International Medical Rotation Curriculum – Lahaul, India 2008

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 Indo-Tibetan borderlands.

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)
Work with health care providers from different cultures and perspectives (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 medical camp is designed to reach underserved people in the remote interior regions where access to health care facilities is limited. The journey takes the team through the Greater Himalayan Range and on to the Trans-Himalayan Region of Spiti. This is a 19-day medical expedition where the team is expected to evaluate and treat approximately 1,300 patients. Due to its remoteness, Spiti valley is sparsely populated with a count of one person for every square mile. This camp is being organized at the request of the department of health, Himachal Pradesh Government. 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) as well as local physicians.

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
   - Abdominal pain
   - 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.