

## **Care of Underserved Populations Enhanced Skills Program: A New Approach to Teaching International Health**

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**Background:** Global health is a rapidly-evolving field, with an increasingly inclusive scope. Previously equated with “international health,” it now includes domestic underserved populations. Memorial University of Newfoundland has created a 12-month Care of Underserved Populations (CUP) enhanced skills program for family medicine graduates desiring further training in health equity. The 2-month CUP international rotation has replaced traditional clinical care with an innovative approach to teaching sustainability, enhancing capacity, cultural humility, and sustainable partnerships through medical education and community engagement. Our objective is to describe the CUP international rotation and present a plan for its evaluation.

**Program Description:** A CUP fellow spends four weeks in a rural/peripheral training site teaching senior medical students from the Patan Academy of Health Sciences (PAHS) in Nepal. Canadian family doctors, supported by Academics Without Borders and the Society of Rural Physicians of Canada, periodically visit these sites to provide clinical bedside teaching to these students and in collaboration with PAHS’ local preceptors. The CUP fellow collaborates with a community-based non-governmental organization to make a sustainable contribution to the upstream needs of that community, with an emphasis on the social determinants of health. In 2017-2018 the CUP fellow partnered with the Women’s Rehabilitation Centre, Nepal, to provide a training workshop for counsellors in trauma-informed care.

**Evaluation Methods:** A logic model has been created for the CUP program and an evaluation framework is being developed. Data collection methods will include document review, questionnaires, and interviews of the CUP fellow(s) and other stakeholders.

**Preliminary Results:** Preliminary discussions with stakeholders suggest: (1) mentorship of the CUP fellow by faculty throughout the international rotation enhanced fellow-learning and cultural-safety; (2) a focus on providing training rather than clinical care teaches models for international work that emphasize capacity-building; (3) collaborating with academic and community partners responds to local priorities in program development and skills building; and (4) earlier communication between the CUP fellow and community partners may improve the fellow’s preparedness and effectiveness on site in Nepal.

**Conclusion:** The CUP international health rotation is anticipated to be an effective model for teaching international global health to family medicine enhanced skills fellows.

