International Medical Rotation Curriculum – Sikkim, India 2009

The Himalayan Health Exchange is a health care service program established in 1996 with the mission to provide medical and dental care to the underserved people living in remote regions of the Indian and Nepal Himalayas.

Goals:
1. Provide exposure to diseases not generally encountered during US medical training.
2. Develop medical skills with less reliance on modern technology.
3. Provide a cross-cultural medical experience beyond what is possible in the US.
4. Allow students and residents to develop and nourish their sense of altruism.
5. Expose physicians, early in their career to the possibilities of working in the developing world and/or under served populations.
6. Understand the interaction between health and social, cultural and environmental issues.

Objectives Based on Competencies
Consistent with the overriding framework of the ACGME (6) competencies, the educational objectives are followed, in bold italics, by the specific competencies they promote. Competencies are abbreviated as follows: Patient Care (PC), Medical Knowledge (MK), Practice Based Learning and Improvement (PLBI), Interpersonal and Communication Skills (IPCS), Professionalism (P), Systems Based Practice (SBP)

By the end of the rotation with student or resident will:
Demonstrate the ability to learn local customs and cultural mores (IPCS, P)
Behave in a culturally appropriate manner as a visiting foreigner (IPCS, P)
Provide culturally sensitive medical care (PLBI, IPCS, P, SBP)
Function as a team member in a large mobile medical team in a challenging environment (PLBI, IPCS, P, SBP)
Develop and improve clinical diagnosis based on history and physical (PC, MK)
Develop and expand the differential diagnosis of outpatient complaints (PC, MK)
Improved understanding of the effect of socioeconomic conditions on health and disease (PC, MK SBP)
Modify treatment plans to available resources (PC, MK, SBP)

Instructional Strategy:
1. A team of 20 to 30 people from US medical schools and residencies from the US will travel to rural India. They will travel together and will be overseen by The Himalayan Health Exchange. The team will consist of medical students, residents, non-medical support personnel, and physician instructors.

2. This 24-day medical/dental expedition is being organized by Himalayan Health Exchange, Office of ‘Health Care Program for Tibetans in Kalimpong and Sikkim’ and the local health departments of the two east Indian States of West Bengal and Sikkim. After providing care to approximately 1,200 needy patients in an 8-day clinical work period we travel to our second site at Yuksom located in a remote corner of Western Sikkim. A total of 2,000 patients are expected to visit our clinics. Team members travel to Kalimpong and cover 4 remote villages in the Eastern Himalayas. In Western Sikkim clinic is set up with field camps to cover two remote villages. Local nurses and ancillary staff will also participate in providing patient care. In addition, the team will work with local physicians who will also provide oversight and instruction.

3. Medical students will see patients with residents and attendings and independently based on their level of education and experience. Oversight is provided by an appointed US trained physician(s) in conjunction with local physicians where available.

4. At the end of every clinical day the group will meet for a formal 1 hour teaching time. Each resident will be required to teach one of the sessions. Topics include:
Tuberculosis in the developing world vs. the US
Leprosy
Common dermatological diseases
Common gynecological diseases
Rheumatologic heart disease
Gastrointestinal infections and abdominal pain
Basic principles of remote medicine
High altitude physiology and illness
Cultural disease concepts
Question and answer night

**Evaluation Method:**

1. Students and residents will be evaluated based on the following:
   - Ability to adapt to a foreign environment
   - Ability to work as a team member
   - Medical abilities, knowledge and judgment

2. Each student and resident will be expected to provide any necessary evaluation forms to the lead attending physician for completion.