Local Needs Assessment of a Pediatric Residency Global Health Pathway

Purpose
Travel restrictions due to COVID-19 prompted reassessment of local-global education for the University of Colorado (CU) Pediatric Residency Global Health Pathway (GHP). We conducted a focused needs assessment of GHP stakeholders using targeted surveys informing revision of the curriculum. The project was deemed exempt by the Colorado Multiple Institutional Review Board.

Objectives
Describe the CU GHP needs assessment and resultant pathway revisions.

Methods
Pathway stakeholders were identified by snowball sampling. Surveys were sent to current pathway residents, pathway graduates, GH faculty, and program leadership. Questions included pathway goals, strengths, weaknesses, local learning opportunities and confidence scales for learning objectives.

Results
The CU Pediatric GHP includes: a local GH-focused elective; monthly evening sessions; two international rotations; and completion of a scholarly project. Evening sessions include resident-led journal clubs, faculty presentations and simulations. International rotations are generally completed at the Trifinio Center for Human Development in Guatemala.

Surveys were sent in May 2022 to 26 GH faculty, 15 residents, 19 graduates and the CU Pediatric Residency, CU Center for Global Health, and the Trifinio Center for Human Development. Surveys were completed by 8 faculty, 10 residents, 3 graduates, and all programs.

Residents responded that the pathway prepared them for their international rotations and was an appropriate duration. All pathway graduates reported completing global health scholarly projects but only 40% of current residents reported involvement with scholarly work. Pathway graduates most valued the local and international rotations, and desired more training on GH research, refugee care, healthcare systems and procedural skills. Current residents desired more training in ethics, local-global health, research, and tropical medicine.

Faculty responded that important global health education topics included epidemiology, nutrition, diagnostics, program evaluation, advocacy, training health workers, GH primary care and obtaining
funding. Important pre-trip preparation topics identified were travel safety, language skills, health systems overview, common diseases, problem solving strategies, research and ethics.

Residency leadership identified needs for increased focus on individual residents’ learning goals and mentorship; and availability of GH rotation options within travel restrictions. Center for Global Health leadership identified need for increased pre-trip preparation; and Trifinio Center for Human Development leadership identified need for improved pre-trip administrative processes. All three leadership groups expressed frustration around the communication regarding travel restrictions and lack of clear expectations for travel resumption.

Conclusion

The results of the needs assessment were shared with program leaders and revisions to the pathway were made. A pre-trip preparatory workshop was added. Independent learning time and small group sessions on refugee health were added to the local elective. More evening sessions were dedicated to learning about career opportunities, and mentorship for residency-led journal clubs was increased.

Future plans include developing a core rotating set of evening sessions, expanding local-global rotation options, better connecting residents with faculty scholarly projects, and adding individualized debriefing after international rotations. We plan to follow residents’ confidence scales in learning objectives longitudinally to assess progress."