

Q&A Guidance for Medical Students and Residents Considering a Global Health Career*

Global Health: Career Options & Specialization

Medical students and residents considering a full or part-time career in global health often want to know what training opportunities and experiences might be the most useful and applicable. There is a wealth of information out there and lots of possibilities! This information, adapted from the Global Health Education Consortium (GHEC – see.globalhealtheducation.org), seeks to provide some help for answering some of these questions.

Consider carefully your motivations for global health work

There are many reasons for considering global health work. These include: altruism towards people and populations with less resources, faith-based service to others, the opportunity to learn about and from diverse cultures, travel and adventure; learning new skills – including: research and clinical skills; “escape” from perceived problems of the US; improving language skills and desire to connect with own personal cultural/ethnic background. For most individuals, motivation will be a combination of several reasons, with some more important than others. Understanding your own reasons for considering global health work will affect your choices regarding how you prepare, how you consider structuring a career to include global health, what type/types of experiences make the most sense during medical school or residency, and needs for financial support and mentoring.

Do not consider a specialty just because it may be more useful in finding a job in global health! Life is too short and uncertain. You will have already spent many years and much money obtaining your professional degree, and you don't want to spend additional time and money in a field that is not otherwise of interest to you, or in a place where your personal and skills don't “fit”. You need to select a specialty based on what you most enjoy doing and could see yourself practicing for a lifetime. With a broader vision of working internationally, almost any specialty or skill set can have a place in global health. It's a good idea to talk with faculty in the fields you are considering or are training in who are interested and involved in global health to understand what different models might be possible.

Consider the effect of international living on your lifetime career plans. Living and working abroad can have many life-enriching benefits and challenges for you and your family, if they would be with you. However, there are some risks you should keep in mind. It is harder to keep up with quickly changing evidence based care in the US when you are working in different content areas internationally, with limited resources. For potential future US based hospitals and job opportunities, documentation of how you spent your time and whether you kept up to date on privileging and licensing in the US will be important. Some jobs in the U.S. will give you “credit” towards advancement for your work overseas, e.g., with some government, academic and consultant organizations. For others, however, you may find that on return to the U.S. your peers in the U.S. have advanced farther in their traditional careers than you have; particularly in academic medicine. This may not be a serious consideration for those with a strong commitment to global health, but is something to think about. Will working internationally enhance or hurt your reputation and chances for advancement, and how much does that matter to you? Can you compensate for your absence through professional publications, staying connected electronically or periodic returns to the U.S.? What might be the best timing for global health work – early on before established, or later in your career? These are all questions to consider and should be thought out with colleagues as well as trusted friends and family.

How important is the choice of a particular residency program? — This is a really important question. Global health tracks and opportunities have become popular in many disciplines, but the quality and support (both mentoring and financial) differs widely. As you plan to interview for residency, ask questions about how many residents from the program really do global health electives, how much time they are allowed to be out of the country, and how many faculty in the department are involved in global health work. If you are planning for a career in global health full time, you need to consider what type of training you are looking for – a career with the WHO or World Bank is a very different trajectory than volunteering part time with a small health NGO. Faculty contacts will be very helpful as you sort this out. Over the long run, your own skills, personality, and performance will be much more important in determining your success than where you received your residency training.

Are short, non-degree or certification programs available to help me prepare for global work? — Most definitely yes! Numerous language immersion programs are available, especially in Spanish, and short pre- and post-graduation courses are available to help prepare physicians for clinical and other aspects of global health. There are also courses in Tropical Medicine, Introductions to Global Health, Care in Humanitarian Emergencies, etc. that might fill in knowledge gaps and stimulate further interest and learning. The GHEC website (www.globalhealtheducation.org) is a good place to start your search, but if you have specific areas or interests we are also happy to give you some ideas from the resources available in the Office of International Activities (1066 Bondurant).

What types of jobs are available in global health? There are many different options. Major options are listed below along with a qualitative appreciation of the ease of getting a job and typical expectations of prior training and experience. While the total number of health professionals working in global health continues to increase, many lower income countries also have substantially increasing health workers so there may be fewer opportunities for American doctors to do income producing clinical work (except in faith-based NGOs), and a higher proportion of the global health jobs will demand public health, research and leadership skills. There are also increasing opportunities to support nationally developing medical schools and postgraduate training programs in countries where “academic medicine” is not yet fully developed. Other common fields of work include family planning, maternal and child health, malaria, nutrition, TB and HIV/AIDS, but increasingly health management, informatics and chronic care management will also be important.

Global, or multilateral organizations. Examples of these include WHO, World Bank, UNICEF. These organizations usually require specialization and significant prior work experience at a progressively responsible level; postgraduate degree training in disciplines such as public health, business, economic, development studies, and social or behavioral sciences is valuable; American citizenship can be an asset for some jobs but may be a liability since these organizations tend to have quotas and the “American” and “industrialized country” slots are often filled. Salaries and benefits are among the best for global health work, travel can be extensive, and a career with these organizations can be rewarding, though at times frustrating due to bureaucracy and the inherent problems of global assistance. Short-term consultations with these organizations can be lots of fun and they pay well but come with high demands for work output and often lots of computer time!

Bilateral, governmental organizations. Examples of these include government programs such as USAID or DFID (UK based global health government initiatives), DHHS (through the Public Health Service and/or Centers for Disease Control, and the Office of Global Health), the Peace Corps, U.S. embassies abroad, and various other national foreign assistance organizations. These job requirements are similar though probably somewhat less demanding than in the case of the global organizations. There will be more opportunities for internships and entry-level positions, especially in the CDC, which offers training (including fourth year U.S.-based electives) in both the U.S. and abroad. Several years of training and service in the CDC’s Epidemic Intelligence Service as an EIS officer would be an especially good way to enter global government service while receiving excellent training in the process. A preventive medicine residency, available at many public health training and service institutions, is another good option. USAID also offers a Global Health Fellows Program, which offers a great entry into careers in global health through USAID.

Academic institutions. Examples of these include academic schools of medicine, nursing and public health — For those interested in academic medicine and teaching primarily, this is a good option since it provides a home base, opportunities for progression up the academic ladder and mentoring support. Besides teaching, work options in academic institutions will usually be field research, clinical or public health activities, development of courses, and/or short consultations abroad in your field of specialty.

Not-for-profit non-governmental service organizations (NGOs). There are innumerable organizations that fall into several broad categories. Specialized health services and/or training: Examples include many medical specialty societies that hold short-term “service camps” for cataract surgery, cleft palate repairs, orthopedic and rehabilitation services, etc., while at the same time providing training to local health personnel. The American Academy of Family Physicians and the American Society of Tropical Medicine and Hygiene both publish and maintain lists of overseas opportunities. Emergency relief and rehabilitation: Organizations such as Doctors without Borders, Global Red Cross, CARE, etc., help emergency support for complex humanitarian emergency situations but usually expect special training in this area. There are many NGOs specializing in global health in the Triangle area including: IntraHealth, Family Health International, and RTI. UNC has connections with many of these organizations and there are possibilities to learn more by observing work, doing an “internship” or short term field placement. With most of these organizations, non-physicians trained in leadership and management hold most permanent staff positions, but there are often needs for clinical advisors and opportunities for both long term and short term international assignments.

Faith-based organizations — Examples include: Mennonite Central Committee, InterServe, SIM, Catholic Relief Services, Church World Service; Aga Khan Foundation; Catholic charities and numerous denominational charities and health facilities — Many jobs with faith-based organizations will be clinical or associated with relief services, and usually offer a pay scale well below US norms, maybe on a volunteer basis.

What do you want to do in global health? Do you see yourself primarily working as a "clinician", an "educator", and a "researcher" or as a "change agent?" Practitioners spend most of their time working one-on-one with patients, while change agents work primarily to change the attitudes, behaviors and practices of organizations or groups of individuals? In real life most persons working in global health probably combine elements of many roles but where you are on the continuum of these interests will have important implications on the training you need and the kinds of positions you look for.

Is a public health degree necessary and will it increase chances of employment? The answer is, of course it depends on what you want to do. For persons engaged in short term global health assignments or who are working primarily as clinicians, a public health degree may add little. However, for substantial global health assignments and for a wide variety of jobs concerned with research, academic training, and especially, in jobs concerned with program development, implementation and evaluation, a public health degree can be invaluable. And we have one of the best public health schools in the country at UNC, with lots of courses and possibilities for learning about global public health.

If I'm thinking I will complete an MPH, when should I do this? There are advantages and disadvantages to doing this at different times. For UNC medical students, this is usually done between the 3rd and 4th year. An early MPH has the several advantages: you are still in the "student mode" and hence it may be psychologically easier to continue with the usual student chores; the benefits of a public health orientation and contacts will serve you in good stead as you complete your clinical training. But on the other hand, waiting until after residency and completing a public health degree may provide some time to figure out more specifically what field you are interested in (e.g. epidemiology, health behavior, maternal and child health) and many post-residency fellowship programs will pay for an MPH as part of the package. But, overall consider if you are really interested in public health. Just like choosing a specialty, choosing to do an MPH should be based on overall interest in population based medicine and big picture health issues, and not just something that "seems" like it might be useful or offers an opportunity for another degree.

Global health work is both exciting and challenging. This is important to consider and discuss with those you are close to. It's often easier to think about it in the abstract, or based on a short experience, than in the reality of moving overseas to a different culture, far from home, with limited resources and support. Everyone reacts differently to stress and change. Some folks are empowered and energized by it; others struggle more. There is a lot to be gained and shared, but the day to day reality can be stressful and discouraging. For most medical students and residents a few shorter term experiences and some processing will be an important part of considering how to proceed.

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***Adapted from paper prepared for the Global Health Education Consortium by Thomas L. Hall