

CHCB Grant Recipients 2008-2009

Resident	Year of training	Elective Site
Amber Alayyan	PL-2	Lesotho Baylor Pediatric AIDS Initiative
Lauren Anderson	PL-3	Columbia Hands Across America
Aline Baghdassarian	PL-2	Peru Hands Across America
Cristina Cardemil	PL-2	Malawi Johns Hopkins University
Micean Johnikin	PL-3	Eritrea George Washington University
Asher Marks	PL-3	Eritrea George Washington University
Molly Moore	PL-2	India Children's National Medical Center
Sherry Narang	PL-3	Tanzania
Hope Rhodes	PL-3	South Africa Child Family Health International

Presentations:

Resident	Topic and Educational Objectives:
Cristina Cardemil Noon Conference March, 2009	Evaluation of Community Health Workers in Malawi <ul style="list-style-type: none"> • Describe causes of infant and child mortality in Malawi • Describe role of Community Health Workers (CHWs) in addressing the global health worker shortage • Describe systems-level barriers to high performance of CHWs in Malawi • Outline plans for evaluation of CHW performance
Hope Rhodes Professorial Rounds April, 2009	Severe Acute Malnutrition Case presentation on patient seen in Capetown, South Africa <ul style="list-style-type: none"> • Basic overview of malnutrition (protein energy malnutrition/PEM) as a global health concern • Policies in place to combat global malnutrition • Recognizing clinical signs of PEM • Work up and WHO guidelines for management of malnourished child
Lauren Anderson Aline Baghdassarian Noon Conference May, 2009	Short-term Medical Mission trips to Latin America <ul style="list-style-type: none"> • To be acquainted with the setup of 2 week long international experience • To review the demographics and basic indicators of Colombia and Peru • To familiarize with the common chief complaints encountered in underserved areas in Peru and Colombia and discuss how to approach them • To focus on a few specific cases and how they were managed in a setting of limited resources
Asher Marks Professorial Rounds June, 2009	Eritrea As part of his project, Dr. Marks helped to develop a short video on the program in Eritrea. He discussed the objectives of the Eritrea project: <ul style="list-style-type: none"> • Train physicians in sub-specialties through the graduate medical education programs • Build human resource capacity and thereby improve the physician/population ratio • Ensure sustainability by training Eritrean physicians to be medical

	<p>educators and health care leaders</p> <ul style="list-style-type: none"> • Minimize brain drain by encouraging Eritrean physicians to stay in-country by providing educational and professional opportunities and lastly • To apply the lessons learned with the Eritrean success to other nations and to use this partnership as a model for other developing countries with scarce human resources.
Amber Alayyan	<p>Malnutrition: HIV's other opportunistic infection</p> <ul style="list-style-type: none"> • Professorial Rounds
Molly Moore	<p>Stunting in children in Kolkata, India</p> <ul style="list-style-type: none"> • Noon conference

Resident Reports

All recipients of funding were required to submit a brief report on their experience and how it impacted their professional development. All resident reports are included in Appendix C.

The impact of international electives on residents' professional development has been studied and published in the medical literature. The true impact on a resident's knowledge, attitudes, skills and career path is obviously difficult to measure, especially because there is some inherent self-selection bias of those who choose to pursue these electives. However, the reports submitted by these residents include some common themes similar to those found in the literature that demonstrate the positive impact these experiences had on them both personally and professionally. These include:

- Recognizing the need to improve and rely upon history and physical examination skills in a limited resource setting rather than relying on labs and studies, which can be applied in the US to make patient care more cost-effective.
- Increased awareness of cost and allocation of resources
- Increased empathy toward disadvantaged children and families
- Greater understanding of socioeconomic barriers to health care for children both in the US and abroad
- Inspired/reinforced plans to work or volunteer in a developing country in the future in some capacity
- Inspired to empower families in caring for/advocating for their children
- Strengthened commitment to working with underserved populations in the US