 	<p>Each Case Study Assignment = 15% of final grade (2 Case studies x 15% = 30% of final grade)</p> <p>Grades will be assigned by the instructor who will review written reports for:</p> <ul style="list-style-type: none"> • Questions addressed completely • Answers are contextually appropriate • Information resources are cited
Students will be able to discuss social, economic and environmental determinants of health and health inequalities and how these forces impact health	Students will apply what they learn about media/mass communication from the Global Health Council's Global Health Advocacy Manual to write an op-ed about a pressing and global public health issue. In 750 words or less, they will	Op-Eds are reviewed by Course Directors for relevance and accuracy. 5% for addressing each element x 6 = 30% of final grade

	<p>address the following elements...</p> <ul style="list-style-type: none"> • Provide a brief historical background description of the problem/issue including relevant statistics or facts about the problem • Define the issue's take home message • Relate your take home message to local, regional, national or international policy • Describe why the issue is relevant now • Offer a solution (even a small one) to the problem • End with a strong conclusion that reinforces your take home message 	
Students will demonstrate familiarity with the concepts of health as a human right and discuss the history of significant health and human rights achievements.		
Students will be able to discuss the rising burden of trauma and injury globally and steps to mitigate injury related morbidity and mortality in low-resource settings		
Students will be able to list the major health implications of forced migration, travel, war and displacement as well as the status and administration of refugee immigration to the U.S.		
Students will be able to discuss the direct and indirect causes and health outcomes of malnutrition and food insecurity, including micronutrient deficiencies, and suggest public health approaches to mitigating the impacts of malnutrition.		
Students will be able to describe HIV/AIDS control & care as an example of an integrated approach to care and prevention and discuss the barriers to HIV/AIDS control.		
ELOs: FPMD 6510 – Preparation for Global Health Service & Learning	Activities/Exercises	Outcomes Assessment
Students will be able to describe specific ethical conundrums common to students and trainees in global health settings and to integrate ethical concepts into their approach to preventing and solving ethical issues	<p>*MCQ <i>*Prevention & Management of Ethical Conundrums:</i> Given three (3) written scenarios regarding ethical conundrums common to global health learners, students are assigned to submit a written response to each scenario (minimum 100 words per scenario; total 300 words) describing:</p> <ul style="list-style-type: none"> • the potential harmful effects of each scenario 	<p><i>*Knowledge Assessment:</i> knowledge of course material will be assessed by five (5) MCQ. Quizzes will cover the required reading material available on the Course Canvas site. Each quiz will consist of five (5) questions and each question represents 2% toward the final course grade. The lowest quiz grade is dropped from the final grade (i.e., 4 MCQ x 5 questions/quiz x 2%/question = 40% of final grade) <i>*Prevention & Management of Ethical Conundrums:</i> Grades will be assigned by the instructor who will review written solutions for the</p>

	<ul style="list-style-type: none"> • an approach to mitigating potential harm in each scenario • a solution that may have prevented the conundrum from arising. <p>Students submit their written answers to the course director. A panel of global health professionals will then engage students in group discussion regarding the scenarios.</p>	<p>following elements (5% for each element x 4 elements = 20% of final grade):</p> <ul style="list-style-type: none"> • appropriate application of ethical concepts • reasonable interpretation of potentially harmful outcomes • reasonable approach to mitigating harm • viable solution to preventing the ethical conundrum from arising in the first place
Students will be able to describe the benefits of assessing local health needs prior to a health intervention & demonstrate the ability to prioritize health interventions based on the health needs assessment.	<p><i>*Prioritizing Health Interventions:</i> Students are provided with a list and a brief description of a major health issue and the related disease burden in a locale in a low income country and are challenged to prioritize available public health interventions and, in 100 words or less, to justify their priorities. The rankings and the written justification is provided to the course director. In Group Discussion, students present their priority list to peers for feedback. After discussion, students reflect on their rank list of interventions and report whether they have changed their rank list and why.</p>	<p><i>*Prioritizing Health Interventions:</i> Grades will be assigned by the instructor who will review written reports for:</p> <ul style="list-style-type: none"> • Ranked 5 priorities (5 x 2% per priority = 10% of final grade) • Priority list is reasonable defensible (= 10% of final grade)
Students will be able to identify relevant resources to plan a global health activity and integrate that material to discuss personal health, safety and security during global health electives and rotations.	<p><i>*Personal Travel Health, Safety and Security:</i> Each student will be given a unique hypothetical international travel scenario and will describe the travel health, safety and security peculiarities of the scenario and using credible resources identify and make recommendations to minimize personal risk or poor outcomes for:</p> <ul style="list-style-type: none"> • at least four potential health threats • at least two potential security threats • travel alerts or advisories by the U.S. State Department • immunizations and preventive health strategies • cultural and language barriers <p>Students must cite sources for their recommendations. Students will present their findings and recommendations to the class.</p>	<p><i>*Personal Travel Health, Safety and Security:</i> Grades will be assigned by the instructor who will assess the presentation to make sure all elements are represented, each of the 4 element represents 5% of final grade (e.g., assignment represents 20% of final grade):</p> <ul style="list-style-type: none"> • all elements of the assignment are addressed • recommendations are reasonable or evidence-based • Sources are cited <p>Sources are relevant</p>
Students will be able to locate and identify contextually-appropriate resources (e.g., manuals, guidelines and other resources) for health issues in low-resource settings and demonstrate the ability to utilize such references to design an intervention to address a basic health issue.	<p><i>*Designing & Assessing a Basic Health Intervention Package:</i> After reviewing a written & pictorial report of a recent health needs assessment regarding a local health issue (e.g., childhood diarrhea), students design or three public health interventions to address the specific problem on a small scale (e.g., village level) as well as two contextually-appropriate metrics to measure the long-term impact of their intervention package. Students justify their recommended interventions and chosen impact metrics in a written report in 250 words or less.</p>	<p><i>*Designing & Assessing a Basic Health Intervention Package:</i> The course director will review each report to assure that each element is addressed (e.g., 4 elements x 5% of final grade per element; 20% of final grade for assignment)</p> <ul style="list-style-type: none"> - 3 interventions addressing the problem are stated - interventions are contextually appropriate for the scenario - chosen metrics to measure the impact of interventions are relevant - Interventions are evidence based or justified

ELOs: MDID 6530 – Global Medicine	Activities/Exercises	Outcomes Assessment
<p>Students will be able list the current most common causes of mortality and morbidity for reproductive age women and children in low- and middle-income countries, compare and contrast outcomes between WHO regions, describe the various packages of clinical interventions that could improve outcomes for both women and children and discuss the implementation and evaluation of maternal-child health programs.</p>	<p>"Case Studies in Global Health: Case Study assignments probe a student's ability to locate, comprehend, synthesize and share information regarding complex issues relevant to global health. Completing assignments require efficient identification of multiple media sources necessary to complete the assignment; contemplating multiple viewpoints, ideas and concepts. While op-eds require depth of understanding of a global health issue, Case Studies challenges students to explore the wider breadth of an issue. Students will work in small groups to prepare in-class group discussions regarding Global Health Case Studies. Each group will prepare for and present discussion topics to their peers for two (2) case studies during the course. Small Group Assignments include:</p> <ul style="list-style-type: none"> • Reviewing the Case Study and relevant supporting information and utilizing that information to address a series of questions provided by the Course Directors. • Since Case Studies will not have all the necessary information to address all of the questions, students will seek additional resources to complete the questions. • In class, Case Study teams use their assigned questions as a guide to lead their peers (who have read the Case Study) in group discussion. <p>Each small group must present their written responses to the Case Study questions as well as citations for their sources of information.</p> <p>Case Study topics include:</p> <ul style="list-style-type: none"> • Saving Mother's Lives in Sri Lanka • Reducing child mortality through vitamin A in Nepal • Preventing Diarrheal Deaths in Egypt • Controlling Trachoma in Morocco • Controlling tuberculosis in China • Curbing tobacco use in Poland" 	<p>Each Case Study Assignment = 20% of final grade (2 Case Studies x 20% each = 40% of final grade)</p> <p>Grades will be assigned by the instructor who will review written reports for:</p> <ul style="list-style-type: none"> • Questions addressed completely • Answers are contextually appropriate • Information resources are cited
<p>Students will be able to describe risk factors, signs and symptoms for common causes of mortality or morbidity that facilitate diagnosis in low-resource settings and will be able to describe the role of syndromic management and clinical algorithms for treatment of individual patients with common health conditions in low-resource settings.</p>	<p>Quiz questions will be based on the required readings for class and will focus on clinical issues in low resource settings. Four (4) quizzes will be given during the course at random times but not during the first class.</p>	<p>Low quiz score is dropped; 3 MCQ x 10% each = 30% of final grade</p>

Students will have a broad understanding of medical conditions whose primary burden resides in low income countries, including malaria, tuberculosis, HIV, severe acute malnutrition and visual impairment, which cause high morbidity and mortality, and will be able to list the common outcomes from such health conditions and recommend both preventive and therapeutic methods to improve.	Students will apply what they learn about media/mass communication from the Global Health Council's Global Health Advocacy Manual to write an op-ed about a pressing and global issue in clinical medicine. In 750 words or less they will address the following elements... <ul style="list-style-type: none"> • Provide a brief historical background description of the problem/issue including relevant statistics or facts about the problem • Define the issue's take home message • Relate your take home message to local, regional, national or international policy • Describe why the issue is relevant now • Offer a solution (even a small one) to the problem • End with a strong conclusion that reinforces your take home message 	Op-Eds are reviewed by Course Directors for relevance and accuracy. 5% for addressing each element x 6 = 30%
Students will be able to identify integrated strategies to address common health conditions in low- and middle-income countries that have been demonstrated to substantially improve individual and/or population health in low-resource settings		
Students will have an advanced understanding of ethical approaches to clinical medicine and research in global health		
ELOs: MDID 6520 – Global Health Mentored Scholarly Elective	Activities/Exercises	Outcomes Assessment
Describe the necessary steps to plan and execute a safe international elective, including pertinent aspects of personal travel health, security & safety	University of Utah Center for Learning Abroad Custom International Travel Program	<i>*Pre-Travel Preparation:</i> Students will successfully complete the Center for Learning Abroad Custom Program Requirements, including: on-line travel health module, safety & security orientation; obtaining Travel Health & Evacuation Insurance, Travel Health Clinic Visit and Code of Conduct/Risk Reduction training
Demonstrate an understanding of research ethics, including the history of ethics in research, ethical principles, examples of ethical transgressions and the importance of independent ethical oversight (e.g., Institutional Review Boards) in research	Online Human Research Subject Protection Training	<i>*On-Line Human Research Subject Protection Training:</i> Satisfactory score upon completion of the online Human Subjects Research (HSR) course via the Collaborative Institutional Training Initiative
Actively participate in the design, conduct and publication of a research activity in an international setting, including contributions to the study background/literature review, methods, analysis and the interpretation/conclusion(s) gleaned from the research.	Global Health Scholarly Elective: International Experience	Preceptors/Supervisors will complete the UUSOM-approved evaluation reflecting student's scholarly performance for MDID 6520. Students must achieve a minimum grade of PASS in order to receive credit for the elective.

<p>Present and explain research findings in a formal setting, including the production of either an abstract or poster presented at a scientific conference or a scientific article submitted for publication.</p>	<p>Sharing/Dissemination of Scholarship</p>	<p><i>*Scholarship & Dissemination of Results:</i> Students will share their findings from their experience in MDID 6520 as an abstract, presentation or scholarly poster in a formal setting, such as a local, regional or national academic conference or publish the results in a peer-reviewed scientific research journal</p>
<p>ELOs: MDID 6540 Global Health Clinical Elective</p>	<p>Activities/Exercises</p>	<p>Outcomes Assessment</p>
<p>Demonstrate the necessary steps to plan and execute a safe international elective, including pertinent aspects of personal travel health, security & safety</p>	<p>University of Utah Center for Learning Abroad Custom International Travel Program</p>	<p><i>*Pre-Travel Preparation:</i> Students will successfully complete the Center for Learning Abroad Custom Program Requirements, including: on-line travel health module, safety & security orientation; obtaining Travel Health & Evacuation Insurance, Travel Health Clinic Visit and Code of Conduct/Risk Reduction training</p>
<p>Actively engage in self-directed learning activities that promote lifelong learning</p>	<p><i>Issues in Clinical Care – White Poster</i> Medical students enrolled in MDID 6540 Global Health Clinical Elective will prepare a poster related to an issue or problem related to clinical care as their capstone project for the Graduate Certificate in Global Medicine Capstone Project. Poster should address the following elements:</p> <ul style="list-style-type: none"> • Clearly describe an issue or a problem related to clinical care at the site where you completed MDID 6540 Global Health Clinical Elective and describes the burden or impact on population health at the National or Regional level. • Complete a search of relevant literature and summarize the known preventive and therapeutic modalities to control/address the issue or problem, ongoing research, and local, National or Regional policy surrounding the issue or problem. • Describe two gaps in the research or the understanding of the issue or problem that impede progress towards addressing it. • Describe how local, National or Regional Health Policy(ies) are addressing or controlling the issue or problem as well as successes and/or setbacks to the policy(ies) • Conclude by suggest 4 evidence-based interventions/actions that, if implemented at the local level, could address aspects of the issue or problem <p>Posters must be presented in a formal setting, such as the SGHI Annual Global Health Conference</p>	<p><i>*Issues in Clinical Care - White Poster:</i> Students will share their White Poster in a formal setting, such as a local, regional or national academic conference</p>
<p>Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p>	<p>Global Health Clinical Elective: International Experience</p>	<p><i>*International Clinical Elective Performance:</i> Preceptors/Supervisors will complete a UUSOM-approved MSIV Sub-Internship Clinical Evaluation reflecting student's performance for the MDID 6540. Students must achieve a minimum grade of PASS in order to receive credit for the elective.</p>

Demonstrate medical 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.		
Exhibit interpersonal and communication skills that promote effective and culturally responsive information exchange and result in team-based patient care that includes patients, the patients' families, and professional associates.		
Demonstrate a commitment to professionalism in carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.		
Demonstrate knowledge of system-based practice, i.e., responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.		
Demonstrate a basic approach to practice-based learning through practical exposure to and graduated responsibility within a longitudinal clinical experience.		
Consciously practice continuous self-assessment that identifies individual strengths and weaknesses and optimizes patient care through more efficient and effective individual and team performance.		
Actively engage in self-directed learning activities that promote lifelong learning.		
ELOs: FPMD 5028 – Global Public Health Learning Abroad Elective in Peru, Ghana or Armenia	Activities/Exercises	Outcomes Assessment
Describe the necessary steps to plan and execute a safe international elective, including pertinent aspects of personal travel health, security & safety	University of Utah Center for Learning Abroad Custom International Travel Program	<i>*Pre-Travel Preparation:</i> Students will successfully complete the Center for Learning Abroad Custom Program Requirements, including: on-line travel health module, safety & security orientation; obtaining Travel Health & Evacuation Insurance, Travel Health Clinic Visit and Code of Conduct/Risk Reduction training
Demonstrate an understanding of research ethics, including the history of ethics in research, ethical principles, examples of ethical transgressions and the importance of independent ethical oversight (e.g., Institutional Review Boards) in research	Online Human Research Subject Protection Training	<i>*On-Line Human Research Subject Protection Training:</i> Satisfactory score upon completion of the online Human Subjects Research (HSR) course via the Collaborative Institutional Training Initiative
Actively participate in the design, conduct and publication of a research activity in an international setting, including contributions to the study background/literature review, methods, analysis and the interpretation/conclusion(s) gleaned from the research.	Global Health Scholarly Elective: International Experience	Preceptors/Supervisors will complete the UUSOM-approved evaluation reflecting student's scholarly performance for MDID 6520. Students must achieve a minimum grade of PASS in order to receive credit for the elective.

Present and explain research findings in a formal setting, including the production of either an abstract or poster presented at a scientific conference or a scientific article submitted for publication.	Sharing/Dissemination of Scholarship	<i>*Scholarship & Dissemination of Results:</i> Students will share their findings from their experience in MDID 6520 as an abstract, presentation or scholarly poster in a formal setting, such as a local, regional or national academic conference or publish the results in a peer-reviewed scientific research journal
ELOs: MDID 6515 – Maternal & Child Health: From Theory to Practice	Activities/Exercises	Outcomes Assessment
Students will demonstrate the ability to engage in comprehensive, online self-study to acquire advanced knowledge of global maternal and neonatal health to complement their hands-on skills and knowledge of teaching strategies acquired during Master Trainer courses	<u>Neonatal Health: USAID Global Health eLearning Certificate</u>	* Students will obtain a Program Certificate from the USAID Global Health e-Learning Center for successful completion of an on-line modules related to Neonatal Health *Program Certificates are awarded to individuals who complete all on-line modules and obtain passing scores on quizzes for the module.
<p>Course 1: Emergency Obstetric and Newborn Care By the end of this eLearning course, the participant will be able to:</p> <ul style="list-style-type: none"> • Explain the rationale for including emergency obstetric and newborn care (EmONC) in maternal and newborn health programs • List key direct causes of maternal and newborn mortality • Define each of the key functions of basic emergency obstetric and newborn care (BEmONC) and comprehensive emergency obstetric and newborn care (CEmONC) • Discuss the met need for EmONC services Describe key factors needed for the implementation of EmONC services • Describe program support needed to implement an EmONC program • Explain the types of indicators used in monitoring EmONC Discuss several case studies of programs where availability and quality of EmONC services increased <p>Course 2: Antenatal Care By the end of this course, the participant will be able to:</p> <ul style="list-style-type: none"> • Discuss the global significance of ANC in light of the new model of focused (goal-directed) ANC • Explain the goals and principles of focused (goal-directed) ANC • Describe the elements of a focused (goal-directed) assessment • Explain the importance of screening for problems, rather than for the prediction of problems, in focused (goal-directed) ANC • Describe the components of individualized care provision, including the birth- and complication-readiness plan • Discuss the major issues in the prevention and treatment of anemia during pregnancy • Discuss the major issues in the prevention and treatment of malaria in pregnancy • Discuss the special considerations in the care of the pregnant woman who is infected with HIV • Discuss the special considerations in the care of the pregnant women who is infected with syphilis • Describe the signs and symptoms that may indicate major life-threatening complications during pregnancy • Discuss the programmatic issues involved in utilization of focused (goal-directed) ANC services • Discuss the programmatic issues involved in quality improvement, supervision, and monitoring of focused (goal-directed) ANC services <p>Course 3: Essential Newborn Care By the end of this mini-course, the participant will be able to:</p>		

- Discuss the significance of newborn mortality
- Discuss the main causes of newborn mortality
- Describe the maternal health/family planning link to newborn survival
- Describe elements of antenatal care and childbirth care that contribute to newborn survival
- Describe immediate care and initial assessment of the newborn
- Describe assessment and care specific to the first week
- Describe assessment and care of the newborn specific to the first month
- Discuss the key points for successful breastfeeding
- Discuss artificial feeding of newborns
- Describe newborn care in the household and community
- Describe newborn care in the peripheral facility and outreach services
- Describe newborn conditions that require referral (Care for these conditions will be described in a companion course, *Care of the Newborn with Problems*, which is currently in development.)
- Discuss the elements of performance support needed for people providing essential newborn care (community health workers, skilled attendants, and other health care professionals)
- Discuss implementation strategies in programming for essential newborn care
- Discuss the steps in program development for newborn health and survival
- Describe key programming myths and realities
- Describe some key program examples of essential newborn care

Course 4: Newborn Sepsis (Update)

By the end of this course the participant will be able to:

- Explain the importance of newborn infection as a cause of neonatal mortality
- List the risk factors for newborn infection and discuss how neonates acquire infection
- Describe the differences between a newborn and an older infant with respect to infections, and some of the difficulties in recognizing infection in the newborn
- Identify the key signs of sepsis in the newborn
- List the major strategies for preventing newborn infection
- List some strategies and approaches for the treatment of bacterial infections in the newborn, at peripheral centers and in the community
- Explain possible programmatic approaches at the facility and community levels
- Describe key program examples for preventing and treating newborn sepsis

Course 6: Nutrition (An Introduction)

After completing this course the reader should be able to:

- Describe the basic concepts of good nutrition
- Understand the major nutritional deficiencies and their relative importance
- Explain nutrition in terms of a life cycle process and the importance of the crucial "1,000 days"
- Describe the relationship between infection and nutrition
- Identify the major target groups for nutrition interventions and describe the window of opportunity
- Explain three layers of causes underlying malnutrition
- Identify the major effective "short route" nutrition interventions
- Be familiar with major nutrition indicators

- Appreciate the importance of several major international program efforts in nutrition

Course 7: Pneumonia

By the end of this course, you will be able to:

- Explain why pneumonia interventions are one of the top priorities in child survival programs aimed at reducing under-five mortality in developing countries
- Describe principles of pneumonia case management in children under five years of age
- Discuss approaches that can reduce pneumonia-related mortality

Course 8: Diarrheal Disease

By the end of this course you will be able to:

- Describe the magnitude of diarrheal diseases among children under the age of five in developing countries
- Explain the main principles of diarrhea case management in young children
- Discuss what can be done to prevent diarrhea in young children in developing countries and obstacles that must be overcome to do so

Students will demonstrate the ability to engage in comprehensive, online self-study to acquire advanced knowledge of global maternal and neonatal health to complement their hands-on skills and knowledge of teaching strategies acquired during Master Trainer courses

[Maternal Health: USAID Global Health eLearning Certificate](#)

* Students will obtain a Program Certificate from the USAID Global Health e-Learning Center for successful completion of an on-line modules related to Maternal Health
*Program Certificates are awarded to individuals who complete all on-line modules and obtain passing scores on quizzes for the module.

Course 1: Emergency Obstetric and Newborn Care

By the end of this eLearning course, the participant will be able to:

- Explain the rationale for including emergency obstetric and newborn care (EmONC) in maternal and newborn health programs
- List key direct causes of maternal and newborn mortality
- Define each of the key functions of basic emergency obstetric and newborn care (BEmONC) and comprehensive emergency obstetric and newborn care (CEmONC)
- Discuss the met need for EmONC services Describe key factors needed for the implementation of EmONC services
- Describe program support needed to implement an EmONC program
- Explain the types of indicators used in monitoring EmONC Discuss several case studies of programs where availability and quality of EmONC services increased

Course 2: Antenatal Care (2 hours)

By the end of this course, the participant will be able to:

- Discuss the global significance of ANC in light of the new model of focused (goal-directed) ANC
- Explain the goals and principles of focused (goal-directed) ANC
- Describe the elements of a focused (goal-directed) assessment
- Explain the importance of screening for problems, rather than for the prediction of problems, in focused (goal-directed) ANC
- Describe the components of individualized care provision, including the birth- and complication-readiness plan
- Discuss the major issues in the prevention and treatment of anemia during pregnancy
- Discuss the major issues in the prevention and treatment of malaria in pregnancy
- Discuss the special considerations in the care of the pregnant woman who is infected with HIV
- Discuss the special considerations in the care of the pregnant women who is infected with syphilis
- Describe the signs and symptoms that may indicate major life-threatening complications during pregnancy

- Discuss the programmatic issues involved in utilization of focused (goal-directed) ANC services
- Discuss the programmatic issues involved in quality improvement, supervision, and monitoring of focused (goal-directed) ANC services

Course 3: Family Planning 101

By the end of the course, learners will be able to:

- Describe the benefits of Family Planning (FP)
- Define the unmet need for FP
- Discuss the importance of voluntary choice in FP programs and services
- Describe key attributes of FP methods
- Describe the FP guidance provided by the World Health Organization (WHO)
- Describe most common short-acting methods of FP
- Describe most common long-acting and permanent methods of FP
- Discuss quality of, and access to, FP services
- Describe several key FP service delivery tools
- Discuss key elements of contraceptive security
- Describe FP considerations that are unique to the client with HIV, the postpartum client, the postabortion care (PAC) client, and the client who needs emergency contraception

Course 4: Healthy Timing and Spacing of Pregnancy

By the end of this course, you will be able to:

- Define pregnancy timing and spacing terms and concepts
- Explain the magnitude of the health problem related to the timing and spacing of pregnancies in developing countries
- State the two pregnancy spacing recommendations of 30 experts to WHO, as set forth in the 2006 World Health Organization (WHO) Birth Spacing Policy Brief
- State the WHO/UNFPA/UNICEF recommendation on the timing of first pregnancy
- Explain the mortality and morbidity risks associated with high risk pregnancies: too-early, high-age, short-interval, long-interval and high-parity pregnancies
- Explain why HTSP education is especially relevant for youth
- Describe HTSP operations research findings on behavior change and use of FP services
- Know how to find HTSP tools and resources, and how to add an HTSP approach to your program
- Identify indicators for monitoring and evaluation

Course 5: LA/PMs - A Smart Family Planning and Reproductive Health (FP/RH) Program Investment

By the end of this course, you will be able to:

- State the benefits of Long Acting and Permanent Methods (LA/PMs) and the rationale for greater investment in LA/PM services
- Understand the gap between reproductive intent and contraceptive behavior and its impact on programming
- Identify key challenges and strategies for LA/PM programming
- Know where to find and access LA/PM resource materials for continued learning

Course 6: Maternal Survival - Programming Issues

After completing this course, the learner will be able to:

- Understand the background and concepts related to maternal health, including the maternal mortality ratio, lifetime risk of maternal death, the regional distribution of maternal mortality, and causes of maternal and newborn mortality

- Describe the impact of saving mothers' lives on the health and survival of children and entire families
- Discuss the behavioral, clinical, and health systems interventions that can reduce maternal morbidity and mortality
- Understand the barriers to accessing essential and emergency obstetric care and methods for reducing those barriers in maternal health programming

Course 7: Malaria in Pregnancy (Update)

Upon completion of this eLearning course, the learner will be able to:

- Describe the impact of malaria on pregnancy and the newborn, including the problem of malaria-HIV co-infection
- Describe three major interventions for malaria control during pregnancy, including prevention and case management of malaria illness
- Identify ways that partnerships for malaria intervention at national, district, and community levels can address health systems issues
- Identify lessons learned from MIP programs in the field
- Recognize some problems that are frequently encountered when implementing MIP programs in the field and match them with practical solutions that can be applied in the field

Course 8: Mother-to-Child Transmission of HIV

After completing this course, the learner will be able to:

- Identify the scope of the problem of HIV-infected infants who have become infected through transmission from their mothers
- Explain the modes of transmission from mother to infant
- Discuss the clinical association between HIV and malaria in the pregnant woman
- Discuss the role of family planning in reducing MTCT of HIV
- Describe the elements of HIV counseling and testing of women during antenatal care
- Define the antenatal care interventions that can help reduce the risk of MTCT of HIV
- Discuss the intrapartum care interventions that can help prevent the transmission of HIV from mothers to newborns
- Discuss the postpartum interventions that can help prevent the transmission of HIV from mother to infant
- Describe the importance of community interventions and approaches in PMTCT of HIV
- Explain key elements in policy and advocacy for PMTCT
- Describe elements that are essential in programs that involve PMTCT

Course 9: Nutrition (An Introduction)

After completing this course the reader should be able to:

- Describe the basic concepts of good nutrition
- Understand the major nutritional deficiencies and their relative importance
- Explain nutrition in terms of a life cycle process and the importance of the crucial "1,000 days"
- Describe the relationship between infection and nutrition
- Identify the major target groups for nutrition interventions and describe the window of opportunity
- Explain three layers of causes underlying malnutrition
- Identify the major effective "short route" nutrition interventions
- Be familiar with major nutrition indicators
- Appreciate the importance of several major international program efforts in nutrition

Course 10: Preventing Postpartum Hemorrhage

By the end of this e-course, you will be able to:

- Describe the contribution of PPH to maternal mortality globally
- Discuss the causes of PPH
- Describe healthy practices during pregnancy that help prevent mortality from PPH
- Describe some healthy practices during the first and second stages of labor that help prevent PPH
- Describe active management of the third stage of labor (AMTSL), the key evidence-based practice for preventing PPH
- Discuss *physiologic* versus *active* management of the third stage
- Discuss the evidence for the practice of AMTSL
- Discuss the cost issues involved with AMTSL
- Discuss the drugs that may be used in performing AMTSL
- Discuss the importance of vigilant monitoring during the "fourth stage" of labor (immediately postpartum)
- Describe the elements involved in country-level implementation (integration into a national Safer Motherhood program) of an AMTSL component
- Discuss training considerations involved with performing AMTSL
- Discuss drug management issues in institutionalizing AMTSL
- Discuss challenges involved with the introduction of AMTSL

Course 11: Postpartum Care

By the end of this mini-course, the participant will be able to:

- Define the postpartum period
- Explain the importance of postpartum care
- Describe the three primary postpartum care programming models
- Discuss the timing of postpartum care visits
- Describe the elements of postpartum care
- Describe the self-care that is promoted during postpartum care
- Describe the postpartum care specific to the household and community
- Describe the postpartum care specific to the peripheral facility and outreach services
- Describe the postpartum care specific to the district hospital
- Discuss the mother-baby dyad
- Discuss the policy implications of postpartum care integration
- Discuss the performance support needed by people who are providing postpartum care
- Describe select country examples of integrated postpartum care

Students will demonstrate the ability to engage in comprehensive, online self-study to acquire advanced knowledge of global maternal and neonatal health to complement their hands-on skills and knowledge of teaching strategies acquired during Master Trainer courses

[Helping Babies Breathe \(HBB\) -Master Trainer Course](#)

Completion of the HBB Master Trainer Course requires attendance for the full two-day course with passing scores on the knowledge check exam and passing scores on two Observed Structured Clinical Exams (OSCEs)

This workshop is designed for is designed for physicians, nurses and others with experience caring for newborns and who will train health care providers as well as birth attendants in low resource settings.

<p>At the end of this activity, participants should be able to:</p> <ul style="list-style-type: none"> • Identify key messages of Helping Babies Breathe and successfully carry out all the exercises – (Preparation, Routine Care for All Babies, The Golden Minute, Continued Ventilation with Normal or Slow Heart Rate) • Demonstrate mastery of baby and mask ventilation (skill check) and successfully complete the written/verbal knowledge check and OSCE A and B • Describe the evolution and purpose of the educational program Helping Babies Breathe • Demonstrate presentation of HBB content, including key messages from the Facilitator Flip Chart, and incorporation of all the HBB learning materials. • Facilitate learning in small groups with participants of various ability levels • Evaluate learner performance • Prepare and supervise participants in continued learning in the workplace • Access resources to plan and evaluate courses • Explain the integration of HBB with other interventions according to the regional implementation plan 		
Students will demonstrate the ability to engage in comprehensive, online self-study to acquire advanced knowledge of global maternal and neonatal health to complement their hands-on skills and knowledge of teaching strategies acquired during Master Trainer courses	<u>Essential Care for Every Baby (ECEB) - Master Trainer Course</u>	Completion of the ECEB Master Trainer Course requires attendance for the full two-day course with passing scores on the knowledge check exam and passing scores on two Observed Structured Clinical Exams (OSCEs)
<p>This workshop is designed for is designed for physicians, nurses and others with experience caring for newborns and who will train health care providers as well as birth attendants in low resource settings.</p> <p>At the end of this activity, participants should be able to:</p> <ul style="list-style-type: none"> • Discuss the evolution of the educational program Essential Care for Every Baby; • Review the principles of Helping Babies Breathe; • Identify the most common neonatal problems that occur immediately after birth; • Demonstrate care of the baby immediately after birth using the neonatal simulator; • Discuss priorities and demonstrate care of the baby during the first 90 minute of life (The Gray Zone); • Describe the importance of classifying the baby in order to determine further care; • Discuss priorities and demonstrate care of the well, normal weight baby (The Green Zone); • Discuss priorities and demonstrate care of the baby with an abnormal temperature or feeding problem (The Yellow Zone); • Discuss priorities and demonstrate care of the baby with a Danger Sign (The Red Zone); • Demonstrate mastery of the Action Plan and successfully complete the written knowledge check and OSCE A & B skill activities; • Present the ECEB educational content and key messages from the Facilitator Flip Chart; • Lead skill session and provide feedback on skills and performance; • Access resources to plan and implement ECEB courses; <p>Review and analyze birth outcome data in order to develop a quality improvement strategy.</p>		
Students will demonstrate the ability to engage in comprehensive, online self-study to acquire advanced knowledge of global maternal and neonatal health to complement their hands-on skills and knowledge of teaching strategies acquired during Master Trainer courses	<u>Essential Care for the Small Baby (ECSB) - Master Trainer Course</u>	Completion of the ECSB Master Trainer Course requires attendance for the full two-day course with passing scores on the knowledge check exam and passing scores on two Observed Structured Clinical Exams (OSCEs)

This workshop is designed for is designed for physicians, nurses and others with experience caring for newborns and who will train health care providers as well as birth attendants in low resource settings.

At the end of this activity, participants should be able to:

- Discuss the evolution of the educational program Essential Care for the Small Baby;
- Review the principles of Helping Babies Breathe;
- Identify the most common neonatal problems that occur immediately after birth with the Small Baby;
- Demonstrate care of the small baby immediately after birth using the neonatal simulator;
- Discuss priorities and demonstrate care of the baby during (The Gray Zone);
- Describe the importance of classifying the baby in order to determine further care;
- Discuss priorities and demonstrate care of the well, small baby (The Green Zone);
- Discuss priorities and demonstrate care of the small baby with an abnormal temperature or feeding problem-placement of nasogastric feeding tube (The Yellow Zone);
- Discuss priorities and demonstrate care of the small baby with a Danger Sign (The Red Zone);
- Demonstrate mastery of the Action Plan and successfully complete the written knowledge check and OSCE A & B skill activities;
- Present the ECEB educational content and key messages from the Facilitator Flip Chart;
- Lead skill session and provide feedback on skills and performance;
- Access resources to plan and implement ECEB courses;
- Review and analyze birth outcome data in order to develop a quality improvement strategy.

Students will demonstrate the ability to engage in comprehensive, online self-study to acquire advanced knowledge of global maternal and neonatal health to complement their hands-on skills and knowledge of teaching strategies acquired during Master Trainer courses

[Helping Mothers Survive \(HMS\) – Master Trainer Course](#)

Completion of the HMS Master Trainer Course requires attendance for the full two-day course with passing scores on the knowledge check exam and passing scores on two Observed Structured Clinical Exams (OSCEs)

This workshop is designed for is designed for physicians, nurses and others with experience caring for newborns and who will train health care providers as well as birth attendants in low resource settings.

At the end of this activity, participants should be able to:

- Identify key messages of Helping Mothers Survive and successfully carry out all the exercises – (Preparation for clean and safe delivery, bleeding after birth, medication to minimize bleeding, cord management, placenta delivery, uterine firmness, management of tears, Compression of uterus, Emergency care and transport)
- Achieve master of competencies needed to safely and effectively prevent, detect, and manage postpartum hemorrhage.
- Successfully complete the written/verbal knowledge check and OSCE A and B
- Describe the evolution and purpose of the educational program Helping Mothers Survive-Saving lives at birth.
- Demonstrate presentation of HMS content, including key messages from the Facilitator Flip Chart, and incorporation of all the HMS learning materials.
- Facilitate learning in small groups with participants of various ability levels
- Evaluate learner performance
- Prepare and supervise participants in continued learning in the workplace
- Access resources to plan and evaluate courses
- Explain the integration of HMS with other interventions according to the regional implementation plan

ELOs: Student Global Health Initiative	Activities/Exercises	Outcomes Assessment
Through participation and membership in the Student Global Health Initiative (SGHI), demonstrate strong communication and collaboration skills by working with a multi-disciplinary group of peers over a sustained period of time to plan and organize global health education activities for University of Utah students and faculty.	SGHI Membership & Participation	*Students will log a minimum of 25 volunteer hours with SGHI over a 24 month period, typically during their MSI & MSII years
ELOs: Bench-2-Bedside Competition- Global Health Category	Activities/Exercises	Outcomes Assessment
Demonstrate strong communication and collaboration skills by working with a multi-disciplinary group of peers to design and submit a project to the University of Utah's Annual Bench-2-Bedside Competition in the category of Global Health.	Bench-2-Bedside Competition: Global Health Category	*Students will submit proof of their project submission to the Bench-2-Bedside Competition
Global Health-Related Learning Objectives in the 4-Year Medical Education Curriculum (80 hours class time)		
ELOs: Host & Defense Unit - Global Health Topics	Global Health Education Domain	Activities/Assignments & Assessment
Introduction to Human Parasites <ul style="list-style-type: none"> Understand the general taxonomy of parasites Understand the geography, life cycle, and clinical presentation of presented protozoa Know the basic immunology of immune evasion for the presented protozoa 	Global Burden & Determinants of Disease Clinical Medicine & Public Health	Per syllabus
Introduction to Mycology <ul style="list-style-type: none"> Compare and contrast the basic structure, reproductive and growth characteristics of yeasts vs. molds List the most common fungal pathogens associated with disease in humans. Be able to discuss typical clinical manifestations and risk factors. Describe current approaches to laboratory diagnosis. Appraise the advantages and limitations of each method. 	Clinical Medicine & Public Health	
Introduction to Virology <ul style="list-style-type: none"> Know the major defining characteristics of viruses (size, lack of organelles, etc). Know the basic structural components of viruses and their location in the virion: Capsid, tegument, etc. Know the characteristics and differences between the two types of capsid structures. Understand the major types of classification schemes of viruses: Genetic composition (ds vs ss, RNA vs DNA, enveloped, 	Clinical Medicine & Public Health	

<p>segmented, etc.)</p> <ul style="list-style-type: none"> • Know the modes of transmission of the major pathogens discussed (the examples given of several modes of transmission). • Know the major portals of entry and the mode of entry of the major pathogens discussed (the examples given of several modes of entry). • Know which are the major human oncogenic viruses and the mechanisms by which HPV affects cancer development (tumor suppressors and what HPV does to them). 		
<p>Introduction to Bacteriology</p> <ul style="list-style-type: none"> • Describe how bacteria can be classified according to their physical characteristics and the nature of their interactions with the host. • Understand the major ways in which bacteria differ from eukaryotic cells and the importance of these differences in terms of host immunity and the development of antibiotics. • Understand how the bacterial cell wall and associated factors can affect bacterial fitness and disease. • Gain an appreciation for the challenges posed by bacterial pathogens and the influence of the microbiota on human health. 	Clinical Medicine & Public Health	
<p>Introduction to Immunology</p> <ul style="list-style-type: none"> • Identify Edward Jenner and his contribution to medicine • Identify the key cells of the immune response • Identify the organs involved in the immune response • Describe the functional difference between a lymph node and the spleen • Describe the key features that differentiate the innate from acquired (antigen specific) immune response 	Clinical Medicine & Public Health	
<p>Introduction to Acid Fast Bacteria</p> <ul style="list-style-type: none"> • Name the most common Mycobacterium spp. and list the diseases that they can cause • Explain the pathogenesis of TB including: • Epidemiology, route of transmission, stages of disease (primary vs. reactivated vs. latent) and signs/symptoms • List the unique cell wall properties of AFB and the current methods for identification in the clinical laboratory 	Global Burden & Determinants of Disease Clinical Medicine & Public Health	
<p>Viral Pathogenesis</p> <ul style="list-style-type: none"> • Know the major clinical syndromes caused by each group of viruses discussed <ul style="list-style-type: none"> ◦ Non-enveloped RNA viruses <ul style="list-style-type: none"> ▪ Picornaviruses <ul style="list-style-type: none"> ▪ Rhinoviruses ▪ Enteroviruses 	Clinical Medicine & Public Health	

<ul style="list-style-type: none"> ▪ Coxsackie viruses and poliovirus ▪ ECHOviruses ▪ Hepatitis A virus ▪ Norwalk virus ▪ Rotavirus ◦ Enveloped RNA viruses ▪ Influenza <ul style="list-style-type: none"> ▪ Paramyxoviruses ▪ Rabies, rubella ▪ Arboviruses ◦ Non-enveloped DNA viruses ▪ Adenovirus <ul style="list-style-type: none"> ▪ Papillomavirus ▪ Parvovirus ▪ Polyomaviruses ◦ Enveloped DNA viruses ▪ Herpesviruses <ul style="list-style-type: none"> ▪ Poxviruses • Know the major cancers caused by each oncogenic human virus. • Understand the basis of antigenic shift versus drift in influenza and how that affects the likelihood of pandemics and susceptibility • Know the different cell tropism and sites of latency of the human herpesviruses. 		
<p>Gram Stain Lab (2 hours) Following discussion in the laboratory, the performance of Gram stains, and observation of organisms on culture media, the student will be able to:</p> <ul style="list-style-type: none"> • Correctly perform and interpret Gram stains of common bacteria. • Differentiate morphologies of cocci in clusters, chains, and pairs, and bacilli, coccobacilli, pleomorphic bacilli. • Correctly use the microscope to interpret Gram stains on 100X magnification (oil immersion) • Explain the purposes of sheep blood agar, chocolate agar, MacConkey agar, colistin naladixic acid agar 	Clinical Medicine & Public Health	
<p>Bacterial Pathology #1</p> <ol style="list-style-type: none"> 1. Understand the main strategies used by bacterial pathogens to colonize the host and persist. 2. Using examples, explore the mechanisms by which bacterial pathogens can interact with and manipulate host cells and tissues, and the microbiota. 3. Understand how secretion systems are used by pathogens for the delivery of bacterial effectors into target host cells. Consequences? 4. Define how biofilm formation and quorum sensing promote 	Clinical Medicine & Public Health	

<p>bacterial persistence and virulence.</p>		
<p>Case Based Learning #1 (2 hours) Goal: Students will be able to describe historical, physical examination, and laboratory evidence concerning for neonatal sepsis, as well as the common infectious causes of neonatal sepsis. Students will be able to identify barriers to health care and propose solutions to improve access and the quality of care provided to minority groups. Objectives: 1. Identify barriers to health care and propose solutions to improve access and the quality of care provided to minority groups, particularly within the context of communication of health information. 2. Describe the mechanism of body temperature regulation and the pathogenesis of fever 3. Describe historical, physical examination, and laboratory evidence that is consistent with neonatal sepsis. 4. Identify common causes of neonatal sepsis, modes of transmission and risk factors. 5. Describe appropriate antimicrobial therapy for common causes of neonatal sepsis and how acetaminophen is utilized in the treatment of fever. 6. Be able to interpret and apply information regarding antimicrobial resistance to appropriate antibiotic selection</p>	<p>Global Health Governance & Health Systems Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Introduction to Antimicrobials 1. Describe the classification of antibiotics 2. Describe the mechanism of action, clinical significance, ADME and toxicities of the cell wall synthesis inhibitors (penicillins, cephalosporins, vancomycin and carbapenems) 3. Describe the mechanism of action, clinical significance, ADME and toxicities of the protein synthesis inhibitors (aminoglycosides, tetracycline) 4. Describe the mechanism of action, clinical significance, ADME and toxicities of the protein synthesis inhibitors (clindamycin, chloramphenicol, macrolides, linezolid, and streptogramins) 5. Describe the mechanism of action, clinical significance, ADME and toxicities of the nucleic acid synthesis/function inhibitors (fluoroquinolones) 6. Describe major antimycobacterial drugs, their mechanism of action and toxicities 7. Describe the mechanism of action, clinical significance and toxicity of metronidazole and urinary antiseptics 8. Describe the antibiotic drug resistance mechanisms and clinical significance</p>	<p>Clinical Medicine & Public Health</p>	

<p>SIRS & Sepsis</p> <ul style="list-style-type: none"> • To gain a better understanding of sepsis and septic shock • To have a differential diagnosis for hypotension/shock that is not due to sepsis • Understand how multi-organ failure occurs in sepsis • Appreciate the every changing tide of “evidence based medicine” based on clinical 	<p>Clinical Medicine & Public Health</p>	
<p>Pediatric Sepsis</p> <ul style="list-style-type: none"> •Recognize the unique clinical features of pediatric sepsis and how infants manifest serious bacterial illness •Name the common pathogens causing neonatal sepsis •Describe a general clinical evaluation for a febrile infant •Name the antimicrobials used to empirically treat a febrile infant and understand which bacteria and viruses are treated by the empiric antimicrobial agents •Understand the risk factors for early-onset Group B Streptococcal disease •Describe prevention and/or prophylactic measures for perinatal-transmitted neonatal diseases, focusing on Group B Streptococcus •For FUN (if time) J Recognize the rash patterns of various viral illnesses of childhood 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Case Based Learning #3 (2 hours) GOAL: Students will be able to generate a differential diagnosis for infectious causes of limb pain and appropriately describe the pathogenesis, evaluation, and treatment of connective tissue infections. Students will be able to describe the impact of sickle cell disease on the immune system. Objectives: 1.Generate a differential diagnosis for limb pain and identify the pathogenesis, evaluation/diagnosis, and treatment of septic arthritis and osteomyelitis. 2.Describe the pathogenesis, diagnosis, and treatment of parvovirus B19 infection and its impact on patients with sickle cell disease. 3.Identify the most common bacterial causes of osteomyelitis and appropriate empiric antibiotic treatment. 4.Describe the transmission, microbiologic identification techniques, and pathogenesis of osteomyelitis caused by Salmonella sp. in patients with sickle cell disease. 5.Describe the impact of sickle cell disease on the immune system and explain preventive measures (vaccines) indicated in these patients</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<p>Dermatologic Pathology (2 hours)</p> <ul style="list-style-type: none"> • Learn to recognize common cutaneous infections • Learn diagnostic techniques that can be used in clinic • Learn to review glass slides using virtual microscopy 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Skin & Soft Tissue Infections</p> <ul style="list-style-type: none"> • Compare and contrast the clinical and microbiologic differences between Streptococcal and Staphylococcal skin/soft tissue infections • Describe the anatomic and microbiologic factors involved in Staph and Strep infections • Describe the clinical scenarios associated with other pathogens 	<p>Clinical Medicine & Public Health</p>	
<p>Bone & Joint Infections</p> <ul style="list-style-type: none"> • Describe the pathogenesis of bone and joint infections, including organisms causing these infections and some common syndrome • Know their clinical presentations and describe diagnostic methods • Know why prosthetic materials (example prosthetic joints) are at higher risk of getting infected, and how this relates to host defenses, and the resulting differences in clinical manifestations and microbiology 	<p>Clinical Medicine & Public Health</p>	
<p>Clinical Diagnosis</p> <ol style="list-style-type: none"> 1) Describe the current diagnostic techniques used for the evaluation of the infectious diseases listed above 2) Know the antimicrobial treatments of choice for MSSA and MRSA 3) Define and differentiate SIRS, SEPSIS and Septic Shock 4) Explain culture growth requirements for anaerobic bacteria 5) Discuss proper blood culture collection procedures and the differentiation of bacteremia from culture contamination 6) List the most common oral flora 	<p>Clinical Medicine & Public Health</p>	
<p>Reading a Chest X-Ray</p> <ol style="list-style-type: none"> 1. Identify common X-ray views of the chest and describe the purposes for each 2. Explain how to read a CXR in a systematic way 3. Identify cardiothoracic anatomical structures on a CXR 4. Recognize a normal chest radiograph 5. Localize abnormalities on CXR based upon knowledge of lung anatomy 6. Provide examples of pathogens that are commonly associated with the following patterns on CXR: alveolar/lobar consolidation, interstitial, nodular, cavitation, miliary 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Clinical Diagnosis #1 - Respiratory</p> <ol style="list-style-type: none"> 1. Recognize and describe the clinical features of: <ul style="list-style-type: none"> –Pharyngitis, viral respiratory tract infection, pneumonia and empyema 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<p>2.Explain the diagnostic options for the respiratory tract infections listed above</p> <p>3.Define sensitivity and specificity</p> <p>4.Use a standardized approach to critically appraise CXRs</p> <p>5.List criteria for an acceptable sputum gram stain</p> <p>6.Interpret pleural fluid test results</p>		
<p>Respiratory Lab (2 hours)</p> <p>1. Provide directions for proper collection of a sputum sample.</p> <p>2. Microscopically evaluate a sputum sample for acceptability or rejection</p> <p>3. Associate the most likely pathogens with infections of the lower respiratory tract.</p> <p>4. Discuss the staining characteristics of Mycobacteria and interpret stained smears for the presence of acid fast bacilli</p> <p>5. To review basic pulmonary anatomy / histology as it pertains to pneumonia.</p> <p>6. To recognize gross and microscopic pneumonia patterns, & basic clinical correlates of:</p> <ul style="list-style-type: none"> •Lobar pneumonia versus bronchopneumonia •Chronic / granulomatous pneumonia •Special organisms & situations (distinctive clinical settings or diagnostic methods). <p>◦Aspiration pneumonia, influenza, Pneumocystis, & CMV.</p> <p>7. To list and recognize the patterns of resolution and major complications of pneumonia:</p> <ul style="list-style-type: none"> •Fibrosis versus complete resolution, lung abscess, emphysema, & ARDS 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Lower Respiratory Tract Infection</p> <p>1. Learn the "Triad of Infectious Disease": The affected host, An Infectious agent and The Environment.</p> <p>2. The importance of history in differentiating acute vs. chronic pneumonia.</p> <p>3. The role of the chest radiograph in diagnosis of pneumonia</p> <p>4. The likely pathogens of acute pneumonia as rationale for empiric therapy.</p>	<p>Clinical Medicine & Public Health</p>	
<p>Appraising Medical Information – Therapeutic Studies (2 hours)</p> <ul style="list-style-type: none"> •Odds Ratio (OR) •Relative Risk or Risk Ratio (RR) •Relative Risk Reduction (RRR) •Absolute Relative Risk (ARR) •Number Needed to Treat (NNT) •Confidence Intervals (Interpret only) 	<p>Patient Care (Clinical Track) Clinical Medicine & Public Health</p>	
<p>Practical Vaccine (2 hours)</p> <p>1.Students will be able to perform an intramuscular and subcutaneous injection using correct technique.</p> <p>2.Students will be able to explain the importance of vaccines to patients, including knowledge of appropriate resources to find</p>	<p>Patient Care (Clinical Track)</p>	

additional information.		
<p>Disaster Preparedness – Ebola Virus Objectives: 1.To explicate the competing duties of health care workers in times of natural and manmade disasters. 2.To identify two professional obligations of a resident and two different obligations of a practicing physician. 3.To recognize at least three situations that arise quickly and change or add to their obligations. 4.For new diseases, especially serious and communicable diseases: to consider what students must learn, who they must educate, whom they must obey, whom they must treat, and whom they must protect.</p>	<p>Patient Care (Clinical Track) Global Health Governance & Health Systems Global Burden & Determinants of Disease</p>	
<p>Gastrointestinal Infections Objectives: To learn about pathogens that cause gastrointestinal infections, including aspects related to: 1.Microbiology, 2.Epidemiology, 3.Clinical manifestations, 4.Diagnosis, and 5.Treatment</p>	<p>Global Burden & Determinants of Disease Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Stool Culture Lab (2 hours) Objectives After review of the handout and participation in the laboratory session, the student will be able to: 1. Discuss the correct collection and transport of stool specimens for the detection of bacteria and parasites. 2.Classify pathogens of the gastrointestinal tract: Salmonella, Shigella, Shiga toxin producing E. coli (STEC), Vibrio, Campylobacter, Clostridium difficile, Giardia lamblia, Cryptosporidium. 3.Describe Gram stain morphologies and unique characteristics that differentiate bacterial stool pathogens: 4.Microscopically identify common protozoa – Cryptosporidium and Giardia – that are considered stool pathogens</p>	<p>Patient Care (Clinical Track)</p>	
<p>Urinary Tract Infection Objectives: 1.Understand the epidemiology and clinical presentation of UTIs 2.Identify common urinary pathogens 3.Understand how to diagnose a UTI and how to recognize a complicated UTI 4.Understand the principles in antibiotic management of uncomplicated UTI</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<p>Vaccine Strategy</p> <p>Objectives:</p> <ul style="list-style-type: none"> •What are the characteristics of protective immunological memory? •What is required for a functional vaccine? Why are live vaccines better? •Define the differences in killed and attenuated vaccines. How are each created? When are they used? •What is an adjuvant? Why are they used? •What is a subunit vaccine? How do they promote long-lived protection? •What is the purpose of repeated immunizations? •What are the challenges facing the development of new vaccines? •What about immunizing newborns? •What is herd immunity and how does it influence the progress (or lack thereof) of an epidemic? 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Zoonoses</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Understand the definition of Tier 1 select agents. 2. Know the Tier 1 select agents. 3. For each disease discussed, know the principal means of transmission. 4. For each disease discussed, know the various forms of the disease (e.g., inhalational cutaneous and gastrointestinal anthrax). 5. Know the natural reservoirs of each agent (e.g. plague: rats and other small mammals). 6. Know the type (genus, species, classifications (is it Gram negative rod, etc?)) of each causative agent. 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Emerging Infections</p> <p>Objectives:</p> <ul style="list-style-type: none"> •Understand the impact of arthropod vectors on the global emergence of infections •Be familiar with the symptoms of Lyme disease, its diagnosis, and recommended treatments. •Discuss pathogenesis of Lyme disease in the context of persistence in presence of active immune response •Understand how “evidence based medicine” applies to and is challenged by the controversy associated with chronic Lyme disease •Be familiar with vector borne bacterial (mostly) pathogens that are common in the US: HGA, Babesia, Rocky Mountain Spotted Fever, Relapsing Fever, Plague 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Meningitis Lab (2 hours)</p> <p>Objectives:</p> <p>After reading the laboratory handouts and completing the</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<p>laboratory exercise, the student will be able to:</p> <ol style="list-style-type: none"> 1. Explain the appropriate method for collection and transport of Cerebrospinal Fluid (CSF) for the diagnosis of meningitis. 2. Discuss the major bacterial pathogens in the CSF with their correct Gram stain morphologies. 3. Associate each major bacterial pathogen in the CSF with the most likely age group(s) if infects. 4. Compare WBC counts, glucose and protein values in normal CSF vs. bacterial infection of the CSF. 		
<p>Central Nervous System Infections Objectives:</p> <ul style="list-style-type: none"> •Know the basic definitions of acute and chronic meningitis and encephalitis •Know the major groups of pathogens that cause meningitis •Understand the major pathogenic mechanisms by which viruses and bacteria cause acute meningitis •Know the epidemiological characteristics of meningitis with respect to age group and common risk factors •Understand the relationship between common bacterial pathogens and factors predisposing to meningitis: e. most likely pathogen for age group and common risk factors. •Know the differences between clinical presentation of viral versus bacterial meningitis •Understand the diagnostic algorithm for acute bacterial meningitis •Know the empiric regimen for treatment of meningitis in each of the major risk groups •Know the major causes and incidence of viral encephalitis in the USA •Be familiar with the management of HSV encephalitis 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Malaria Objective: To leave the lecture knowing how serious malaria can be, and yet how easy it is to miss the diagnosis in non-endemic countries.</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Sexually Transmitted Infections Objectives:</p> <ol style="list-style-type: none"> 1. Identify common STDs--Utah STD trends 2. Know something about the diagnosis of STDs 3. Understand where to get STD treatment recommendations and expert advice 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>GU Tract Infection Lab (2 hours) Objectives:</p> <ol style="list-style-type: none"> 1. Explain the correct methods of collecting clean voided, catheter, and suprapubic urine samples. 2. List the major pathogens that cause urinary tract infections. 3. Identify the causative agents of vaginitis/vaginosis, to include 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<p>their microscopic morphologies - <i>Candida albicans</i>, <i>Gardnerella vaginalis</i>, <i>Trichomonas vaginalis</i>.</p>		
<p>HIV Biology Objectives: 1.Understand the history of HIV 2.Understand the origins and genetic diversity of HIV infection 3.Understand the virion structure and retroviral genome 4.Understand the viral replication cycle 5.Understand the immunology and natural history of HIV infection</p>	<p>Clinical Medicine & Public Health</p>	
<p>HIV in Clinic Objectives: 1.Understand the definition of AIDS 2.Understand the principles of HIV diagnosis and who should be tested for HIV 3.Understand when patients with HIV / AIDS are at risk for common opportunistic infections 4.Understand the epidemiology, clinical characteristics, diagnosis and management of common opportunistic infections in patients with HIV / AIDS</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>HIV Therapy Objectives: 1.Understand the HIV viral replication cycle 2.Understand the mechanisms of action and major toxicities of current antiretroviral drug classes 3.Understand the pathways to drug resistance 4.Understand the 2015 recommendations for HIV management with combination antiretroviral therapy 5.Understand the limitations of HAART in 2015</p>	<p>Clinical Medicine & Public Health</p>	
<p>Getting Better? An Overview of Global Health Objectives •Describe historical changes in life expectancy and economic factors associated with these changes. •Describe the relative changes in mortality from infectious and non-infectious causes in the United States during the 20th century and the factors associated with these changes. •Identify major regions of the world where mortality rates have either not improved or are improving very slowly. •Describe the epidemiology, trends, magnitude, distribution and major causes of mortality and morbidity for various age groups in developing countries and contrast to that in developed countries. •Discuss the relationship between per capita GDP and life expectancy.</p>	<p>Global Burden & Determinants of Disease</p>	

<p>Hepatitis Objectives: 1.Understand the clinical presentation of acute and chronic viral hepatitis 2.Understand the virology, epidemiology and transmission of viral hepatitis 3.Understand diagnosis and management of viral hepatitis</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>ELOs: Brain & Behavior Unit - Global Health Topics</p>	<p>Activities/Exercises</p>	<p>Outcomes Assessment</p>
<p>Psychiatry – Mental Illness & Society Objectives: •Recognize examples of social and cultural barriers to recovery from psychiatric illness and substance abuse •Recall the burden of mental illness on individuals and society •Reflect upon your own experiences to facilitate your development as a physician</p>	<p>Global Burden & Determinants of Disease Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Normal Development from Infancy to Childhood Objectives: 1.To understand the contributions of major theorists (Freud, Erikson, Piaget, Mahler, and Bowlby/Ainsworth) to the process of personality and behavior development. 2.To describe stranger and separation anxiety in the context of developmental theory, specifically object permanence and object constancy. 3.To recognize the basis for secure and insecure attachment and the clinical implications of early childhood experience on later development of personality and relationships 4.To identify major language, motor, and social developmental milestones throughout childhood</p>	<p>Clinical Medicine & Public Health</p>	
<p>Normal Development from Adolescence to Adulthood Objectives: •To apply Erikson’s psychosocial developmental stages to adolescents and adults. •To identify psychological and physiological changes associated with adolescence and adulthood. •To begin to understand basic psychotherapeutic principles and how these principles apply to human relationships, both therapeutic and nontherapeutic, by means of transference, countertransference, and defense mechanisms.</p>	<p>Clinical Medicine & Public Health</p>	
<p>Introduction to Psychiatric Interviewing and the Mental Status Exam (2 hours) For the Psychiatric Interviewing session, please review the attached document but focus mainly on the mental status exam and terminology. We will be viewing videos in class and practicing how to apply the terminology in clinical observation. The document as a whole reviews how to do a complete</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<p>psychiatric interview and biopsychosocial formulation, and we will touch back on this periodically through the course.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Understand the anatomy of the psychiatric interview 2. Describe a patient in the context and format of the mental status examination 3. Recognize the Diagnostic and Statistical Manual (DSM) as a mainstream method of classifying psychiatric disorders 4. Recognize the features of a biopsychosocial formulation 		
<p>Psychiatry – Intellectual Disabilities</p> <p>Objectives:</p> <ul style="list-style-type: none"> oProvide introduction to Intellectual Disability oDiscuss ID diagnosis oReview the epidemiology of ID oDescribe care for individuals with ID 	<p>Global Burden & Determinants of Disease Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Psychiatry – Depression</p> <p>Objectives:</p> <ul style="list-style-type: none"> •—Diagnose major depressive disorder and persistent depressive disorder. •—Distinguish a normal grief reaction from a depressive disorder. •—Identify the basic neuroanatomy underlying depressive disorders. •—Decide which patients should be treated with medication, which should be referred for psychotherapy, which should be referred to a mental health prescriber. 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Seizures & Antiepileptic Medications</p> <p>Objectives:</p> <p>To review</p> <ol style="list-style-type: none"> 1) video and EEG features 2) diagnostic workup 3) management recommendations for different seizure types/epilepsy in adults and children. 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Stroke</p> <p>Objectives:</p> <p>The student should be able to:</p> <ol style="list-style-type: none"> 1.Understand the types and mechanisms of stroke 2.Know the clinical syndromes of stroke 3.Determine the acute treatment of ischemic stroke 4.Memorize risk factors of stroke 5.Define recommended prevention treatments for stroke 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Coma</p> <p>Objectives:</p> <ul style="list-style-type: none"> •Know the definition of coma •Understand the components of consciousness •Identify different types of herniation 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<ul style="list-style-type: none"> • Know the Glasgow Coma Scale (GCS) 		
<p>Cross Cultural Psychiatry Objectives:</p> <ul style="list-style-type: none"> • Case examples that demonstrate cultural elements that can affect treatment • Review: <ul style="list-style-type: none"> – background on culture and basic definitions – assessment and treatment of refugees – cultural sensitivity – psychiatric cultural formulation and interview 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Pathology – CNS Infections Objectives: The student should be able to:</p> <ul style="list-style-type: none"> • describe the characteristic clinical presentation of meningitis and encephalitis • differentiate between the cerebral spinal fluid (CSF) profiles of the various CNS infections • list the most likely infectious organism by patient age and route of exposure • list the infectious agents in immunocompromised patients • discuss the clinical and pathological features of bacterial, fungal, parasitic and viral infections in the CNS • discuss the clinical and pathological features of transmissible spongiform encephalopathies 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Head Trauma and Traumatic Brain Injury Objectives:</p> <ol style="list-style-type: none"> 1. Understand epidemiology of head trauma 2. Know the pathophysiology of traumatic brain injury 3. Know the categorization of head traumas 4. Know the Glasgow Coma Scale and its historical importance 5. Know the difference between primary and secondary injuries 6. Be familiar with clinical snippets relating to subdural, epidural and chronic subdural hematomas 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Neurology – Clinical Reasoning The student should be able to:</p> <ol style="list-style-type: none"> 1. Discuss the development of a plan for the formulation of a differential diagnosis based upon neurologic symptoms, past medical history, and signs on examination 2. Develop a rubric for developing a diagnostic plan in the evaluation of patients 3. Identify strategies for reducing errors in clinical decision-making 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

ELOs: Circulation, Respiration & Regulation Unit - Global Health Topics	Activities/Exercises	Outcomes Assessment
Introduction to Nephrology Objectives: <ul style="list-style-type: none"> •Review of renal anatomy and physiology •Renal diseases •Nephrology Practice 	Clinical Medicine & Public Health Patient Care (Clinical Track)	
Body Fluids Objectives: 1.define the following: molarity, molality, equivalence, osmolarity, osmolality, osmotic pressure, oncotic pressure, and specific gravity. 2.compare and contrast isosmotic versus isotonic solutions. 3.construct a diagram depicting the distribution of water, sodium, and potassium among body compartments. In addition, be able to calculate estimated total body water from body weight. 4.discuss the concept of balance in the context of fluid and electrolyte derangements. 5.describe the passive and active mechanisms involved in transporting water and solute across epithelial cell membranes . 6.list the fluids available for intravenous administration and discuss the advantages and disadvantages of each solution.	Clinical Medicine & Public Health Patient Care (Clinical Track)	
Renal Laboratory Assessment At the end of this presentation, the student should be able to: 1. Learn and apply different methods of estimating glomerular filtration rate using exogenous and endogenous markers 2. Understand the utility and limitations of different markers and calculations used in measuring renal function 3. Learn and utilize the urinary electrolytes in evaluating causes of acute kidney injury and sodium homeostasis 4. Recognize the different methods used in measuring urinary proteinuria, their limitations and utility, and the significance of measuring urine protein excretion 5. Discuss the indications, usefulness and limitations of the different radiological methods used in the assessment of renal function and structure	Clinical Medicine & Public Health Patient Care (Clinical Track)	
Acid-Base Physiology Objectives: 1.Discuss and explain the difference between a weak acid and a weak base. 2.Discuss the major sources of body acid production. 3.List and discuss some of the major effects of pH on body function. 4.List the normal values of arterial pH, PCO ₂ and HCO ₃ ⁻ .	Clinical Medicine & Public Health Patient Care (Clinical Track)	

<p>5.Be able to write out and use the Henderson-Hasselbach equation.</p> <p>6.Discuss the 3 major mechanisms that the body has to control blood pH.</p> <p>7.List at least two major membrane transporters that the body uses to help regulate intracellular pH.</p> <p>8.Discuss and diagram how respiratory and metabolic acid--base disturbances occur and how they are compensated.</p> <p>9.Diagram and discuss the relationship between alveolar ventilation, arterial pH and arterial PCO2.</p> <p>10.Diagram and discuss how CO2 is carried in blood.</p>		
<p>Examination of the Renal Patient Objectives:</p> <ul style="list-style-type: none"> -After the session the student will be able to: -Recognize several cutaneous features associated with specific kidney diseases. -Recognize physical signs that occur in advanced renal failure. -Recognize physical signs of increased or decreased interstitial fluid. -List the clinical signs of intravascular fluid overload and depletion. -Demonstrate the height of the jugular venous pressure. -Position the patient optimally to display the jugular venous pressure. -Express the height of the jugular venous pressure unambiguously. 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Urinalysis Objectives:</p> <ul style="list-style-type: none"> •After the session the student will be able to: -Explain how to collect a urine sample. -Explain the significance of urine specific gravity. -Explain why asking whether SG is normal in a particular sample is ignorant. -Understand the relative sensitivity of the human eye and the dipstick in evaluating hematuria. -Recognize the importance of accurate timing in some dipstick measurements. -Interpret the significance of proteinuria in a urine sample, whether blood is present or not. -Recognize dysmorphic red cells and explain their significance. -Recognize oval fat bodies and explain their significance. -Explain how casts form and explain the significance of red cell casts, granular casts, and waxy casts. -Recognize cystine crystals and explain their significance. 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Chronic Kidney Disease Objectives: Understand:</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

stages, progression, treatment options, complications, and prognosis of patients with renal failure		
Dialysis & Kidney Transplantation Objectives: To know: 1.The Incidence and prevalence of ESRD 2.The options for renal replacement therapies 3.Principles of Dialysis 4.Hemodialysis 5.Peritoneal dialysis 6.Indications and complications of dialysis. 7.Renal transplantation 8.Complications of renal transplantation.	Clinical Medicine & Public Health Patient Care (Clinical Track)	
Respiratory System Overview Objectives: <ul style="list-style-type: none"> • Describe the components involved with breathing. • Describe the structural characteristics of the airways. • Describe the transport of gas in the respiratory system. • Define and describe the alveolar-capillary unit. • List the functions of the respiratory system. 	Clinical Medicine & Public Health Patient Care (Clinical Track)	
Asthma Objectives: At the conclusion of this session, the student should be able to: -Describe the epidemiology of asthma in the United States -Explain the inflammatory basis of asthma -Discuss the classes of drugs used to treat airway diseases	Clinical Medicine & Public Health Patient Care (Clinical Track)	
Tuberculosis Objectives: At the end of this lecture participants should be able to: 1.Define the unique properties of Tb that promote its persistence 2.Describe how Tb is transmitted and factors that affect transmission 3.Describe the biology of the tuberculin & IGRA tests and interpret test results 4.Identify patient groups that should be screened for Tb and those for whom treatment should be offered 5.Define drug resistant, multidrug resistant, and extremely drug resistant Tb and reasons for their emergence 6.Describe the components of the BCG vaccine, its benefits and current indications for use in the US 7. Describe the standard treatment regimens for LTBI and ATBD and the reasons for differences between them	Clinical Medicine & Public Health Patient Care (Clinical Track) Global Burden & Determinants of Disease	

<p>Occupational & Environmental Lung Diseases Objectives: At the conclusion of the lecture, participants should be able to :</p> <ol style="list-style-type: none"> 1. Define the components of the occupational history. 2. Describe the clinical, radiographic and histopathologic findings in coal workers pneumoconiosis, silicosis, asbestosis and berylliosis. 3. Describe the role of and limits of tests used in the evaluation of occupational asthma. 4. Utilize information from the occupational history, pulmonary function testing and radiographic images to diagnose common occupationally related lung diseases 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track) Global Burden & Determinants of Disease</p>	
<p>Dyslipidemia Objectives:</p> <ol style="list-style-type: none"> 1. Describe the major types/axes of dyslipidemia 2. Describe the 6 major medical treatments for dyslipidemia and their primary strengths and weaknesses and focus on the key principles of statin use 3. Be able to outline the major elements of CVD risk assessment and the recent guidelines on management and risk assessment 4. Describe the key elements of recommended diet and lifestyle changes 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Cardiac Hypertrophy & Hypertension Lab (2 hours) Objectives: This lab covers cardiac hypertrophy and hypertension, and ischemic coronary disease. Ischemic heart disease and hypertensive-induced hypertrophy are the number 1 and number 2 causes of heart failure. Ischemic heart disease is the leading cause of cardiac death in the U.S.(about 1/3 of all deaths).</p>	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	
<p>Hypertension Overview, Pathophysiology & Treatment Objectives:</p> <ol style="list-style-type: none"> 1. Summarize the epidemiology of hypertension (HTN) 2. Know the different classifications of hypertension 3. Differentiate between Essential and Secondary Hypertension 4. Differentiate between Hypertensive Emergency and Urgency 5. Review normal blood pressure physiology. 6. Summarize the 6 different components of the pathogenesis of HTN 7. Review the components of accurate blood pressure measurement 8. Know the 6 major outcomes of prolonged untreated HTN. 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track) Global Burden & Determinants of Disease</p>	
<p>Ischemic Heart Disease (3 hours) Objectives:</p> <ol style="list-style-type: none"> 1. Review normal coronary anatomy 2. Review normal coronary artery physiology and myocardial 	<p>Clinical Medicine & Public Health Patient Care (Clinical Track)</p>	

<p>oxygen demand.</p> <ol style="list-style-type: none">3. Summarize the pathogenesis of CAD4. Review the clinical manifestations of CAD5. Review the clinical features and treatment of angina pectoris6. Discuss diagnosis of CAD.7. Compare and contrast the different modes of cardiac stress testing8. Know the major treatment modalities of CAD9. Know the definition of the Acute Coronary Syndromes10. Summarize the diagnostic algorithm for ACS <p>Compare and contrast the treatments of UA/NSTEMI vs STEMI</p>		
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Pac 12 School	Global Health Path/Track/Certificate for MD Students?	Required Courses (Hr/credit/unit)	International Experience?	Scholarly Project?	On-Line Learning	Interest Group Participation?	Notes
University of Utah School of Medicine	"Graduate Certificate in Global Medicine"	10 credit hours	Yes. Clinical or Scholarly or both (4-8 weeks)	Yes. Capstone Presentation with abstract, poster or journal article	Yes. ~30 hours	Yes	Compared to other Pac 12 schools, the UUSOM offers a wider range of education activities to medical students with a balance between didactic coursework, time abroad, on-line learning, skills-based workshops, scholarship/investigation and group/committee activities. Total time commitment for UU medical students is typically greater than that of other PAC 12 programs.
University of Arizona Health Sciences Center	"Global Health Distinction Track"	Clinical & Community Care Course (3 wk/4 cr)* & Pre-Clinical Externship Preparation Course (1cr)	Global Health Clinical Preceptorship (6wk/6cr)	Evidence-Based Synthesis Paper	No	Yes	Less didactic time, more international time, no on-line component.
Stanford University	"Scholarly Concentration: Global Health"	6 units	Minimum '1 quarter' international research	Yes	No	No	Possibly more didactic time, no on-line learning or group/committee time
University of Washington Schools of Medicine & Public Health	"Global Health Pathway"	4 credits	Global Health Immersion Program (8 wk) OR Clinical Elective (6 wk)	No	No	Yes	More didactic time, more time abroad, no on-line learning or scholarly component
University of California, Los Angeles	"Global Health Pathway"	Global Health Selective (20 hr)	Global Health Short-Term Training Program (4 wk) & Global Health Clinical Elective (3 wk)	Yes. Present at National Meeting or Publish	No	Yes	Similar didactic time, more time abroad, no on-line learning
Arizona State University	No	No	No	No	No	No	
University of California, Berkeley	No	No	No	No	No	No	
University of Colorado Boulder	No	No	No	No	No	No	
University of Oregon	No	No	No	No	No	No	
Oregon State University	No	No	No	No	No	No	
University of Southern California Keck School of Medicine	No. Offer MD/BS in Global Medicine & MD/MPH in Global Health Leadership	No	No	No	No	No	
Washington State University	No	No	No	No	No	No	



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

To Members of the Graduate Council,

RE: Proposed Graduate Certificate in Global Medicine

11/5/2014

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's effect on our existing curriculum, administration and student body, I perceive no negative impact. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in black ink that reads "Evelyn V. Gopez, M.D.".

Evelyn V. Gopez, M.D.
Associate Vice Dean School of Medicine
Office of Inclusion and Outreach



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

November 14, 2014

Re: Proposed Graduate Certificate in Global Medicine

To Members of the Graduate Council,

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's impacts on our existing curriculum, administration and student body, I perceive no negative impacts. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sara Lamb'.

Sara Lamb, MD
Associate Dean, Curriculum
Assistant Professor of Internal Medicine
Adjunct Assistant Professor of Pediatrics
University of Utah School of Medicine



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

November 14, 2014

Re: Proposed Graduate Certificate in Global Medicine

To Members of the Graduate Council,

I am one of the course directors for the Global Medicine Elective course for 4th year medical students. They are a group with a strong appetite for Global Health education and experiences, which we are seeing among many medical students these days. It is with enthusiasm that I fully support a structured certificate program that would enhance the education and broaden the opportunities of future medical students.

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's impacts on our existing curriculum, administration and student body, I perceive no negative impacts. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bert Lopansri', with a long horizontal line extending to the right.

Bert Lopansri, MD
Associate Professor of Infectious Disease
University of Utah School of Medicine



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

November 14, 2014

Re: Proposed Graduate Certificate in Global Medicine

To Members of the Graduate Council,

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's impacts on our existing curriculum, administration and student body, I perceive no negative impacts.

Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I am a strong advocate for these types of innovational educational programs being put forward by Dr. Dickerson and his staff.

I fully endorse this proposal without hesitation. Please feel free to contact me with questions.

Sincerely,

A handwritten signature in black ink that reads "Adam Stevenson".

Adam Stevenson, MD
Associate Dean of Student Affairs
Associate Professor of Pediatrics
University of Utah School of Medicine



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

November 25, 2014

Re: Proposed Graduate Certificate in Global Medicine

To Members of the Graduate Council,

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's impacts on our existing curriculum, administration and student body, I perceive no negative impacts. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Scott Benson'.

L. Scott Benson, MD
Assistant Professor, Division of Public Health
Adjunct Instructor, Infectious Disease
University of Utah School of Medicine



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

November 14, 2014

Re: Proposed Graduate Certificate in Global Medicine

To Members of the Graduate Council,

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's impacts on our existing curriculum, administration and student body, I perceive no negative impacts. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in blue ink that reads "W. Samuelson, M.D.".

Wayne Samuelson, MD
University of Utah School of Medicine
Vice Dean of Education
Professor of Internal Medicine



Geoffrey C. Tabin, MD
Professor, Department of Ophthalmology and Visual Sciences
Co-Director, Division of International Ophthalmology
John A. Moran Eye Center, University of Utah
65 Mario Capecchi Drive
Salt Lake City, UT 84132
(801)581-2352*Fax (801)581-3357

November 14, 2014

Re: Proposed Graduate Certificate in Global Medicine

To Members of the Graduate Council,

I am one of the course directors for the Global Medicine Elective course for 4th year medical students. They are a group with a strong appetite for Global Health education and experiences, and I have enjoyed their lively interest. It is with enthusiasm that I fully support a structured certificate program that would enhance the education and broaden the opportunities of future medical students.

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's impacts on our existing curriculum, administration and student body, I perceive no negative impacts. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

Geoffrey C. Tabin, MD
Professor, Department of Ophthalmology
John E. and Marva M. Warnock Presidential Endowed Chair



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

To Members of the Graduate Council,

RE: Proposed Graduate Certificate in Global Medicine

11/5/2014

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's effect on our existing curriculum, administration and student body, I perceive no negative impact. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in black ink that reads "Evelyn V. Gopez, M.D.".

Evelyn V. Gopez, M.D.
Associate Vice Dean School of Medicine
Office of Inclusion and Outreach



November 6, 2014

Re: Proposed Graduate Certificate in Global Medicine

To The Members of the Graduate Council,

For the last three years, I have been the course director for a didactic global health elective offered to medical students. Their enthusiasm and interest to better understand the forces that shape health across the globe is extremely impressive. A structured certificate program would further enhance the education of these students and prepare them to be great physicians both at home and throughout the world.

I have reviewed the proposed Graduate Certificate in Global Medicine. After consideration of the Certificate's impacts on our existing curriculum, administration, and student body, I perceive no negative impacts. This Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine, and upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jeff Robison'.

Jeff Robison, MD

Assistant Professor, University of Utah School of Medicine

Division of Pediatric Emergency Medicine

Department of Pediatrics

Director of Global, Rural & Underserved Child Health Certificate Program



UNIVERSITY OF UTAH
HEALTH SCIENCES

December 12, 2014

Vivian S. Lee, M.D., Ph.D., M.B.A.

A. Lorris Betz Senior Vice President
for Health Sciences
Dean, School of Medicine
CEO, University of Utah
Health Care

Re: Proposed Graduate Certificate in Global Medicine

To Members of the Graduate Council,

The medical students at the University of Utah have a strong appetite for Global Health education and experiences. It is with enthusiasm that I fully support a structured certificate program that would enhance the education and broaden the opportunities of future medical students.

After review of the proposed Graduate Certificate in Global Medicine and after consideration of the Certificate's impacts on our existing curriculum, administration and student body, I perceive no negative impacts. Rather, this Graduate Certificate represents a structured and cohesive pathway for medical students to develop expertise in global medicine and, upon completion, affords the student a record of coherent academic accomplishment in this field. I therefore endorse this proposal.

Sincerely,

A handwritten signature in black ink, appearing to be 'V. Lee'.

Vivian S. Lee, M.D., Ph.D., M.B.A.

Clinical Neurosciences Center 5201
175 North Medical Drive East
Salt Lake City, Utah 84132-5901

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Twitter: @vivianleemd
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