**GLOBAL HEALTH FELLOWSHIP PROGRAM EVALUATION CHECKLIST WITH METRICS**

**1. Core Requirements**

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| ★1.1. An accredited GHF program should exist in conjunction or affiliation with residency or fellowship program(s) accredited by the Accreditation Council for Graduate Medical Education (ACGME). | Letter certifying current accreditation of the affiliated program |
| ★1.2 All GHF programs must have a designated program director.  | Identify PD and contact information |
| ★1.3 All GHF programs must have at least one collaboration with international partner. (ref. Sec.6.1) | Provide site name and location with Terms of Reference (TOR) Agreement, Memorandum of Understanding (MOU) or letter of support from collaborating site(s) |
| ★1.4. All GHF programs must have a mentor experienced in GH scholarly work available to support fellows in their scholarly activity. PD may also serve as mentor.  | Identify mentor(s) and provide evidence of past scholarly work |
| ★1.5 All GHF programs must provide comprehensive logistical support for experiences outside of the sponsoring institution (international and/or local-global). | Programs can reference the following document for guidance on comprehensive considerations surrounding GH electives. It is necessary to provide, where applicable, evidence of trainee salary support, malpractice insurance coverage, disability insurance coverage, emergency contact, occupational exposure guidelines, 24/7 emergency access line, and international emergency evacuation insurance.<https://www.abp.org/sites/abp/files/pdf/ghpdgchap4table7.pdf> |

**2. Institutional Organization**

**2.1 Sponsoring Organization**

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| 2.1.1. The GHF fellowship program must exist within or be affiliated with an academic institution where there are ACGME accredited training programs. | See 1.1 |
| 2.1.2 The sponsoring organization must provide sufficient support to the Program Director and Program Coordinator, support staff and trainees to show an ongoing commitment to fellowship education.  | PD identifiedIdentify program coordinator Assessment of PD/PC support (allocated clinical time, salary support, etc.) through interviews during accreditation visit and/or a support letter from the Department Chair |

**2.2 Appointment of GHF Fellows**

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| 2.2.1 Prerequisite training for entry into a pediatric fellowship program should include the satisfactory completion of an ACGME accredited residency or other training, judged suitable by the program director. | Documentation of fellow residency training |

**3. Duration and Scope of Training**

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| ★3.1 GHF programs must provide at least 1 year of focused GH training, in which clinical, educational or research activities are dedicated to GH. This minimum 1 year of focused training can be within the existing fellowship or in addition to the individual’s training (as in the case of a stand-alone GHF).  | Block schedule outlining planned fellow rotations/activities for duration of training |
| 3.2 Work done with partners or at partner sites is necessary for GH training; each GHF program should provide opportunities for onsite international or local-global experience. International or local-global health work done with partners or at partner sites should amount to a minimum of 6 months, averaged over the course of the fellowship. ‘Work done with partners or at partner sites’ is defined as work done in the authentic environment as it relates to the goals of the individual’s GH fellowship, and can be a clinical, research, educational or administrative. | See 3.1 |
| 3.3 The GHF program also must develop in its fellows a commitment to lifelong learning and must emphasize scholarship, self-evaluation and self- directed learning. | Interviews with current or past fellows |
| 3.4 Each GH fellow should conduct a defined scholarly activity during fellowship training. This work may also count toward the subspecialty fellowship scholarly requirement, if applicable.  | Evidence of planned work or work in progressList of completed scholarly products by fellowsEvidence of regular reviews by scholarship oversight committee  |

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**4.1 Program Director**

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| 4.1.1 There must be dedicated support to at least a single GHF program director (PD) based at the sponsoring institution with clinical, educational and/or scholarship experience in Global Health who devotes sufficient time to ensure achievement of the educational goals and objectives. | Identify PDReport FTE allocated, if applicable Interview with PD during accreditation to assess time spent administering fellowship or a letter of support from the Pediatric Department ChairSee 2.1.2It is recommended that the GHF PD is given at least 10-25% FTE support to lead the program. |
| ★4.1.2 The program director must be a faculty member in good standing at the sponsoring institution. | PD credentials |
| 4.1.3 The program director oversees selection of GH fellows for appointment to the program in accordance with institutional and departmental policies and procedures.  | Written fellow selection policy or policy outlined during interviews |
| 4.1.4 The program director collaborates in the selection and supervision of the core faculty and other program personnel at each institution participating in the program in conjunction with institutional GH leadership. | List of core faculty  |
| 4.1.5 The program director oversees implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and GH fellows’ complaints or grievances. | Grievance policy (likely could reference institutional GME policy) |
| 4.1.6 The program director monitors and documents the procedural skills of fellows where appropriate. | Procedure list as appropriate |
| 4.1.7 Recognizing that GH fellows may be subject to different types of stress related to working internationally the program director monitors stress in GH fellows, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol- related dysfunction. Training situations that consistently produce unhealthy stress for fellows must be evaluated and modified. | Written plan for annual assessment of fellow wellness/well-beingInterviews with fellows during accreditation visit to establish how this is addressed, when applicable  |
| 4.1.8 The program director must ensure that a program of pre-departure preparation prior to and debriefing upon return from fieldwork experiences occurs.  | Written plan for pre-departure preparation and debriefing upon return Documentation of activities for current fellows<https://compact.org/global-sl/toolsandsyllabi/facilitating-reflection/> |
| 4.1.9 For subspecialty – combined GH fellowships, the program director is responsible for seeking approval from to the American Board of Pediatrics for an alternative training pathway for global health fellows spending more than 6 months cumulative time during the subspecialty training abroad.  | For details and document template please reference the following: <https://www.abp.org/ghpdguidehome>Chapter 7: Fellowship Opportunities in Global Health. *Global Health in Pediatric Education: An Implementation Guide for Program Directors*. American Board of Pediatrics (ABP) Global Health Task Force, Association of Pediatric Program Directors (APPD) Global Health Pediatric Education Group, American Association of Pediatrics (AAP) Section on International Child Health (eds.). Released October 2018. |
| 4.1.10 The program director is responsible for submitting all required documentation for the accreditation process to the Academic Pediatric Association. |  |

**4.2 Mentor**

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| ★4.2.1 Each trainee must have at least one faculty member with significant GH experience who will guide the fellow's career decisions through the training period. The mentor must supervise the academic advancement of the fellow, be present on the Scholarship Oversight Committee when relevant and oversee the professional development of the fellow. | See 1.4, 4.1.4Identification of eligible faculty mentors and credentialsInterviews with fellows and mentor(s) during accreditation visit |

**4.3 Core Faculty**

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| 4.3.1 There must be sufficient numbers of GH program staff who devote adequate time to the educational program to enable it to meet its educational goals and objectives. In addition to the GHF program director, there must be at least one other content expert who can contribute to the fellow professional development.  | See 4.1.4Interviews with fellows and GH program staff during accreditation visit |
| 4.3.2 When experiences are conducted in a location external to the sponsoring organization, a designated individual with appropriate credentials at the location/site must be assigned to assume responsibility for the local activities in coordination with the GH program.  | Identification of responsible individual(s) at collaborating site(s) and review of qualifications |
| 4.3.3 The GH program staff must provide evidence of a commitment to and productivity in the disciplines that are central to the program’s core curriculum, including research and education, and ongoing pursuit of scholarship.  | Provide evidence of GH-related scholarship for core faculty |
| 4.3.4 All members of the GH program staff must demonstrate a strong interest in the education of GH fellows, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing education, and participation in scholarly activities.  | See 4.3.3Interviews with GH program staff during accreditation visit |

**4.4 Other Professional Personnel**

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| 4.4.1 Consultants should be available, such as biostatisticians, methodologists**,** programmers, medical education specialists, economists, at least one on site advisor based at the global health site and others as needed. | List of possible consultants (US-based or at global site) based on planned scholarly activitiesIdentify individuals who have collaborated on fellows’ scholarly work |

**4.5 Scholarship Oversight Committee**

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| ★4.5.1 Each GH fellow must have a Scholarship Oversight Committee. The Scholarship Oversight Committee should consist of three or more individuals, at least one of whom is based outside the subspecialty discipline, if applicable. For GHF’s embedded within subspecialty fellowships, the SOC may but is not required to be the same as that for the subspecialty fellowship. At least one member of the SOC should have expertise in GH.  | Identify SOC members and timeline for meetings  |
| 4.5.2 The Scholarship Oversight Committee performs the following:* Determine whether a specific activity meets appropriate standards for scholarly activity
* Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project
* Evaluate the fellow’s progress as related to scholarly activity
* Meet with the fellow early in the training period and at least twice per year thereafter
* Require the fellow to present/defend the project related to his/her scholarly activity
* Advise the program director on the fellow’s progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities.
 | Review SOC documentation for current fellows including members, meetings conducted and summaries of progress |

**5. Facilities and Resources**

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| 5.1 GH fellows must have access to appropriate patient populations and facilities needed for a global health experience. | See 1.3Review partnership/rotation site descriptions |
| 5.2 GH fellows must have access to a library or collection of appropriate texts or journals at the sponsoring institution or must have access to electronic databases and other data processing applications. | Identify resources |
| 5.3 There must be adequate resources for scholarly activity, research and critical analysis, pursuant to the fellow’s plan for scholarly development.  | See 4.3 and 4.4 |

**6. Program Partnerships**

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| 6.1 The partnerships established to provide experiences for the GHF must be collaborative, sustainable, ethically sound, and mutually beneficial. Ideally, they are bidirectional in nature. Challenges inherent to partnership development particularly as they relate to local-global and international partners need to be mindfully considered. | Name(s), location(s)Interviews with fellows who have rotated at the site(s)Description of site partnershipReview of partnership evaluations, if available  |
| 6.2 There must be a minimum infrastructure in place at the global health site to support a safe training experience. | Written plan outlining rotation logistics and safety plan |
| 6.3 Global health fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians during overseas rotations. | Written plan for communication  |
| 6.4 Partnerships must have a Memorandum of Understanding, Terms of Reference agreement or Program letter of agreement outlining the educational responsibilities of each institution. | Memorandum of Understanding (MOU), Terms of Reference (TOR), or letter of agreement outlining educational responsibilities of each institution |

**7. Educational Program**

**7.1 Curriculum Design**

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| ★7.1.1 Every GHF program must develop written educational goals and objectives (Curriculum Requirement A), learner needs assessment and progress tracking (Curriculum Requirement B), learning activities (Curriculum Requirement C), and evaluation methods (Curriculum Requirement D), all of which should be linked to the program’s goals and objectives.  | Written curriculum components A-D |
| 7.1.2 All GHF programs must have GH-specific objectives defined for the program in terms of competency domains (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice). | *Provide reference and example template* |
| 7.1.3 This curriculum must be distributed to GHF fellows when they enter the program, as well as to faculty. It should be reviewed and modified over time, based on periodic program evaluations.  | See 7.1.1Annual program evaluations and action plan |
| 7.1.4 The GHF program must provide opportunities for clinical training abroad, if applicable to the fellow’s training, to allow them to acquire expertise as a provider, consultant, and care coordinator in the field of GH. |  |
| 7.1.5 In addition to global clinical training (if elected), educational activities must be provided in one or more of the following academic competency domains: 1) professional development and leadership, 2) research 3) education 4) advocacy/policy  | Written plan for educational activities offeredList of fellow activities completed in at least one of these domains |
| 7.1.6 GHF program goals are sufficiently comprehensive within domains (cover important curricular topics). | See 7.1.1 |
| 7.1.7 GHF program objectives are appropriate in length and detail and prioritization of objectives is realistic for program implementation. | See 7.1.1Interviews with fellows as to whether GHF program objectives are achieved |
| 7.1.8 The GHF program must address the competency of professionalism and evaluate trainees in this area. | Written plan for evaluating professionalism Results of fellow evaluations at global site  |
| 7.1.9 The GHF program must teach and demonstrate a commitment to continued learning and improvement.  | Annual program evaluations and yearly action plan |
| 7.1.10 The GH fellows must learn the important skills of time management and balancing multiple priorities. | SOC lettersInterviews with fellows |
| 7.1.11 GH fellows who are concomitantly completing another ABP-certified subspecialty fellowship and spending more than 6 months cumulative abroad during their subspecialty training must petition the ABP for permission to create a non-standard training pathway. |  |

**7.2. Clinical Activities**

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| 7.2.1 The fellows’ GH-related clinical and academic experiences should be integrated and complementary. | Block schedulePast/ongoing scholarship activities for each fellow  |
| 7.2.2 When applicable, if fellows are doing both a global health fellowship combined with a subspecialty fellowship (e.g., PEM, ID, PICU or other) then clinical requirements for the subspecialty fellowship, including continuity clinic where applicable, will remain the same as a non-global health fellow. | Comparison of block schedules for subspecialty fellows and GH-subspecialty fellows within the program |
| 7.2.3 GH fellows will have a designated clinical supervisor (defined as a clinician with on-the-ground experience; board certification is not a requirement) when working clinically internationally | List of supervisors at each clinical rotation site |

**7.3 Educational Activities**

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| 7.3.1 Teaching and learning activities in the GHF program must be linked to the written goals and objectives of the curriculum.  | Compare fellowship curriculum and block schedule relative to goals and objectives |
| 7.3.2 There must be a formally structured educational program in global health that uses an effective combination of didactic, interactive, virtual and experiential activities. A reasonable diversity of learning activities should be used (e.g., suitable for settings, adaptable to individual learning and teaching styles.) | Fellowship curriculumInterviews with fellowsExamples of didactic or other planned educational activities  |
| 7.3.3 The GHF fellow should actively participate in the planning and implementation of these educational activities, including conferences, experiential projects, and both live and virtual teaching sessions with students and residents and clinicians at sponsoring and partner institutions.  | Interview fellows  |
| 7.3.4 At the time of entry into the program, each GH fellow should develop an individual learning plan that includes both required and additional self-directed educational activities that will prepare the fellow for his/her/their chosen career path. All learners must revisit and revise their learning plans annually. | Individual learning plan for each fellowSOC letters |

**7.4 Teaching Activities**

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| 7.4.1 GH fellows must be given the opportunity to teach learners of varying levels and disciplines at the partnering global health sites and the home program using a variety of methods and settings, and to assume some departmental administrative responsibilities.  | Fellow teaching log or educator portfolio documenting location, topic, learners  |
| 7.4.2 GH fellows should participate in global health-related teaching. | Fellow teaching log or educator portfolio documenting location, topic, learners |

**7.5 Scholarly Activity**

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| 7.5.1 Each program is expected to engage fellows in scholarly activities that relate to the core academic competency domains of professional development and leadership, research, and/or education within the field of GH.Examples of a range of scholarly activities in these domains include: research in basic science, education, translational science, patient care or population health; peer reviewed grants; quality improvement and/or patient safety initiatives; systematic reviews, meta analyses, review articles, chapters in medical textbooks, or case reports; creation of curricula, educational tools, didactic educational activities or electronic educational materials; active participation in national or international committees; innovation in education and demonstrated dissemination of scholarly activity. | SOC letters |
| ★7.5.2 Upon completion of training, fellows will submit an original scholarly product. The GH fellowship curriculum will support execution of this scholarly product. The work should be either a hypothesis-testing project or a project of substantive scholarly exploration and analysis that requires critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to basic, clinical, or translational biological or behavioral medicine, health services, quality improvement, bioethics, education, community advocacy, implementation science, public health, and public policy. This product must be mentored and presented to the Scholarship Oversight Committee by the conclusion of fellowship.  | SOC lettersScholarly product (similar to ABP requirement) |
| 7.5.3 All GH-related scholarly activity that occurs in collaboration with a partner institution should include at least one co-author from the partner site. | Publication(s) submitted or publishedInterviews with fellows |
| 7.5.4 All GH-related research must be approved by home institution and partner sites, including institutional review boards when applicable, as according to local rules and regulations at all involved sites. | Evidence of IRB approval or exemption from home and partner institutions  |

**8. Evaluation, Guidance, and Oversight**

**8.1 Evaluation of Fellows**

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| ★8.1.1 The program must have formal mechanisms by which the knowledge, skills, and professional growth of the GH fellows, based on the program’s written educational goals and objectives, are evaluated at least annually at their international site (when applicable) and at the sponsoring institution.  | Fellow evaluation templateEvidence of completed fellow evaluationsWritten plan for delivering feedback/evaluation scheduleInterview with PDInterviews with fellows |
| 8.1.2 The GH fellow must be given a copy of the written educational goals and objectives at the start of training. They should be informed that they will be evaluated based upon these goals and objectives, made aware of the evaluation process, and informed of the frequency of evaluations.  | Written plan for fellow orientation, curriculum distribution, and evaluation  |
| 8.1.3 A written record of these evaluations must be maintained, must be formally reviewed with the GH fellow at least annually, and must be accessible to authorized personnel.  | Written summative reports of fellow evaluations |
| 8.1.4 The GHF program director, in consultation with the teaching staff and Scholarship Oversight Committee, must provide a written final evaluation for each GH fellow who completes the program. This final evaluation should be part of the GH fellow’s permanent record, which must be maintained by the sponsoring institution. | Written final evaluation report (similar to former ABP requirement with summative clinical and non-clinical evaluation at completion of fellowship) |
| 8.1.5 Remediation plans should be developed and monitored if needed for fellows making unsatisfactory progress.  | Written remediation plan templateInterview with PD |
| 8.1.6 Educationally appropriate evaluation methods are assigned to key objectives; the method of evaluation should align with the educational objectives. |  |
| 8.1.7 A reasonable diversity of evaluation methods and sources must be used. | List of evaluation sources |
| 8.1.8 Evaluation tools must be well constructed and informative (focused, specific, reliable). | Evaluation tools  |

**8.2 Evaluation of Faculty**

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| 8.2.1 GH core faculty, designated by PD and including faculty at sponsoring institution and, if applicable, at partner sites, must be evaluated at least annually. Faculty evaluations must include an assessment of the faculty member’s relevant abilities (clinical, teaching, and/or research) and his/her/their commitment to the GHF goals and objectives.  | Faculty evaluation templateResults of GH faculty evaluations |
| 8.2.2 GH faculty should receive formal feedback from these evaluations. | Written plan for sharing evaluation results with facultyGH faculty interviews |
| 8.2.3 GH faculty evaluation tools must be sound and informative. | Faculty evaluation templateInterviews with faculty Interviews with fellows  |
| 8.2.4 GH faculty should discuss their teaching and other educational contributions with the program director. | Interview with PDInterviews with fellows  |

**8.3 Evaluation of Partnerships**

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| 8.3.1 Global partnerships must be evaluated and receive formal feedback from these evaluations at least annually to ensure mutual benefit. The partnership evaluation must review what is working well, what needs to be improved and planned steps to improve the partnership in the year ahead, with short- and long-term goals considered. | Partnership evaluation templateWritten plan for discussion of evaluation results Existing partnership evaluations Minutes of annual leadership meeting, if applicableDocumentation of short- and long-term goals within the partnership, if applicable  |
| 8.3.2 GH partnership evaluation tools must be sound and informative. | Partnership evaluation template |
| 8.3.3 Evaluation of partnerships should include at least one representative from the partner institution.  | List of evaluators |

**8.4 Evaluation of the Program**

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| 8.4.1 The GH teaching staff must review program goals and objectives as well as program effectiveness in achieving them. They should annually evaluate the GH fellows’ academic performance in relation to their educational goals and objectives.  | Fellowship program evaluation templateExisting program evaluationsInterviews with PDMinutes from program evaluation committee meetings, if applicable  |
| 8.4.2 Periodically, the program should track the professional outcomes of GHF program graduates. Information gained from tracking should be used to implement improvements in the program. | Written report of outcomes to dateInterview with PD  |
| 8.4.3 Annual review and evaluation of the GHF program in relation to the educational goals, the quality of the curriculum, the needs of the GHF fellows, and the clinical and research responsibilities of the GH faculty must be documented. At least one GH fellow representative should participate in these annual reviews. The GHF program must respond to evaluation results in an appropriate and timely way. | Fellowship program evaluation templateWritten plan for yearly program evaluation Interview with PDInterviews with fellows |
| 8.4.4 Past GHF program evaluations should contribute to the continuous quality improvement of the program. | Interview with PD to understand how results from previous evaluations have led to program changesInterviews with fellows  |

**9.0. Logistical support**

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| ★ 9.1 To support experiences outside of the sponsoring institution, the GHF must provide, at minimum: * A pre-departure curriculum
* Onsite support
* Post-return debriefing
* Fellow salary while abroad
* Maintenance of malpractice
* Health and disability insurance while abroad
* Evacuation insurance
 | See 1.5 Written plan for each <https://www.abp.org/sites/abp/files/pdf/ghpdgchap4table7.pdf> |